

TOTAL REWARDS GUIDE



2025 | Benefits with You in Mind

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THIS DOCUMENT PREPARED FOR THE TEAM MEMBERS OF:

Blessing Hospital • Blessing Corporate Services • Blessing Physician Services • Blessing Health Hannibal
Denman Services, Inc. • Illini Community Hospital • Blessing-Rieman College of Nursing & Health Sciences

Hospital Indemnity Coverage Notice

The following notice applies to the Lincoln Financial fixed indemnity (Hospital Indemnity) coverage that appears on page 16 in this guide.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer

Do you have a question about your coverage?

Contact your carriers directly for help with:

Benefits questions

ID cards

Claims process

Copayments and deductibles

Choosing a doctor

Prescription drug coverage

Contact Information			
Benefit	Provider	Web Site	Phone Number
Medical		www.currenthealthsolutions.org/blessing	855-247-3233 Group Number: BSHSP
Health Savings Account (HSA)		https://benefits.plansource.com/	855-505-7593
Rx		www.optumrx.com	855-896-9779
Voluntary Benefits		www.mylincolnportal.com	800-423-2765
Dental		www.deltadental.com	800-323-1743
Vision		www.vsp.com	800-877-7195
Life and Disability		www.mylincolnportal.com	800-210-0268 Group Number: 09-LF0975
FMLA		www.mylincolnportal.com	To request leave: 888-408-7300 To report intermittent FMLA 888-479-8494
Permanent Life Insurance with Long Term Care		www.transamerica.com	888-763-7474
Pre-Paid Legal and Identity Theft		www.info.legalplans.com	800-821-6400 Group Number: 0173638
Pet Insurance		www.metlife.com/mybenefits	800-438-6388
Retirement		www.netbenefits.com/blessinghealthsystem	800-343-0860
EAP		www.one.telushealth.com	800-586-5882 Username: BlessingHealth Password: eap

Key Features of Your 2025 Benefits

Blessing Health System is pleased to offer a full range of benefits through the following carriers effective January 1, 2025. See details below.

- **Medical/Rx:** We offer two medical plans through Current Health Solutions.
- **Health Savings Account (HSA):** The HSA is a tax-favored account used in conjunction with an HSA-compatible health plan or high deductible health plan.
- **Supplemental Health Benefits:** We offer Accident, Hospital Indemnity and Critical Illness Insurance through Lincoln Financial Group.
- **Dental:** Delta Dental manages the dental benefit.
- **Vision:** Blessing Health System partners with VSP Vision to manage the vision benefit.
- **Flexible Spending Accounts (FSAs):** You have access to a health care, and/or dependent care FSA. This benefit requires a new election each year to continue participation.
- **Basic Life and AD&D:** Your benefit includes life insurance through Lincoln Financial Group.
- **Disability:** Lincoln Financial Group manages the short-term and long-term disability benefit.
- **Voluntary Life Benefits:** You can purchase additional Supplemental Life and AD&D on yourself, spouse and dependent children.
- **Permanent Life with Long-Term Care:** In the event of an emergency or the unimaginable, Transamerica's TransElite universal life insurance can help families with financial support to maintain their quality of life.
- **Added Benefits:** You have the option to elect Legal, Identity Theft and Pet Insurance through MetLife.
- **Leaves/FMLA:** Administered by Lincoln Financial Group.

Welcome to Blessing Health System's Benefits Guide

Blessing Health System is pleased to present your enrollment information. We take pride in offering an affordable, quality health care package that helps to protect you and your family's health care needs. This benefits guide explains your benefit options available to you as well as how to enroll in your benefits.

Each year, Blessing Health System takes a close look at our benefits package to ensure that we offer the best value and quality coverage for you and your family. For the year to come, please make sure to evaluate your needs, learn about your benefit options and make smart decisions about your health and well-being. We offer a comprehensive selection of benefits that you and your family can use to protect your health, finances and future.

Qualified Life Events

You may make changes during the year if you experience a qualified life event. **If you need to report a life event during the year, you will need to contact Human Resources with the necessary changes within 31 days of the event.** Some examples of life events are:

- Birth or adoption of a child
- Marriage
- Divorce and/or legal separation
- Death or loss of a dependent or spouse (including loss of dependent status)
- Change in your spouse's employment status causing loss or gain of benefits coverage
- Change in your own employment status
- Change in residence that affects the benefits offered to you
- Eligibility for Medicare

Dependent Eligibility

You may enroll your eligible dependents when you enroll yourself. Dependents who are eligible for benefit coverage include:

- ✓ Your legally married spouse
- ✓ Your dependent children

Included in the definition of dependent child(ren) are:

- Your naturally born child(ren), legally adopted child(ren), step-child(ren) or court-ordered dependent child(ren) for whom you are the court-appointed legal guardian
- Your dependent child(ren) up to age 26 whether they are a full time student or not. Coverage ends at the end of the month following the date they turn 26
- Your continuously disabled dependent child(ren) [if disabled prior to age 26] who are incapable of self-sustaining employment and dependent upon you for support, regardless of age

Employees working at least a minimum of 16 hours per week are eligible for benefits. Coverage for most benefits is effective on the 1st of the month after 30 days of employment in a benefit-eligible position. The elections you make will remain in effect until the end of the plan year (December 31st) or until the last day you are employed in a benefit-eligible position. Short-Term Disability and Long-Term Disability are effective the 1st of the month after 180 days in an eligible status.

Coverage for Health, Dental and Vision terminates on the last day of the month after termination of employment. Premiums for the remainder of the coverage period will be collected on your final check.

Coverage for Employee and Dependent Life Insurance and AD&D, and all Supplemental Health Benefits terminates upon termination of employment. Coverage may be converted to an individual policy if elected within 31 days of termination.

Coverage of Short-Term and Long-Term Disability terminates on the last day of active employment. If termination is a result of a documented disability, coverage will continue until benefits would normally cease.

Please Note: Domestic Partner's medical expenses cannot be reimbursed under your Health Saving Account (HSA), Health Care Flexible Spending Account (HCFSA). According to current IRS regulations, you must be legally married.

New-Hire Enrollment

New employees must complete their benefit enrollment within the first 31 days of employment. If elections are not made within this timeframe, the new employee will be defaulted to the company-provided benefits. If you wish to participate in the Blessing Health System benefit plans, enrollment should be completed by logging into PlanSource on a Blessing computer, remotely or on a personal computer or on a handheld device. We strongly encourage you to review the plan options available to you to ensure you select the benefit coverage that best meets your needs and the needs of your family.

This will be your only opportunity to make benefit elections for the Plan Year unless you experience an IRS Qualifying Life Event. If you have questions or would like assistance with enrolling, you may call Human Resources to schedule an appointment.

Spousal Certification and Coordination of Benefits

The Blessing Corporate Services Employee Healthcare plan requires that a working spouse be covered through his or her employer's health plan for primary coverage. If coverage is available and the employer does NOT contribute to the cost of the plan, then the spouse may be enrolled under Blessing's plan as primary. Employees enrolled in the health plan are required to certify annually that their working spouse is not eligible for any other group-sponsored health plans. If the spouse certification and coordination of benefits form is not complete, the spouse will not be eligible for coverage and will be removed from your plan election before the coverage effective date. The spouse will not be eligible to enroll in coverage until the next enrollment period, unless there is a Qualifying Status Change.

Completion of a Coordination of Benefits Form is required before health claims are paid for dependent children. **Current Health Solutions must receive your Spousal certification and Coordination of Benefit Form within 12 months of the insurance effective date.**

Medical Plans

Blessing Health System offers its employees the ability to choose from two Preferred Provider Organization Plans (PPOs) administered by Current Health Solutions. Both medical plans offered by Blessing Health System cover Essential Health Benefits as defined by the Affordable Care Act. For a full explanation of this coverage, please review the Summary of Benefits and Coverage (SBC) documents found on [Virtual HR](#).

Standard Health Plan

This medical plan is designed for an employee who is willing to pay a higher premium contribution for their health care and prescription coverage to minimize their out-of-pocket costs for medical services. This plan offers copays for office visits and prescriptions as well as a lower deductible.

High Deductible Health Plan (HDHP)

This medical plan is a high deductible/coinsurance plan. It is designed for an employee who desires to pay a lower premium contribution for their health care and prescription coverage while having the opportunity to maximize their own health care dollars along with the company contribution by leveraging a Health Savings Account (HSA).

Members with family coverage must first meet the family deductible before sharing coinsurance with the plan. Please note that the maximum out-of-pocket expenses will vary based on the Tier level of services used. In-network preventive care services are covered at 100% for both plan options. The chart within this guide highlights more details of the preventive services covered.

Provider Guide: Navigating the Provider Network

Blessing Health System uses different provider networks to ensure adequate options are provided to employees and their dependents who use the employee health plan.

Blessing offers a Tier 1 Network composed of providers and facilities that are part of the Blessing Health System. In addition, other entities participating within the Clinically Integrated Network, Crossriver Quality Health Partners, are included within Tier 1. By using providers in this network, you'll be able to take advantage of the richest plan design options as outlined in your Total Rewards Guide.

Not all services/locations are included within the Tier 1 Network; therefore, Blessing has partnered with the Current Health Network to provide additional Tier 2 options to our health plan members.

Lastly, we understand that members may be traveling outside of the area and need services from a provider who is not contracted within the networks previously mentioned. To address this, Blessing also accessed the First Health Network, which provided in-network options throughout the United States. Continue reading for more information on all of these network options.



In-Network - Tier 1

Blessing Domestic Network & Crossriver
Quality Health Partners

- Advance Physical Therapy
- Blessing Hospital
- Blessing Physician Services
- Davita Adams County Dialysis
- Denman Services
- Family Eyecare
- Blessing Health Hannibal
- Hannibal Anesthesia Associates
- Illini Community Hospital
- Northeast Missouri Ambulatory Surgery Center
- Quincy Anesthesia Associates
- Radiology Partners
- Riverside Dermatology & Spa
- SIU Family Medicine (Quincy)
- West Central Pathology Specialists



In-Network - Tier 2

Current Health Network, First Health Providers
(Out of Area Only) and Direct Agreements

- Adams County Health Department
- Barnes Jewish Facilities
- Columbia Orthopedics and Surgery Center
- Hannibal Regional Hospital & Medical Group
- McDonough District Hospital & Medical Group
- Midwest Orthopedics
- Passavant Area Hospital
- Quincy Medical Group
- SIU Family Medicine
- Springfield Clinic
- Springfield Memorial
- St. John's Hospital and Additional HSHS Facilities
- St. Louis Children's Hospital
- Washington University

This is not meant to serve as the full list of Tier 2 providers. Please check online at currenthealthsolutions.org or call Member Services at 855.247.3233 to confirm a provider's network status.

Finding a Provider

Visit our website at currenthealthsolutions.org to locate an in-network provider. Click on the Members of the Blessing Health System link. From here, you will be able to access searchable provider directories for Tier 1, Tier 2 and First Health

CLICK HERE



FINDING A TIER 1 PROVIDER

Simply click on the Tier 1 Provider Directory link. This link will direct you to our searchable directory. In box 1, you can search using first name, facility or last name, city, state and zip. When searching for a Tier 1 provider, box 2 should read "Blessing Hospital Tier 1 Provider Directory". Box 3 allows for a more specific search. Use the drop-down arrows to choose a Provider Type. Once a provider type is chosen, you can narrow your search even more using the Sub-type and Specialty but it's not required.

FINDING A TIER 2 PROVIDER

To find a provider in the Tier 2 network, click on the Tier 2 Provider Directory link from the Blessing member page. When searching for a Tier 2 provider, box 2 should read "Blessing Hospital Tier 2 Provider Directory". Again, box 3 allows for more specific search. Use the drop-down arrows to choose a Provider Type.

FIRST HEALTH NETWORK

Members may seek services outside of the Current Health Primary Service Network Area at Tier 2 when using the First Health Network.

This map indicates the Current Health Solutions primary service area. When searching for a First Health provider, please ensure they are located outside the highlighted area.

FINDING A FIRST HEALTH PROVIDER

To find a First Health Provider, click on the First Health network directory link from the Blessing member page. From here, you will be directed to the First Health website to continue with your provider search.

Find a Provider

1. What name or location details do you have?

First Name:

Facility / Last Name:

Practice Name:

City:

State:

Zip:

2. Which network are you interested in?

Network:

3. What type of provider are you looking for?

After selecting a Provider Type, the Sub-type dropdown list will populate.

Provider Type:

Sub-type:

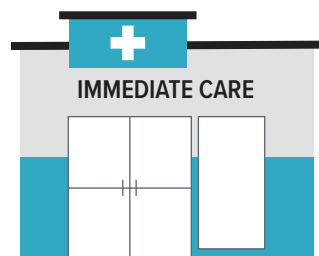
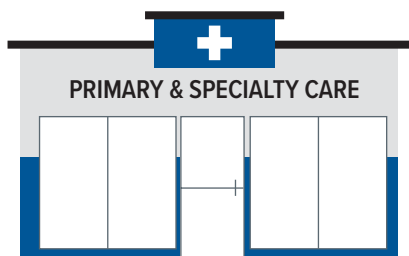
Specialty:

2. Which network are you interested in?

Network:



KNOW WHERE TO GO



Your **FIRST STOP** for every day health issues.

Our primary care providers are located throughout the region in Illinois and Missouri, and offer annual wellness exams, convenient appointments and chronic illness management.

Blessing Health continues to build a network of 60+ specialists that travel to our locations across the region and provide excellent care, close to home.

BLESSING HEALTH

927 Broadway, Quincy, IL
4800 Maine, Quincy, IL
326 N. 24th St., Quincy IL
102 Prairie Mills Rd., Golden, IL
1102 N. County Rd. 700, Warsaw, IL
103 E. Commercial St., Kahoka, MO
521 E. Main, Mt. Sterling, IL
6996 County Rd. 326, Palmyra, MO

BLESSING HEALTH HANNIBAL

100 Medical Dr., Hannibal, MO
710 Business 61 S., Bowling Green, MO
400 North Main, Monroe City, MO

ILLINI RURAL HEALTH CLINIC

640 W. Washington, Pittsfield, IL

For **IMMEDIATE**, less serious health concerns when you're unable to get an appointment or after hours.

Treating minor illnesses and injuries:

- Allergies
- Cold, Flu or Fever
- Ear Infection
- Minor Cuts & Lacerations
- Nausea, Vomiting & Diarrhea
- Skin Conditions
- Sore Throat
- Urinary Tract Infection

BLESSING EXPRESS CLINIC

420 N. 34th St., Quincy, IL

BLESSING EMPLOYER CLINIC

326 N. 24th St., Quincy, IL

BLESSING ORTHOPEDIC WALK-IN CLINIC

4800 Maine, Quincy, IL

BLESSING WALK-IN CLINIC

11th & Broadway, Quincy, IL

HANNIBAL WALK-IN CLINIC

100 Medical Dr., Hannibal, MO

ILLINI EXPRESS WALK-IN CLINIC

640 W. Washington, Pittsfield, IL

Go to the **EMERGENCY DEPARTMENT** or call 9-1-1 for serious or life-threatening conditions.

Available 24/7 to handle any emergency and trauma:

- Broken Bones
- Chest Pain
- Loss of Consciousness
- Heart Attack
- Major Trauma or Injury
- Poisoning
- Seizures
- Severe Burns
- Stroke
- Uncontrolled Bleeding

BLESSING HOSPITAL

11th & Broadway, Quincy, IL

ILLINI COMMUNITY HOSPITAL

640 W. Washington, Pittsfield, IL



BROWN DRUG

1121 Maine St., Quincy, IL

BLESSING HOSPITAL RETAIL PHARMACY

1005 Broadway St., Rm 1970-107, Quincy, IL

DENMAN COUNTRY DRUG

102 Prairie Mills Rd., Golden, IL

ILLINI HEALTH SERVICES PHARMACY

321 N. Monroe St., Pittsfield, IL

BLESSING HEALTH PHARMACY

100 Medical Dr., Hannibal, MO

BLESSING HEALTH SPECIALTY PHARMACY

1005 Broadway St., Rm 1954-304, Quincy, IL




For a complete list of locations, visit blessinghealth.org/locations



Current Health Solutions Medical Benefits

The chart below provides a snapshot of one of the Current Health Solutions medical plans. The chart highlights basic details including copayment and coinsurance levels for both in and out-of-network providers. Current Health Solutions' medical plans include a Prescription Drug Benefit as highlighted on page 9. Please refer to the Summary of Benefits for more details on these plans.

	Standard Plan			High Deductible Plan		
	In-Network		Out-of-Network	In-Network		Out-of-Network
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
ANNUAL DEDUCTIBLE						
All benefits with a coinsurance % are first subject to the respective deductible						
Annual Deductible:						
Individual	\$250	\$2,000	\$3,000	\$1,800	\$2,500	\$4,000
Employee + Children	\$500	\$3,000	\$5,000	\$3,600	\$5,000	\$8,000
Employee + Spouse	\$500	\$3,000	\$5,000	\$3,600	\$5,000	\$8,000
Family	\$500	\$4,000	\$7,000	\$3,600	\$5,000	\$8,000
Out-of-Pocket Maximum:						
Individual	\$7,350	\$7,350	No limit	\$3,600	\$6,650	No limit
Employee + Children	\$12,300	\$12,300	No limit	\$7,200	\$13,300	No limit
Employee + Spouse	\$14,700	\$14,700	No limit	\$7,200	\$13,300	No limit
Family	\$14,700	\$14,700	No limit	\$7,200	\$13,300	No limit
PCP Co-Pay	\$0	\$45	50%	90%	70%	50%
Specialist Co-Pay	\$30	\$80	50%	90%	70%	50%
Second Opinion	100%	100%	100%	90%	90%	90%
Walk-In, Express Clinic, Convenient Care	\$0	\$45	50%	90%	70%	50%
Urgent Care, Ambulatory Care	\$30	\$90	50%	90%	70%	50%
EMERGENCY SERVICES						
Ambulance (Ground, Air)	100%	100%	100%	90%	90%	90%
Emergency Room Copay (waived if admitted)	\$300	\$300	\$300	80%	80%	80%
HOSPITAL /SURGICAL SERVICES						
Hospital: Inpatient, Outpatient	90%	70%	50%	90%	70%	50%
Surgery: Inpatient, Outpatient	90%	70%	50%	90%	70%	50%
Wellness and Preventive Care	100%	100%	Not Covered	100%	100%	Not Covered
Diagnostic Testing (including lab/x-ray)	90%	70%	50%	90%	70%	50%
Outpatient Therapy (60 visits combined max) Physical, Occupational, Speech	\$20	70%	50%	90%	70%	50%
Chiropractic Care	\$20	70%	50%	90%	50%	50%
Routine Maternity Includes office visits and physician delivery services	\$800	70%	50%	90%	70%	50%
Fertility Coverage	90%	70%	50%	90%	70%	50%

When you enroll in a Blessing Health System medical plan, you automatically receive prescription drug coverage through OptumRx. OptumRx provides a defined list of FDA-approved medications chosen for their medical effectiveness and value. Our prescription drug program is a formulary-based program. A formulary is a list of carefully selected drugs chosen for their safety, medical effectiveness and cost by Optum RX. It is reviewed periodically with additions and deletions of certain drugs. This means if you choose a drug on the Premium Formulary listing, you pay either the generic copay or brand formulary copay, depending on the drug prescribed. If you take a medication that is not on the formulary list, you will pay the higher brand non-formulary copay when enrolled in the medical plan. When enrolled in the HDHP medical plan, you must meet the plan’s deductible before prescription copays apply. When visiting your physician, take the list of formulary drugs with you. Ask him/her if there is a choice to prescribe one of the formulary drugs. You may access the Premium Formulary listing via Virtual HR.

Our Prescription Drug Benefit divides medication into three tiers:

1. **Generic:** These drugs are the most affordable way for you to obtain quality medications at the lowest copay amount. A generic drug is labeled with the medication’s basic chemical name and usually has a brand-name equivalent. The U.S. Food and Drug Administration (FDA) requires that generic drugs have the same active chemical composition, same potency and be offered in the same form as their brand-name equivalents. Generic drugs must meet the same FDA standards as brand-name drugs and are tested and certified by the FDA to be as effective as their brand-name counterparts.
2. **Preferred Brand:** These are the preferred name-brand drugs and are tested and certified by the FDA to be as effective as their non-preferred brand-name counterparts
3. **Non-Preferred Brand:** These are brand-name drugs that either have equally effective and less costly generic equivalents or one or more preferred brand options. You or your doctor may decide that a medication in this category is best for you.

Optum Rx Prescription Drug Coverage				
Tier	Standard Plan		High Deductible Plan	
	Brown Drug Company (Quincy)		Brown Drug Company (Quincy)	
	Denman County Drugs (Golden) Blessing Health Hannibal	Participating Optum RX Pharmacy	Denman County Drugs (Golden) Blessing Health Hannibal	Participating Optum RX Pharmacy
	Illini Health Services (Pittsfield)		Illini Health Services	
Generic (30 Day)	\$7 minimum copay or 10% of the cost	\$25 copay or 25% of the cost	10% after deductible	20% after deductible
Preferred Brand (30 Day)	Greater of \$45 copay or 40% of the cost	Greater of the \$60 copay or 55% of the cost	20% after deductible	30% after deductible
Non-Preferred Brand (30 Day)	Greater of \$75 copay or 45% of the cost	Greater of \$90 copay or 60% of the cost	30% after deductible	40% after deductible
Specialty Medications: may only be filled through Blessing’s Specialty Pharmacy or Optum RX Specialty Pharmacy if unavailable through Blessing	10% coinsurance	No Coverage	10% after deductible	No Coverage



PROGRAM REQUIREMENTS

Program Consent

Complete required 2025 Program Consent in ManageWell

Wellness Screening

Select from **ONE** of the following options to complete this requirement

- a. Annual Wellness/Preventive Health Exam with Provider. (This is scheduled directly with your provider's office.)
- b. Wellness Screening with Employee Wellbeing Coach. (This is scheduled through ManageWell.)

Preventive Screening(s)

Based on recommended guidelines, as well as your age and gender, you may be required to complete one or more preventive screenings. For more information, please refer to the Preventive Screenings flyer.

Earn 400 Points

- Sync Exercise Tracker
- Walking Challenges
- Nutrition Education Programs
- Emotional Wellbeing Activities
- And much more!

CORE HEALTH REWARDS FOR 2025

Participants must complete all requirements of the program and earn 400 points to receive the following rewards for 2025:

- Eligibility for the discounted health insurance premium plan for 2026
- Cash incentive (distributed Fall 2025)

All requirements **MUST** be met by **September 30, 2025**.



ManageWell Employee Wellness Portal:
[managewell.com](https://www.managewell.com)



IMPORTANT!

Any spouse who plans to be covered under the discounted health insurance premium must also complete the program consent and wellness screening requirements.



If you have any questions or concerns, contact Employee Wellbeing at **217.223.8400, ext. 2326** or email employeewellbeing@blessinghealth.org

PREVENTIVE SCREENING INFORMATION

Based on recommended guidelines according to your age and gender, you may be required to complete one or more of the following preventive screenings. Please note, the preventive screenings do not go towards the required 400 Core Health points.

BREAST CANCER SCREENING

Women between the ages of 40-74 are required to have a mammogram every 2 years unless otherwise indicated by your provider.

- The requirement is met if you have had a mammogram between 10/01/23-09/30/25.
- If you have had a mastectomy, you will require a permanent exemption from this screening requirement. Please contact Employee Wellbeing at x2326 for assistance.

CERVICAL CANCER SCREENING

Women between the ages of 21-65 are required to have a pap test every three years.

- The requirement is met if you have had a pap test between 10/01/22-09/30/25.
- If you have had a hysterectomy, you will require a permanent exemption from this screening requirement. Please contact Employee Wellbeing at x2326 for assistance.

COLON CANCER SCREENING

If you are between the ages of 45-75, you will be required to complete one of the following options:

OPTION 1: Colonoscopy

- Required every 10 years.
- The requirement is met if you have had a colonoscopy between 10/01/15-09/30/25.

OPTION 2: ColoGuard Screening Test

- Required every 3 years.
- The requirement is met if you have had a ColoGuard screening between 10/01/22-09/30/25.

OPTION 3: FIT Screening Test

- Required every year.
- The requirement is met if you have a FIT screening between 10/01/24-09/30/25.
- To secure a complimentary test, please contact the Cancer Center Community Outreach Educator at x7718.



managewell.com



Please upload documentation for each Preventive Screening in their respectful categories into your ManageWell portal. The only information required is first and last name, screening/test name, and date of service. **DO NOT** upload results or any other patient health information. Examples of documentation include your completed Physician Screening Form, Insurance EOB (Explanation of Benefits), screenshot from your patient portal, or letter from your provider.

If you have any questions or concerns, contact Employee Wellbeing at 217.223.8400, ext. 2326 or email employeewellbeing@blessinghealth.org.

Diabetes Management Program

Be Well with Diabetes is an employer-sponsored diabetes management program. It encourages those with diabetes to take control of their health while decreasing costs. The program offers convenient access to providers who specialize in the treatment of diabetes and offers support-group settings. Healthy habits and attitudes are promoted through coaching and education with RNs, Pharmacists, Dietitians and Certified Diabetic Educators.

ELIGIBILITY REQUIREMENTS

1. Diagnosis of Type 1 diabetes, Type 2 diabetes, pre-diabetes, or gestational diabetes
2. Blessing Employee Healthcare Plan member

PARTICIPANT INCENTIVES

In order to qualify for the below incentives, services must be rendered at the Blessing Diabetes Center and Blessing Outpatient Lab. Prescriptions must be filled at Brown Drug, IHS Pharmacy, Denman Country Drug, and Blessing Health Pharmacy in Hannibal.

***In compliance with IRS first-dollar coverage limitations, HDHP members are not eligible for all incentives at 100% coverage.**

	Standard Plan	High Deductible Plan
Diabetic Medications	100%	100%
Diabetic Meters	100%	100%
Continuous Glucose Monitoring	100%	Subject to Deductible
Syringes & Testing Supplies	100%	Subject to Deductible
Blood Hemoglobin A1C	100% quarterly	100% Twice Annually
Microalbumin	100% once annually	Subject to Deductible
Diabetes Education Classes	100%, unlimited visits	Subject to Deductible, unlimited visits
Diabetes Coaching	100%, unlimited visits	Subject to Deductible, unlimited visits
Weight Checks	100%, unlimited visits	100%, unlimited visits

To enroll in the Be Well with Diabetes Program or join the mailing list, contact the Diabetes Center at 217.214.5814 or 217.223.8400, extension 5900.

Effective 01/01/202 a \$15.00 per pay period membership fee will be charged to each employee and/or dependent, who is enrolled in the Be Well with Diabetes Program.

MEMBER SERVICES

MEMBERSHIP BENEFITS



- FREE 30 Minute Personal Training Session
- Complimentary Orientation Session
- 14,000 sq ft, State-of-the-Art Facility
- Cardio & Strength Equipment
- Access to our Services

MEMBERSHIP TYPES

Blessing Employee Member	FREE
Be Well at Work Member	FREE
Blessing Volunteer	FREE
Student Member	FREE
Blessing Family Member	\$10 per month
Blessing Retiree Member	\$10 per month
Blessing Patient Referral Member	\$25 per month

Prospective members should call the Wellness Center to verify eligibility and schedule a new member registration appointment.

MEET OUR TEAM



Anya Thurm
Manager



Brittany Bracy
Office Coordinator



Kylie Willey
Operations Coordinator



WELLNESS CENTER SERVICES

Personal Training & Nutrition Counseling

	30 min session	45 min session	60 min session
1 Session	\$30	\$40	\$50
5 Session Package	\$100	\$150	\$200
10 Session Package	\$180	\$270	\$360

GROUP EXERCISE CLASSES

Drop-in Class	\$10
5 Class Package	\$25
10 Class Package	\$40

PERSONAL TRAINING



Get customized recommendations and expert attention that will help you stay motivated and achieve your goals. Our Personal Trainers are nationally certified and have special areas of expertise.

YOUTH TRAINING PROGRAM.....\$75

Children of Wellness Center members ages 11-15 are eligible to enroll in our Youth Training Program. All eligible children are required to complete a series of 5, 30 minute training sessions with one of our Wellness Center trainers. Upon successful completion of the program, the child will be eligible to begin utilizing the facility with a parent/legal guardian at all times.

MEET OUR TRAINERS



Jake Nelson



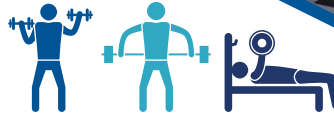
Noah Parrish



Annette Scholfield

PILATES REFORMER

- Restores postural alignment
- Increases flexibility and range of motion
- Enhances joint mobility and decreases joint stress
- Relieves back pain
- Strengthens the core
- Injury prevention and rehabilitation
- Teaches efficient patterns of movement
- Compliments all sports training



SMALL GROUP TRAINING 10 Class Package.....\$80

Small Group Strength Training is a programmed preventative medicine class designed to help the average person build muscle, lose fat, tone their body, increase cardiovascular fitness, improve range of motion, and improve on all parameters of their health.



NUTRITION SERVICES

MEALS-TO-GO

Our fully-prepared meals are healthy, convenient, reasonably priced and ready to eat. New meals available each week. Place your order and we do all the work.



NUTRITION COUNSELING

Jen can help create a personal plan to meet your goals, answer your questions, and provide education, culinary tips, healthy recipes as well as advice on what to look for in the grocery store.



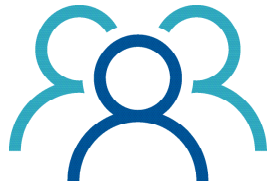
Jen Kamps
Registered Dietitian



Mindy St. John
Culinary/Meal Prep

MEMBER SERVICES

MEMBERSHIP BENEFITS



- FREE 30 Minute Personal Training Session
- Complimentary Orientation Session
- Cardio & Strength Equipment

MEET OUR TEAM



Anya Thurm
Manager



Kylie Willey
Operations Coordinator



Cristy McCartney
Fitness Specialist

MEMBERSHIP TYPES

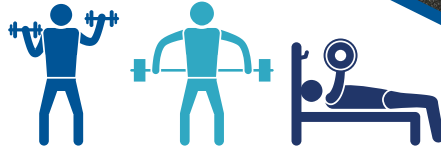
Blessing Employee Member	FREE
Be Well at Work Member	FREE
Blessing Volunteer	FREE
Eligible Student Member	FREE
Eligible Medicare Program Member	FREE
Blessing Family Member	\$10 per month
Blessing Retiree Member	\$10 per month
Blessing Patient Referral Member	\$25 per month
Individual Community Member	\$30 per month
Community Member Family Add-On	\$15 per month

Prospective members should call Illini Fitness to verify eligibility and schedule a new member registration appointment.



ILLINI FITNESS CENTER





YOUTH TRAINING PROGRAM

1, 30 Minute Session Package.....\$20

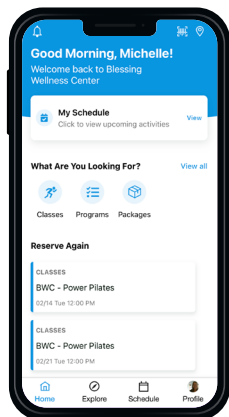
Children of Illini Fitness members ages 11-15 are now eligible to enroll in the Youth Training Program. All eligible children will be required to complete one, 30 minute training session.

- Child is required to be added to parent/legal guardian membership
- Youth Training Program fee of \$20/child paid at time of membership registration
- Membership Registration and Training Session scheduled by appointment only
- Upon successful completion of the program, the child will be eligible to begin utilizing the facility WITH A PARENT/LEGAL GUARDIAN PRESENT AT ALL TIMES

BLESSING WELLNESS CENTER MOBILE APP

MOBILE APP BENEFITS

- View statements
- View check-in history
- Update debit/credit card information
- Use individual barcode to access the facility



AVAILABLE NOW!



Supplemental Health Benefits

We are pleased to offer voluntary benefits through Lincoln Financial Group. These voluntary benefits work hand-in-hand with your core medical plan to help ensure you are covered in case of an unforeseen illness or injury that may not be covered by your primary insurance plan. After all, when a medical event occurs, there are deductibles, copayments and treatment costs that aren't covered to consider—not to mention the bills that continue to roll in even if you are too ill or injured to work. The benefit payments are paid directly to you to be used however you like.

Lincoln Financial Group policies pay cash benefits directly to you, regardless of any other insurance you may have. The cash benefit may be used for expenses such as: out-of-pocket medical expenses, travel-related expenses for medical treatment, everyday living expenses, and lost income.

Accident Insurance

Accident Insurance offers 24-hour coverage and provides cash benefits for covered injuries and specific accident-related expenses. This benefit is payable to you and can help protect against emergency expenses associated with an ambulance ride, wheelchairs, use of the emergency room, crutches, surgery and anesthesia, bandages, stitches, and casts.

Accident Insurance includes a Child Sports Injury Benefit. This means you will receive an enhanced benefit of 25%, up to \$1,000 for an accident as a result of a sports injury. Enrollees who complete an annual health screening are eligible to receive a wellness benefit. The wellness benefit is \$100 per health assessment, limited to one test a year per person.

Biweekly Accident Insurance Rates			
Employee	Employee + Children	Employee + Spouse	Employee + Family
\$3.60	\$7.42	\$7.71	\$11.52

Hospital Indemnity Insurance

This benefit provides additional out-of-pocket protection for services including hospital confinement. It is designed to help offset the larger financial exposures of your health insurance plan including deductibles and coinsurance. The benefit pays \$1,500 for day 1 of a hospital confinement and \$100 each day thereafter, up to day 15.

Biweekly Hospital Indemnity Rates		
Coverage Type	Daily Benefit	Biweekly Rate
Employee	\$100	\$7.87
Employee + Children	\$100	\$9.09
Employee + Spouse	\$100	\$12.83
Employee + Family	\$100	\$17.38

Critical Illness Insurance

Critical Illness insurance pays benefits for specific covered medical conditions and diagnosis such as heart attack, cancer, stroke coronary artery bypass and kidney failure. This coverage is available to you, your spouse and dependent children up to age 26.

Critical Illness rates vary by employee age, coverage amount and level. Enrollees who complete an annual health screening are eligible to receive a wellness benefit. The wellness benefit is \$50 per health assessment (6 per family and a \$300 limit). The benefit is limited to 1 test per year, per person.

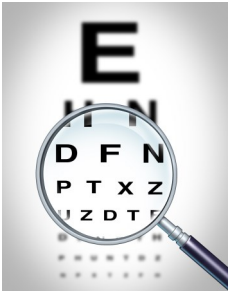
	Coverage Amount
For you	\$10,000, \$20,000 or \$30,000
Your spouse	Up to 50% of the employee's benefit
Your children*	Up to 50% of the employee's benefit

*Children up to age 26

Delta Dental manages the dental benefit. Delta Dental's program offers comprehensive dental coverage for services ranging from x-rays and routine cleanings to fillings and major care services. You have the option to choose between two plans: the Value Plan and the Premier Plan.



Feature/Service	Delta Dental			
	Value Plan		Premier Plan	
	In-Network	Non-Network Dentist	In-Network	Non-Network Dentist
Individual Annual Deductible (applies to Basic care)	\$50 <i>(waived for preventive)</i>			
Family Annual Deductible (applies to Basic care)	\$150 <i>(waived for preventive)</i>			
Annual Maximum/Person	\$1,300	\$1,300	\$1,500	\$1,500
Preventive and Diagnostic Exams, cleanings, x-rays, sealants	100%	100%	100%	100%
Basic Services Fillings, repair/maintenance of crowns, bridgework and dentures, simple extractions,	80%	80%	80%	80%
Major Services Crowns, inlays, onlays and cast restorations, oral surgery, general anesthesia, endodontic services/root canal and periodontic services	Not Covered	Not Covered	50%	50%
Orthodontic Care Adult and Child Orthodontia	Not Covered	Not Covered	50%	50%
Orthodontic Lifetime Maximum	Not Covered	Not Covered	\$1,500	\$1,500



Blessing Health provides a comprehensive optional vision benefit through the VSP Choice program for you and your eligible family members. VSP's vision benefits are designed to provide routine preventive care such as eye exams, eyewear and other vision services. VSP has a large network of providers that offer a wide selection of eyewear for you to choose from. You'll receive the most out of your benefit when you visit a VSP in-network eye doctor.

Things to Think About...

- How many people in your family will take advantage of vision benefits?
- Do you, or someone in your family, wear glasses or contacts?

Blessing Health is focused on your vision wellness

VSP's quality vision care program is important to every member of your family. By getting regular eye exams, you can help prevent vision problems and even detect warning signs of more serious undiagnosed health concerns.

VSP makes it easy to protect your family's vision wellness:

Simply logon to www.vsp.com to locate a provider near you. Or call 1-800-877-7195.

Schedule an appointment or stop by one of the many providers who offer walk-in appointments.

Services	VSP	
	Base Plan (In-Network)	Buy Up Plan (In-Network)
Annual Copayment Examination Materials	\$5 copay N/A	\$5 copay N/A
Examinations Frequency Benefit	Once every calendar year 100% after \$5 copay	Once every calendar year 100% after \$5 copay
Lenses Frequency Benefit Single Vision Bifocal Vision Trifocal Vision	Once every calendar year \$25 \$25 \$25	Once every calendar year \$25 \$25 \$25
Contacts (in lieu of glasses) Frequency Benefit	Once every calendar year Covered up to \$150 for contacts; copay does not apply Contact lens exam (fitting and evaluation) up to \$60 copay	Once every calendar year Covered up to \$175 for contacts; copay does not apply Contact lens exam (fitting and evaluation) up to \$60 copay
Frames Frequency Benefit Feature Frame Brand Allowance Walmart/Costco Equivalent Frame	Every other calendar year Covered up to \$160 \$180 \$90	Every other calendar year Covered up to \$175 \$195 \$95

This table only provides the plan differences at a high level. For a more detailed summary, including out of network benefits, refer to the Benefits Summary for each plan.

Contributions

Each year Blessing Health System reviews our benefit programs to make revisions and updates and ensure that we continue to offer a competitive, cost-effective benefit program to you and your family. Below is a chart outlining your benefit contributions for the 2025 plan year. The chart below shows rates based on bi-weekly payroll deductions.

Level of Coverage	Medical—Full Time		
	Standard Plan		High Deductible Plan
	With Wellness Incentive	Without Wellness Incentive	
Employee	\$98.57	\$133.01	\$53.73
Employee + Spouse	\$216.43	\$292.07	\$117.12
Employee + Child(ren)	\$186.79	\$252.08	\$104.59
Family	\$260.36	\$351.35	\$142.67

Level of Coverage	Medical—Part Time		
	Standard Plan		High Deductible Plan
	With Wellness Incentive	Without Wellness Incentive	
Employee	\$197.14	\$266.02	\$73.49
Employee + Spouse	\$432.87	\$584.16	\$234.20
Employee + Child(ren)	\$373.60	\$504.16	\$209.20
Family	\$520.71	\$702.71	\$285.33

Level of Coverage	Dental	
	Value Plan	Premier Plan
Employee	\$12.24	\$19.63
Employee + Spouse	\$24.68	\$40.21
Employee + Child(ren)	\$32.16	\$49.51
Family	\$44.89	\$72.98

Level of Coverage	Vision	Vision
	Base Plan	Buy-up Plan
Employee	\$3.48	\$5.81
Employee + 1	\$6.94	\$11.61
Family	\$11.18	\$18.70



Are you a full-time employee?

Are you enrolling in the Standard Health Plan with wellness incentives?

NEED HELP PAYING FOR INSURANCE?

Blessing Health System leadership recognizes the cost of health plan premiums is a financial challenge for some employees.

The Reduced Premium Program is for employees who are enrolled in the Blessing Health System employee health plan and meet the eligibility guidelines. It offers the opportunity to participate in the Standard Health Plan at a reduced biweekly premium.

Eligibility Guidelines:

- Participants must be full time
- Participants, including dependents, must be enrolled in the Standard Health Plan and be eligible for the wellness incentives.
- Have a household income below 275% of the Federal Poverty Level.
- If a qualifying life event occurs throughout the plan year, employees may apply within 31 days of the event. Call Human Resources for details.
- If you qualify for the Reduced Premium Program, you are required to re-qualify on an annual basis to continue the reduced rates.

Documentation required to establish eligibility:

Completed Reduced Premium application, copy of most recent pay stub, copy of spouse’s most recent pay stub, proof of all income benefits that your household receives including pension, retirement, trusts, Social Security, unemployment, rental property, disability, child support, spousal support, and foster care payments, copy of most recent Federal Income Tax Return.

INCOME GUIDELINES AND PREMIUM REDUCTION PERCENTAGES		
U.S. Department of Health and Human Services		
Poverty Guidelines (HHSPG)		
(Effective January 12, 2024)		
	75% reduction	50% reduction
	0 - 250% of HHSPG	251-275% of HHSPG
1	\$37,650	\$41,415
2	\$51,100	\$56,210
3	\$64,550	\$71,005
4	\$78,000	\$85,800
5	\$91,450	\$100,595
6	\$104,900	\$115,390
7	\$118,350	\$130,185
8	\$131,800	\$144,980
each additional	\$13,450	\$14,795

Health Savings Account (HSA) and High Deductible Health Plan (HDHP)



Blessing Health System is committed to helping you and your family manage the high costs of health care by providing you with an HSA program that you can use in conjunction with the HDHP. An HSA provides tax-free dollars for qualified out-of-pocket health expenses if you are enrolled in a high deductible health plan. The following are a few important things you should know about the HSA/HDHP.

What is a Health Savings Account?

The HSA is a tax-favored account used in conjunction with an HSA health plan or high deductible health plan. The HSA allows you to contribute funds on a pretax or tax-deductible basis, which you may use to pay for eligible medical, dental and vision expenses. Eligible expenses are defined by the IRS Publication 502. If you don't use all the money in your account, the balance rolls over to following years. Those dollars continue to earn interest—and continue to be available for medical expenses year after year.

Who is eligible to establish an HSA?

You are eligible to open an HSA provided you have met the following criteria:

- Must be enrolled in an HDHP and not also be covered by another health plan that is not an HDHP
- Not listed as a dependent on another person's tax return
- Not entitled to benefits under Medicare

The ACA requires medical plans to cover dependents to the age of 26 (if offered by your employer), but it doesn't require these dependents to be tax dependents. To use HSA or FSA funds for dependents expenses, the dependent must specifically be able to be claimed as a dependent on your tax return.

How is an HSA plan different than a traditional health plan?

Health insurance premiums are lower than the cost of traditional health insurance. The average premium reduction is 20-30% as compared to traditional health insurance.

How can an HSA save me money?

The principal balance may be held in a guaranteed fixed interest rate investment option. Interest is tax-free and higher than in many other types of savings accounts. Also, HSA's have no administrative fees so money grows faster than in an IRA or other savings or investment accounts.

Can I still go to my regular doctor?

Yes. With an HSA, you are free to use any doctor and any hospital you choose. With an HSA plan, you will still have an insurance ID card, and you will need to make sure that you present this card anytime you go to the doctor or pharmacy. This will ensure that you always get any network discounts available to you and that your medical provider will be able to file a claim so any out-of-pocket amounts will be applied to your deductible.

How does it work?

Since an HSA is a tax benefit, you will need to be able to prove that money you spend from your HSA is for eligible medical expenses. If you use an in-network provider, they can file your claim for you. Or, you could simply save the bills and submit them to MMA Spending Account Service Center yourself, either all at once or after you have reached a certain limit in bills. Remember to attach original receipts and any benefits statements along with your claim forms.

Do I need to choose a primary care physician and obtain a referral to see a specialist?

No. You have the freedom to use any doctor or hospital without being required to choose a primary care physician or receive referrals.

How much can be in the HSA account?

You can save up to the maximum contribution limit of \$4,300 for an individual health HSA plan and \$8,550 for a family HSA health plan each year through payroll deductions.

If you are married and your spouse has a family HDHP, then both spouses are determined to have family coverage. This is true even if one spouse has a family plan and the other has a self-only plan. Each spouse may have an HSA, and together you may contribute up to the family limit. You may not each contribute up to the family limit.

If you are age 55 and older you may contribute an additional \$1,000 to your HSA. This is a “catch up” contribution that may be made each year that you are eligible for a HDHP. Once you enroll in Medicare you may no longer do this.

Is the HSA account portable?

Yes. You keep your HSA even if you change jobs, change medical coverage, retire or make other life changes.

How Health Care Reform Impacts Your HSA and Maybe Your Taxes

Your medical health plans with Blessing Health System allows you to provide coverage for your eligible dependents until they reach age 26. But, the IRS tax law did not change the definition of a dependent for HSA. A tax-dependent is defined as up to age 19 or, if full-time student, age 24. There can be instances where you can have an adult dependent child covered under your health plan as allowed under the Affordable Care Act (less than age 26), BUT they are not a dependent for tax purposes. If you use the pretax dollars from your HSA to pay for health expenses for your covered dependent (who is not a dependent for tax purposes) you'll pay a penalty plus taxes.

Here is an option you can take to avoid tax issues:

Your covered adult dependent child may open his or her own Health Savings Account and contribute up to the allowed individual maximum (\$4,300 in 2025).

To do so, call an HSA-certified specialist at your institution and ask what is required. Please be aware that the deposits to the account will be on a post-tax basis and are not handled through any payroll deductions.

You may also continue to save up to the maximum family contribution amount in your own HSA (\$8,550 in 2025; if 55 or older an additional \$1,000). No penalty will apply as long as you do not use your HSA to cover eligible expenses for a non-tax dependent child.

Does My Employer Contribute to the HSA?

Blessing Health System will contribute a prorated amount of \$500 employee only and \$1,000 family annually as long as you are actively employed at the time of the contribution. Your elected payroll contributions will be withheld pre-tax each pay period and deposited into the HSA. This means that you will not have access to the full annual contribution at the beginning of the year—it will accrue over the course of the year.

REMEMBER: If you enroll in the HDHP with HSA Plan, you are not permitted to contribute or enroll in a healthcare flexible spending account (FSA). You may enroll in the Limited Purpose FSA for dental and vision expenses.

Flexible Spending Accounts (FSAs)

Gray, Hunter, Stenn LLP manages the Healthcare FSAs and Blessing's internal Fiscal Services Department administers the Dependent Care Savings Accounts. **Remember, you must re-enroll in the FSA(s) each plan year if you wish to participate.**

Flexible Spending Accounts (FSAs) are an easy and convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of your pretax dollars to cover certain out-of-pocket expenses as they occur throughout the plan year. Three types of accounts are available—a Health Care Spending Account, Limited Purpose Spending Account and a Dependent Care Spending Account.

Healthcare FSA

A Health Care FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs not covered by your health plan. Your Health Care FSA lets you pay for eligible medical and dental care expenses not covered by your insurance plan with pretax dollars. This means that you end up paying less in taxes and taking home more of your paycheck. Your Health Care FSA covers a wide range of medically necessary expenses including, but not limited to: copays, coinsurance, deductibles, prescriptions, dental expenses, vision expenses and orthodontia care.

The maximum annual contribution is \$3,300.

Some examples of eligible expenses include: covered prescription and doctor copays and deductibles, medical deductibles and coinsurance, eyeglasses and contact lenses, eligible over-the-counter (OTC) items (contact lens solution, band-aids, birth control, etc.), orthodontics and more.

Some ineligible expenses: premiums for medical, dental, vision, etc., amounts reimbursed by health care plans, non-medical physical treatments, cosmetic surgery and more.

For a complete list of items, visit the Internal Revenue Service (IRS) website at www.irs.gov.

Please note: The ACA requires medical plans to cover dependents to the age of 26 (if offered by your employer), but it doesn't require these dependents to be tax dependents. To use FSA funds for dependents expenses, the dependent must specifically be able to be claimed as a dependent on your tax return.

Limited Purpose FSA

Please keep in mind that if you enroll in the HDHP with HSA plan, you are not eligible to enroll in or deposit money into a health care FSA. You may, however, be able to contribute to a limited-purpose FSA. The limited purpose FSA can be used to pay for dental and vision expenses that you may incur. The "use it or lose it" rule also applies to the limited purpose FSA, so you should estimate your expenses carefully before electing how much to save in this account.

Use it or Lose it

As you think about your FSA for this plan year, be sure to carefully estimate your expenses and the amount you want to contribute to your account. Legislation changes made in 2020 has removed the restriction on the use of FSA funds for the purchase of over-the-counter (OTC) drugs and

medications. As a result, you may now use tax-free FSA funds to pay for OTC and menstrual drugs without the need of a physician letter of medical necessity.

The goal in estimating carefully is to use whatever you set aside so you don't lose it. That's because the Internal Revenue Service (IRS) has a "use it or lose it" rule, which means if you don't spend everything in your FSA by the end of the grace period, you'll forfeit whatever funds remain.

Grace Period

Blessing Health System offers employees a 2 1/2 month grace period to continue incurring expenses at the beginning of 2025, using unused 2024 Healthcare FSA dollars. In addition to the 2 1/2 month grace period, you will also receive a 90-day Run-Out Period. This timeframe allows you up to 90 days from the start of 2025 to submit any, already incurred, unsubmitted, claims for reimbursement.

Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care. **You can contribute up to \$5,000 (\$2,500 if married and file individual tax return) for the Dependent Care FSA** for children under age 13 and for disabled adults in your care.

If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- The cost of child or adult dependent day care (in or out of your home)
- Nursery schools and preschools (excluding kindergarten) and summer day camp

There are some rules to enroll in this program. If you are married, your spouse must also work, be a full-time student or be disabled and dependent upon you for support to be eligible to elect this benefit. To use funds for dependent expenses, the dependent must specifically be able to be claimed as a dependent on the employees' tax return.

Basic Life and AD&D Insurance Programs



For most people, maintaining a lifestyle depends on an important source of income – regular paychecks. If you should die, your family's financial state could suffer. Blessing Health System recognizes that life insurance provides critical financial protection. All eligible employees of Blessing Health System will be enrolled in Life Insurance and Accidental Death and Dismemberment (AD&D) coverage through Lincoln Financial Group.

Blessing Health System provides Basic Group Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you equal to one times your Basic Annual Salary up to \$750,000, excluding overtime and bonuses if applicable. The plan maximum is \$1,500,000 for Base Life and Voluntary Life combined.

If your Basic Life and Voluntary Life combined amount exceeds \$750,000, you will be subject to medical underwriting. Lincoln Financial Group will require you to complete a medical questionnaire. Age reduction begins for those over, age 65: 65%, age 70: 40%, age 75: 25% and age 80 and up: 20%.

Imputed Income: Certain benefits are taxable to employees; one of these is Life Insurance for amounts greater than \$50,000. If your Life Insurance amount exceeds \$50,000, you will be subject to imputed income and will pay taxes on the premium amount in excess of \$50,000. The portion greater than \$50,000 will be applied as income to you and will appear on your pay stub specified as Group Term Life Insurance.



Voluntary Life and AD&D Insurance Programs

To complement your company-provided Basic Life and AD&D Insurance, you can purchase additional Supplemental Life and AD&D on yourself, spouse and dependent children to age 26. To elect coverage for your eligible spouse and/or dependent children, you must enroll for employee supplemental life insurance coverage of at least one time your salary in employee Supplemental Life Insurance. Evidence of Insurability will be required when electing amounts over the guaranteed issue amount or an increase of more than one time if under the guaranteed issue amount.

Life Amounts	Employee	Spouse Life		Dependent Child(ren)	
	Multiples of salary, up to 4 times base annual earnings	Coverage	Rate	Coverage	Rate
		\$10,000	\$0.92	\$10,000	\$0.54
		\$25,000	\$2.31		
		\$50,000	\$4.62		
		\$75,000	\$6.92		
		\$100,000	\$9.23		
Guarantee Issue	\$400,000 If evidence of insurability is not approved, the voluntary employee life volume will default back to 1X employee salary.	\$50,000		\$10,000	
AD&D Amounts Single and family coverage available for each	Coverage	Single Rate		Family Rate	
	\$25,000	\$0.21		\$0.32	
	\$50,000	\$0.42		\$0.65	
	\$100,000	\$0.83		\$1.29	
	\$150,000	\$1.25		\$1.94	
	\$250,000	\$2.08		\$3.23	
Age Reduction Schedule	Age 65: 65% Age 70: 40% Age 75: 25% Age 80: 20%				

Permanent Life with Long Term Care

In the event of an emergency or the unimaginable, Transamerica’s TransElite universal life insurance can help families with financial support to maintain their quality of life. A death benefit helps safeguard a family’s future after the insured is gone. Plus, the cash value can be borrowed against if there is an emergency in the insured’s lifetime.

Highlights

- No physicals or blood work
- Accumulates cash value
- Guaranteed 3% interest rate
- Loan and withdrawal options
- Convenient payroll deduction

Eligibility

Employee: To be eligible for insurance, an employee must satisfy all of the following requirements:

- Be age 16 through 80
- Be on active service, performing in the usual manner all of the regular duties of his or her occupation at one of the places of business where he or she normally works or at some location directed by the employer
- Be continuously employed for the amount of time and working the minimum number of hours per week as you require to be eligible for benefits. These requirements will be defined on the Life and Health Group Application and Agreement.
- Not eligible to be claimed as a dependent on another person’s tax return.

Spouse: To be eligible for insurance, a spouse (or equivalent as defined by state law or otherwise agreed upon between you and us) must satisfy all of the following requirements:

- Must be age 16 through 65
- Must be legally married to the employee as determined by the laws of the state in which the employee resides or meet the eligibility requirements required by the group to be benefit eligible
- Must not be disabled
- Must not be eligible as an employee under the group policy

Child UL: To be eligible for universal life insurance, a child must satisfy all of the following requirements:

- Must be under the age of 26
- Must be an employee’s natural child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian
- Must not be disabled
- Must not be eligible as an employee under the group policy

Child Term Insurance Rider: To be eligible for insurance under this rider, a child must satisfy all of the following requirements:

- Must be 15 days old and no older than age 25
- Must be an employee’s natural child or stepchild, legally adopted child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian
- Must not be eligible as an employee under the group policy

Product Details	
Included Riders	Accelerated Death Benefit for Terminal Condition Rider (Rider Form Series CRLTI100)
	Waiver of Monthly Deductions for Layoff or Strike Rider (Rider Form Series CRLWL100)
Optional Additional Riders	Accelerated Death Benefit for Chronic Condition Rider (Rider Form Series CRLLT300) Accelerates 4% for monthly benefit or 20% of the death benefit amount as a one-time lump-sum payment
	Extension of Benefits Rider (Rider Form Series CRLEX100) Accelerates 4% for monthly
Employee Optional Rider	Child Term Insurance Rider (Rider Form Series CRLCH100) Benefit of \$10,000 or \$20,000

Lincoln Financial Group Added Benefit Programs



Blessing Health System recognizes that certain additional insurance can provide critical financial protection to you and your loved ones. We provide, Short-Term Disability (STD), and Long-Term Disability (LTD) insurance through Lincoln Financial Group at no cost to you. All eligible, active full-time employees will have access to these benefits.

Short-Term Disability (STD) Insurance

All eligible employees working at least 16 hours per week are eligible for STD coverage. STD insurance is coverage that provides you with income protection, should you lose time on the job due to an injury or illness. With disability coverage, partial replacement of lost income is paid to you.

The STD program provides a benefit equal to 60% of your weekly earnings up to a maximum benefit of \$4,000 per week for up to 24 weeks. Benefits begin 14 days after an accident or illness (Elimination Period). If you continue to be disabled thereafter, you may then apply for long-term disability benefits.

In addition, you have the option to elect an additional 15% or 40% of your basic monthly earnings as buy-up options for 75% or 100% of income protection. The buy-up options are fully insured through Lincoln Financial Group. Employees who elect the buy-up and go out on leave will receive a check from Lincoln Financial Group for their buy-up amount. Short-Term Disability income will not be taxed, as a result of the benefit premiums being deducted on an after-tax basis.

Benefit	Coverage Amount
Benefit Percentage	
Company-Provided	60% of Covered Earnings
Buy-up Plan	Options of 75% or 100% of Covered Earnings
Elimination Period	14 days
Maximum Weekly Benefit	\$4,000

Long-Term Disability (LTD) Insurance

All eligible employees working at least 32 hours per week are eligible for LTD coverage. The LTD benefit provides income during an extended period of disability if you are disabled and unable to return to work after 180 consecutive days. This benefit pays 50% of your monthly pre-disability earnings to a maximum monthly benefit of \$10,000.

Benefit	Coverage Amount
Benefit Percentage	
Company-Provided	50% of Covered Earnings
Elimination Period	180 days
Maximum Monthly Benefit	\$10,000



MATERNITY LEAVE

A growing family brings a lot of questions. Here's what you need to know about maternity leave at Blessing:

Blessing Health System (BHS) provides paid time away from work for benefit eligible employees who have recently expanded their family through childbirth, adoption, foster care, or legal guardianship. This time is intended to parents or legal guardians time to bond with an addition to their family.

A parent/legal guardian may take up to two weeks (consistent with their employment status) of paid leave due to the birth or placement of a child, under the age of 18, in the employee's home by means of foster care, adoption or legal guardianship. Parental leave will run concurrently with approved family and medical leave under the Family and Medical Leave Act (FMLA). This benefit is allowed no more than once per rolling twelve-month period.

Compensation for parental leave is calculated based on the employee's straight time hourly earnings plus shift differential (if the employee's time off is from scheduled hours for which shift differential would have been awarded). Hours paid under this policy are not considered "hours worked" for the purpose of calculating overtime eligibility, gainshare hours, and accrual of PTO.

Benefit eligible employees will receive 2 weeks of paid parental leave. This leave will be used to satisfy the 2-week STD waiting period for birth parents. Non-birth parents may use parental leave within 12 weeks of birth, adoption, or placement of a child.

FMLA

- FMLA provides employees with up to 12 weeks of unpaid, job-protected leave per year. Employees who have at least one year of service and have worked at least 1,250 hours within the past 12 months, are eligible for FMLA to coincide with their maternity leave.
- Short Term Disability (STD) plans may provide benefits during maternity leave if you are unable to work due to pregnancy, childbirth, and recovery. A physician must certify your leave. STD provided by Blessing provides 60% income replacement.
- For maternity leave, this is 6 weeks for a vaginal delivery or 8 weeks for a c-section.
- Contact Lincoln Financial Group at 800.210.0268 to report your claim for STD and FMLA. Employees who wish to extend maternity leave beyond the STD benefit may do so by using PTO.
- Breast pumps are covered at 100% by Current Health Solutions, the employee healthcare plan.

MetLife Legal Plans

Reduce your out-of-pocket cost of legal services with the MetLife Legal Plan. The MetLife Legal plan provides employees with a team of top attorneys ready to assist with life's planned and unplanned legal events. This service is tailored to meet your needs. With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move — it's easy to get legal help. And, you will always have a choice in what attorney to use. You can choose one from a network of prequalified attorneys, or use an attorney outside of the network and be reimbursed some of the cost. Best of all, you have unlimited access to an attorneys for all legal matters covered under the plan. For a monthly premium conveniently paid through payroll deduction, an expert is on your side as long as you need them.

Flexible Plan Options

For \$24.00 per month for the high plan, or for \$21.00 per month for our low plan, you get legal assistance for some of the most frequently needed personal legal matters with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, this benefit provides four hours of network attorney time and services per year.

When you need help with a personal legal matter, MetLife Legal is there for you to help make it a little easier. For added protection, your spouse and dependent children are also covered.

Examples of Covered Legal Matters:

- Getting married
- Starting a family
- Buying, renting or selling a home
- Dealing with identity theft
- Caring for aging parents
- Sending kids off to college

Estate Planning

The MetLife website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly.

FraudScout Credit Monitoring

Available with the high plan, FraudScout is a Triple Bureau Credit Monitoring Service which provides MetLife customers with a first line of defense against identity fraud. This includes alerts based on the participant's social security number and one click access to a complimentary credit report.

To learn more, visit info.legalplans.com and enter access code 9904329 for the high plan or 9904327 for the low plan or call 1.800.821.6400 Monday - Friday from 7 am - 7 pm.

Employee Assistance Program (EAP)

Your Employee Assistance Program (EAP) is a confidential service designed to assist with addressing personal problems at no cost to you. The EAP helps identify and resolve personal concerns that affect performance, health and well-being. With the EAP, you get a combined EIGHT sessions and NO copay for you and your eligible dependents. Please see additional details below.

Welcome to your EAP.

Feel supported and connected with a confidential Employee Assistance Program (EAP) and innovative wellbeing resource. Life can be complicated. Get help with all of life's questions, issues and concerns with TELUS Health. Any time, 24/7, 365 days a year. We offer support with mental, financial, physical and emotional wellbeing. Whether you have questions about handling stress at work and home, parenting and child care, managing money, or health issues, you can turn to TELUS Health for a confidential service that you can trust.



Life

- Retirement
- Midlife
- Student life
- Legal
- Relationships
- Disabilities
- Crisis
- Personal issues

Family

- Parenting
- Couples
- Separation/divorce
- Older relatives
- Adoption
- Death/loss
- Child care
- Education

Health

- Mental health
- Addictions
- Fitness
- Managing stress
- Nutrition
- Sleep
- Smoking cessation
- Alternative health

Work

- Time management
- Career development
- Work relationships
- Work stress
- Managing people
- Shift work
- Coping with change
- Communication

Money

- Saving
- Investing
- Budgeting
- Managing debt
- Home buying
- Renting
- Estate planning
- Bankruptcy



Phone Number: 1 800-586-5882
Username/Password: BlessingHealth/eap
Connect online: one.telushealth.com



Pet Insurance

Now more than ever, pets are playing a significant role in our lives and it is important to keep them safe and healthy. Help make sure your furry family members are protected in case of an accident or illness with Pet Insurance offered by MetLife. Employees of Blessing Health System are eligible for discounted rates by using the referral code below.

Flexible and Customizable Coverage for Cats and Dogs

You choose the plan that works for you with flexible coverage options. In addition, each pet's premium will be unique based on the age, breed, location, and gender as well as the coverage amount you select.

- Deductible options from \$0 - \$2,500
- Annual limit options from \$1,000 – unlimited
- Reimbursement options from 65% - 100%
- Use any licensed vet of your choice

Pet Insurance Covers:

- Accidental Injuries
- Illnesses
- Exam Fees
- Surgeries
- Medications
- Ultrasounds & X-rays
- Diagnostic Testing
- Hospital Stays

How Pet Insurance Works

1. **Get Quote**—call MetLife at 1-800-GET-MET8 or visit www.metlife.com/mybenefits. Enter **Blessing Health System** in text box and provide your pet's age, breed, gender, and zip code
2. **Enroll**—Select the coverage that is best for your pet
3. **Pay**—Premiums will be charged to your personal bank account or credit card
4. **Use**—Take your pet to the vet
5. **Pay the vet bill**
6. **Get Reimbursed**
 - Submit your claim and bill to MetLife via the online portal, email, fax or mail
 - Receive reimbursement for your claim according to the terms of your plan



Retirement Benefits

BLESSING HEALTH SYSTEM RETIREMENT SAVINGS PLANS

Your benefits package at Blessing Health System includes the Blessing 403(b) Retirement Plan & the Denman Services, Inc. 401k.



Convenience. Your contributions are automatically deducted from your paycheck. New employees are automatically enrolled in the Plan at a pre-tax contribution rate of 3% after 30 days of eligibility.

Tax savings now. Your pretax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of current income taxes you pay each period.

Roth contributions. You also have the option to contribute to the plan on after tax basis through Roth contributions. Roth contributions grow tax free and no taxes are due when you withdraw the money from your plan in retirement.




Investment options. Unless you direct us otherwise, your contributions will be invested in a T. Rowe Price Retirement Date Fund based on your date of birth and projected retirement date at age 65. However, you have the flexibility to select from investment options that Blessing has chosen. The options range from conservative to aggressive, making it easy for you to develop a well-diversified investment portfolio. For experienced investors additional options are also available through Fidelity BrokerageLink®. Keep in mind that investing involves risk. The value of your investment will fluctuate over time and you may gain or lose money.

Online beneficiary. With Fidelity's Online Beneficiaries Service, you can designate your beneficiaries, receive instant online confirmation, and check your beneficiary information virtually any time.

Employer contributions. Blessing matches your contributions to the plan at a rate of 100% of the first 2% for all eligible employees. Denman matches 100% on the first 4% for all eligible employees. That's why it makes good financial sense to contribute at least the maximum matched amount to your Plan.

Vesting. When you are "vested" in your savings, it effectively means the money is yours to keep. You are always 100% vested in your contributions to the Plans, as well as any earnings on them. Vesting on Blessing's 403(b) matching contributions follow a 5-year schedule. Denman's 401k matching contributions are immediately 100% vested.

KEEP YOUR RETIREMENT ON TRACK

 <p>▶ MEET WITH FIDELITY</p>	Visit getguidance.fidelity.com to schedule an appointment or call 866.715.5959 for a phone appointment.
 <p>▶ CALL FIDELITY</p>	Call 800.343.0860, Monday through Friday, from 8:00 a.m. to midnight Eastern time.
 <p>▶ GO ONLINE</p>	Visit NetBenefits.com/blessinghealthsystem .

Paid Time Off

Blessing offers a generous accumulation of paid time away from work. The PTO bank is a shared bank for vacations, holidays, personal, and sick time. Employees eligible for the PTO benefit will begin accruing on the date of hire or transfer into an eligible status; accrual rate will increase based on years of service. PTO will accrue on the basis of hours worked up to a maximum of 80 hours per pay period. PTO hours will not count toward overtime eligibility.

PTO HOURS MUST BE USED:

- For hours missed from a regular work schedule due to unpaid leave, FMLA, illness, and personal days.
- For the first three (3) days missed due to a work-related injury.

PTO HOURS ARE NOT REQUIRED TO BE USED:

- For the six recognized holidays
- For hours missed from a regular work day. For example, leaving for an appointment, to attend an activity at a child's school, or leaving early for the day.
- When a scheduled employee is absent at our request (AOR), those hours missed will be added to the Hours worked calculation for PTO accrual during that pay period.
- When an employee is receiving other compensatory benefits (i.e. short-term disability, long term disability or worker's compensation wage benefits).
- As a supplement to other wage benefits. For example, an employee who is receive a 75% short term disability benefit has the option to supplement the remaining lost wages with PTO Disability.
- PTO Banks at or above the maximum limit will no longer accrue additional PTO hours until the employee's PTO balance is below the maximum. Employees who fall into this category will no longer be eligible to sell PTO.

PTO Accrual Schedules

Employees hired before 1/1/2017			Employees hired after 1/1/2017		
Years of Service	PTO Accrual Rate Per Hour Worked	Max Hours You Can Have In PTO Bank	Years of Service	PTO Accrual Rate Per Hour Worked	Max Hours You Can Have In PTO Bank
Part Time Employees			0 - 4 Years	.0885	184
5 - 9 Years	.1077	224	5 - 9 Years	.1077	224
10 - 14 Years	.1192	248	10 - 14 Years	.1192	248
15 - 19 Years	.1269	264	15 - 19 Years	.1269	264
20+ Years	.1346	280	20+ Years	.1346	280
Full Time Employees					
6 - 11 Years	.1154	340			
12+ Years	.1346	340			

Important Regulations

Patient Protection – Patient Access to Obstetrical and Gynecological Care

You do not need prior authorization from Current Health Solutions or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the number listed on your medical ID card.

Women’s Health and Cancer Rights Act

On October 21, 1998, the Women’s Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law’s provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for: 1. Reconstruction of the breast on which the mastectomy has been performed, 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance, 3. Prostheses, 4. Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

Health Insurance Portability and Accountability Act (HIPAA) – State Children's Health Insurance Program (SCHIP)

Loss of other coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the

employer stops contributing toward the other coverage).

Loss of Medicaid or SCHIP coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New dependent: If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or SCHIP premium assistance: If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Coverage

CHIP is short for the Children’s Health Insurance Program—a program to provide health insurance to all uninsured children and who are not eligible for or enrolled in Medical Assistance. CHIPRA is the reauthorization act of CHIP which was signed into law in February 2009. Under CHIPRA, a state CHIP program may elect to offer premium assistance to subsidize employer-provided coverage for eligible low-income children and families. All employers are required to provide employees notification regarding CHIPRA. See notice in this guide.

Medicare Part D Creditable Coverage / Non-Creditable Coverage Notice

The Centers for Medicare and Medicaid (CMS) requires employers to notify their Medicare Part D-eligible individuals about their creditable coverage status prior to the start of the annual Medicare Part D election period that begins on October 15 of each year. See notice in this guide.

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, 2023. Contact your State for more information on eligibility –

<p style="text-align: center;">ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p style="text-align: center;">INDIANA – Medicaid</p> <p>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</p>
<p style="text-align: center;">ALASKA – Medicaid</p> <p>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</p>	<p style="text-align: center;">IOWA – Medicaid and CHIP (Hawki)</p> <p>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_HPP Phone: 1-888-346-9562</p>
<p style="text-align: center;">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p style="text-align: center;">CALIFORNIA – Medicaid</p> <p>Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>	<p style="text-align: center;">KENTUCKY – Medicaid</p> <p>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</p>
<p style="text-align: center;">COLORADO – Health First Colorado (Colorado’s Medical Program) & Child Health Plan Plus (CHP+)</p> <p>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.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p style="text-align: center;">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p style="text-align: center;">FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>	<p style="text-align: center;">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US 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</p>
<p style="text-align: center;">GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p style="text-align: center;">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>

MINNESOTA – Medicaid	PENNSYLVANIA – 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://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
MISSOURI – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
MONTANA – Medicaid	SOUTH CAROLINA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEBRASKA – Medicaid	SOUTH DAKOTA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEVADA – Medicaid	TEXAS – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
NEW HAMPSHIRE – Medicaid	UTAH – Medicaid and CHIP
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW JERSEY – Medicaid and CHIP	VERMONT – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
NEW YORK – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
NORTH CAROLINA – Medicaid	WASHINGTON – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
NORTH DAKOTA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: https://dhhr.wv.gov/bms/ http://mywhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
OKLAHOMA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.dhs.wisconsin.gov/badgercareplus/p_10095.htm Phone: 1-800-362-3002
OREGON – Medicaid	WYOMING – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	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, 2023, 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
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Important Notice from Blessing Health System 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 Current Health Solutions 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. Blessing Health System has determined that the prescription drug coverage offered by Current Health Solutions 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.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (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 decide to join a Medicare drug plan, your current Blessing Health System coverage will not be affected. Part D eligible individuals (or their dependents) can retain their existing coverage and choose not to enroll in a part D plan; or, they can enroll in a part D plan as a supplement to, or in lieu of the other coverage. Finally, if the member's existing prescription drug coverage is with a Medigap policy, they cannot have both their existing prescription drug coverage and part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at [http://www.cms.hhs.gov/Creditable Coverage/](http://www.cms.hhs.gov/Creditable%20Coverage/)), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you decide to join a Medicare drug plan and drop your current Blessing Health System coverage, be aware that you and your dependents will be able to get this coverage back at Blessing Health System next open enrollment period.

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 Blessing Health System 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 November to join.

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

Contact the person listed below for further information. 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 Blessing Health System 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'll 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 7, 2024
Name of Entity/Sender: Blessing Health System
Contact: Human Resources



This benefits guide covers only the highlights of Blessing Health System 's benefit programs. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. Blessing Health System intends to continue these programs but reserves the right to change or end them at any time. Participation in the programs does not imply a contract of employment.