BLESSING Health System

# Welcome to Blessing Health System's Total Rewards Guide

## A GUIDE TO YOUR 2026 BENEFITS

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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

# Ready for Open Enrollment?

**Blessing covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select.** You can choose any combination of medical, dental, and/or vision coverage. The only requirement is that as an eligible employee of Blessing Health System, you must elect coverage for yourself in order to elect coverage for dependents. Be sure to have the Social Security numbers and birth dates for any eligible dependents that you plan to enroll. You cannot enroll your dependent(s) without this information.

## Open Enrollment Action Items

### Determine your Needs

Note any major lifestyle changes such as marriage, having a child, or recent medical changes that may impact benefit plan selection.

### Review current benefit plans

Review your current benefit plans and take into consideration your needs for the next year. Be sure to review any materials provided by Blessing to understand your current/future package selection.

### Consider your Finances

List all medical expenses from the past year, including copayments, coinsurance, deductibles, and premiums. Evaluate how each plan option covers these costs to determine the most cost-effective choice. An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.

### Ask questions

Take advantage of the open enrollment period to ask any questions you have about benefits and how they align with your lifestyle.

### Use the Benefitsolver system to Enroll or Make Changes

We encourage all employees to actively engage in the enrollment system and make their benefit elections. You can access the Benefitsolver system directly from Virtual HR to make your enrollment changes or via the link **www.benefitsolver.com**.

# Do you have a question about your coverage?

## Contact your carriers directly for help with:

- Benefits questions
- Claims process
- Choosing a doctor
- ID cards
- Copayments and deductibles
- Prescription drug coverage

| Contact Information | | | |
|---|---|---|---|
| **Benefit** | **Provider** | **Website** | **Phone Number** |
| **Medical** | CURRENT HEALTH SOLUTIONS | www.currenthealthsolutions.org/blessing | 855-247-3233<br>**Group Number: BHSHSP** |
| **Health Savings Account (HSA)** | mychoice Accounts by businessolver | www.benefitsolver.com. | 855-505-7593 |
| **Rx** | Optum Rx® | www.optumrx.com | 855-896-9779 |
| **Voluntary Benefits** | Lincoln Financial Group® | www.mylincolnportal.com | 800-423-2765 |
| **Dental** | DELTA DENTAL | www.deltadental.com | 800-323-1743 |
| **Vision** | vsp VISION | www.vsp.com | 800-877-7195 |
| **Life and Disability** | Lincoln Financial Group® | www.mylincolnportal.com | 800-210-0268<br>**Group Number: 09-LF0975** |
| **FMLA** | Lincoln Financial Group® | www.mylincolnportal.com | To request leave:<br>888-605-1129 |
| **Permanent Life Insurance with Long Term Care** | Allstate. | allstatebenefits.com | 877-215-9344 |
| **Pre-Paid Legal and Identity Theft** | MetLife | www.info.legalplans.com | 800-821-6400<br>**Group Number: 0173638** |
| **Pet Insurance** | MetLife | www.metlife.com/mybenefits | 800-438-6388 |
| **Retirement** | Fidelity INVESTMENTS | www.netbenefits.com/blessinghealthsystem | 800-343-0860 |
| **EAP** | TELUS Health | www.one.telushealth.com | 800-586-5882<br>**Username: Blessing Health**<br>**Password: eap** |

# Glossary of Terms

## How a Health Plan Works

### Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

### Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service. The copay does not count toward your deductible but does count toward your annual out-of-pocket maximum.

### Deductible

The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay for certain services. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible.)

### Evidence of Insurability (EOI)

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

### Out-of-Pocket Maximum

An out-of-pocket maximum is the most you have to pay per year for covered healthcare services. When you have spent this amount in your plan year on deductibles, copayments, and coinsurance for in-network care and services, your health insurer will pay for 100% of your healthcare services. Each medical plan is assigned an out-of-pocket maximum.

**Scan to view Glossary of Health Coverage and Medical Terms**

## Key Features of Your 2026 Benefits

**Blessing Health System is pleased to offer a full range of benefits through the following carriers effective January 1, 2026. See details below.**

- **Medical/Rx:** We offer three medical plans through Current Health Solutions.
- **Health Savings Account (HSA):** The HSA is a tax-favored account, offered through a Businessolver My Choice Account, to be used in conjunction with the 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 and AD&D 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, Allstate's 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. 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

**To report a life event, contact the Blessing Health Service Center at 855-505-7593 within 31 days of the event.**

# Eligibility

## Eligibility

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.

## Dependent Eligibility

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

- Your legal spouse;
- 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 in which they turn 26.
- A mentally or physically incapacitated child who is not capable of self-support and is dependent on you for support, and was incapacitated prior to reaching age 26.

## New Hires

New employees must complete their benefit enrollment within the first 31 days of employment.

If elections are not made within this time frame, 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 BenefitSolver on a Blessing computer.  You can also access BenefitSolver remotely on a personal computer or 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.

## Termination of Coverage

Coverage for Health, Dental and Vision terminates on the last day of the month in whcih employment terminates. 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.

# 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.

## How to Pick Your **Medical Plan**

Blessing Health System offers its employees the ability to choose from three Preferred Provider Organization Plans (PPOs) administered by Current Health Solutions. The 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.**

### Enhanced Health Plan

This medical plan is designed for an employee who is willing to pay a higher premium contribution for their health care to receive a higher percentage of coverage at Tier 2 providers.

### 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 all three 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**
**"At Blessing"**
**Blessing Domestic Network &**
**Crossriver Quality Health Partners**

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

**In-Network - Tier 2**
**"Not At Blessing"**
**Current Health Network,**
**First Health Providers (Out of Area Only) and Direct Agreements**

- Barnes Jewish Facilities
- Columbia Orthopedics and Surgery Center
- Hannibal Regional Hospital & Medical Group
- Midwest Orthopedics
- 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 a full list of Network 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.

## 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.

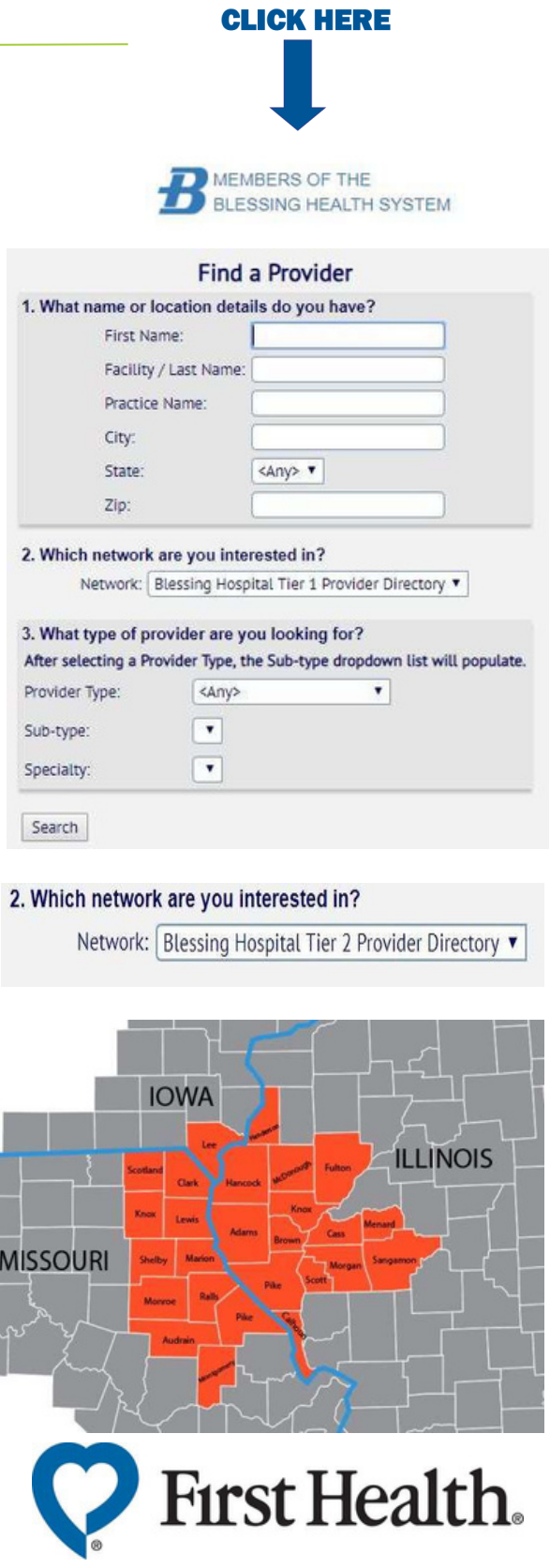
## FIRST HEALTH NETWORK

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

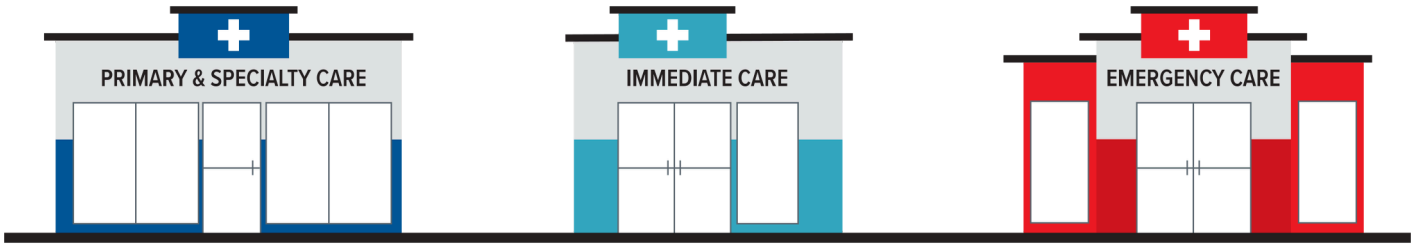
This map indicates the Current Health Solutions primary service area. When searching for a First Health provider, please ensure they are located outside the highlighted area.

## 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 sear



# 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

BLESSING HEALTH

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

# Current Health Solutions Medical Benefits

The chart below provides a snapshot 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 well. Please refer to the Summary of Benefits for more details on these plans.

BLESSING Health System

| | 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**<br>**All benefits with a coinsurance % are first subject to the respective deductible** | | | | | | |
| **Annual Deductible:**<br>Individual<br>Employee + Children<br>Employee + Spouse<br>Family | <br>$500<br>$750<br>$1,000<br>$1,000 | <br>$2,000<br>$3,000<br>$4,000<br>$4,000 | <br>$3,000<br>$5,000<br>$5,000<br>$7,000 | <br>$2,000<br>$4,000<br>$4,000<br>$4,000 | <br>$3,500<br>$7,000<br>$7,000<br>$7,000 | <br>$5,000<br>$10,000<br>$10,000<br>$10,000 |
| **Out-of-Pocket Maximum:**<br>Individual<br>Employee + Children<br>Employee + Spouse<br>Family | <br>$7,350<br>$12,300<br>$14,700<br>$14,700 | <br>$7,350<br>$12,300<br>$14,700<br>$14,700 | <br>No limit<br>No limit<br>No limit<br>No limit | <br>$4,000<br>$8,000<br>$8,000<br>$8,000 | <br>$7,000<br>$14,000<br>$14,000<br>$14,000 | <br>No limit<br>No limit<br>No limit<br>No limit |
| PCP Copay | $0 | $45 | 50% | 90% | 70% | 50% |
| Specialist Copay | $30 | $80 | 50% | 90% | 70% | 50% |
| Second Opinion | 100% | 100% | 100% | 90% | 70% | 50% |
| 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)<br>Emergency Room Copay (waived if admitted) | 100%<br>$300 | 100%<br>$300 | 100%<br>$300 | 90%<br>90% | 90%<br>70% | 90%<br>50% |
| **HOSPITAL /SURGICAL SERVICES** | | | | | | |
| Hospital: Inpatient, Outpatient<br>Surgery: Inpatient, Outpatient | 90%<br>90% | 70%<br>70% | 50%<br>50% | 90%<br>90% | 70%<br>70% | 50%<br>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% | 70% | 50% |
| Routine Maternity Includes office visits and physician delivery services | $800 | 70% | 50% | 90% | 70% | 50% |
| Fertility Coverage | 90% | 70% | 50% | 90% | 70% | 50% |

# Current Health Solutions Medical Benefits Cont.

BLESSING Health System

| | Enhanced Plan | | |
|---|---|---|---|
| | In-Network | | Out-of-Network |
| | Tier 1 | Tier 2 | Tier 3 |
| **ANNUAL DEDUCTIBLE**<br>**All benefits with a coinsurance % are first subject to the respective deductible** | | | |
| **Annual Deductible:**<br>Individual<br>Employee + Children<br>Employee + Spouse<br>Family | <br>$1,000<br>$2,000<br>$2,000<br>$2,000 | <br>$1,250<br>$2,500<br>$2,500<br>$2,500 | <br>$2,500<br>$5,000<br>$5,000<br>$5,000 |
| **Out-of-Pocket Maximum:**<br>Individual<br>Employee + Children<br>Employee + Spouse<br>Family | <br>$4,000<br>$5,000<br>$8,000<br>$8,000 | <br>$5,000<br>$7,000<br>$9,000<br>$9,000 | <br>No limit<br>No limit<br>No limit<br>No limit |
| PCP Copay | $0 | $45 | 50% |
| Specialist Copay | $30 | $80 | 50% |
| Second Opinion | 100% | 100% | 100% |
| Walk-In, Express Clinic, Convenient Care | $0 | $45 | 50% |
| Urgent Care, Ambulatory Care | $30 | $90 | 50% |
| **EMERGENCY SERVICES** | | | |
| Ambulance (Ground, Air)<br>Emergency Room Copay (waived if admitted) | 100%<br>$300 | 100%<br>$300 | 100%<br>$300 |
| **HOSPITAL /SURGICAL SERVICES** | | | |
| Hospital: Inpatient, Outpatient<br>Surgery: Inpatient, Outpatient | 90%<br>90% | 80%<br>80% | 50%<br>50% |
| Wellness and Preventive Care | 100% | 100% | Not Covered |
| Diagnostic Testing (including lab/x-ray) | 90% | 80% | 50% |
| Outpatient Therapy (60 visits combined max) Physical, Occupational, Speech | 90% | 80% | 50% |
| Chiropractic Care | 90% | 80% | 50% |
| Routine Maternity Includes office visits and physician delivery services | $800 | 80% | 50% |
| Fertility Coverage | 90% | 80% | 50% |

# Prescription Drug Coverage

When you enroll in a Blessing Health System medical plan, you automatically receive prescription drug coverage through Optum Rx. Optum Rx 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 counter parts.
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 | | Brown Drug Company | |
| | Denman Country Drug Blessing Health Hannibal | Participating Optum RX Pharmacy | Denman Country Drugs Blessing Health Hannibal | Participating Optum RX Pharmacy |
| | Illini Health Services | | 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: Required to be filled through Blessing Specialty Pharmacy | 10% coinsurance | No coverage | 10% after deductible | No Coverage |

# Prescription Drug Coverage

| Optum Rx Prescription Drug Coverage | | |
|---|---|---|
| **Tier** | **Enhanced Plan Plan** | |
| | **Brown Drug Company** | |
| | **Denman Country Drugs<br>Blessing Health Hannibal** | **Participating Optum RX Pharmacy** |
| | **Illini Health Services** | |
| **Generic (30 Day)** | $7 minimum copay or 10% of the cost | $25 copay or 25% of the cost |
| **Preferred Brand (30 Day)** | Greater of $45 copay or 40% of the cost | Greater of the $60 copay or 55% of the cost |
| **Non-Preferred Brand (30 Day)** | Greater of $75 copay or 45% of the cost | Greater of $90 copay or 60% of the cost |
| **Specialty Medications: may only be filled through Blessing's Specialty Pharmacy or Optum RX Specialty Pharmacy if unavailable through Blessing** | 10% coinsurance | No coverage |

# Employee Wellness Program!

BE WELL at Work
employee wellness program

## PROGRAM REQUIREMENTS

- **Program Consent**
  Everyone must complete the required 2026 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 (Scheduled directly with your provider's office)
  b. Wellness Screening with Employee Wellbeing Coach (Scheduled through ManageWell)
- **Completion Dates:**
  - If hired October - June: requires PCP wellness visit or Annual Wellness Screening
  - If hired July - September: a screening is not required until following year

* Spouses on the health plan are no longer required to complete the screening.

## BE WELL AT WORK REWARDS FOR 2026

- Participants must complete all requirements of the program in order to receive the discounted health insurance premium plan for 2027

All requirements **MUST** be met by **September 30, 2026**.

## Access to tools & resources on the MANAGEWELL PORTAL

- Wellness Challenges
- Monthly Newsletters
- Nutrition
- Exercise
- Trackers
- Wellness
- Stress Management
- Wellness Coaching

SCAN ME

ManageWell Employee Wellness Portal:
**managewell.com**

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 | Enhanced Plan |
|---|---|---|---|
| **Diabetic Medications** | 100% | 100% | 100% |
| **Diabetic Meters** | 100% | 100% | 100% |
| **Continuous Glucose Monitoring** | 100% | Subject to Deductible | 100% |
| **Syringes & Testing Supplies** | 100% | Subject to Deductible | 100% |
| **Blood Hemoglobin A1C** | 100% quarterly | 100% Twice Annually | 100% quarterly |
| **Microalbumin** | 100% once annually | Subject to Deductible | 100% once annually |
| **Diabetes Education Classes** | 100%, unlimited visits | Subject to Deductible, unlimited visits | 100%, unlimited visits |
| **Diabetes Coaching** | 100%, unlimited visits | Subject to Deductible, unlimited visits | 100%, unlimited visits |
| **Weight Checks** | 100%, unlimited visits | 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 01/01/2026 a $25.00 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

## 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.

## 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.

### NUTRITIONCOUNSELING

Our dietitian 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.

## NUTRITION PACKAGES

- InitialConsultPackage: 1 (60min) session+ 4 (30 min) sessions $140
- Customized Meal Plan Package: 1 Meal Plan + 1 (30 min) session $75
- On-Going Dietitian Support: 8 (30 min) sessions $180

## 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 EmployeeMember
Be Well at Work Member
Blessing Volunteer
Student Member
Blessing Family Member
Blessing Retiree Member
Blessing Patient Referral Member

## PERSONAL TRAINING

| | 30 min session | 45min session | 60 min session |
|---|---|---|---|
| 4 Session Package | $80 | $120 | $160 |
| 8 Session Package | $140 | $220 | $280 |
| 12 Session Package | $180 | $300 | $360 |

## GROUP EXERCISE CLASSES

| | |
|---|---|
| Drop-in Class | $10 |
| 5 Class Package | $30 |
| 10 Class Package | $50 |

Prospective members should call the Wellness Center at **217.214.5858** to verify eligibility and schedule a new member registration appointment.

**4917 Oak St.**
**Quincy, IL 62305**

ILLINI Fitness

# MEMBER SERVICES

## YOUTH TRAINING PROGRAM

### 1, 60 Minute Session Package.....$20

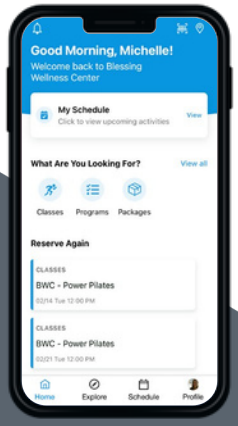
Children of Illini Fitness members ages 11-15 are now eligible to enroll in the Youth Training Program. All eligible children will be required to complete one, 60 minute training session.

- 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!

Download on the App Store

GET IT ON Google Play

## MEMBERSHIP BENEFITS

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

## MEMBERSHIP TYPES

Blessing EmployeeMember
Be Well at Work Member
Blessing Volunteer
Eligible Student Member
Eligible Medicare Program Member
Blessing Family Member
Blessing Retiree Member
Blessing Patient Referral Member
Individual Community Member
Community Member Family Add-On


Prospective members should call Illini Fitness at **217.285.5635** to verify eligibility and schedule a new member registration appointment.

**321 W. Washington St.**
**Pittsfield, IL 62363**

# 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 off☒set 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 Plan

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 *(waived for preventive)* | | | |
| **Family Annual Deductible** (applies to Basic care) | $150 *(waived for preventive)* | | | |
| **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 |

# VSP Vision Plan

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**<br>Examination<br>Materials | $5 copay<br>N/A | $5 copay<br>N/A |
| **Examinations**<br>Frequency<br>Benefit | Once every calendar year<br>100% after $5 copay | Once every calendar year<br>100% after $5 copay |
| **Lenses**<br>Frequency<br>Benefit<br>Single Vision<br>Bifocal Vision<br>Trifocal Vision | Once every calendar year<br>$25<br>$25<br>$25 | Once every calendar year<br>$25<br>$25<br>$25 |
| **Contacts (in lieu of glasses)**<br>Frequency<br><br><br><br>Benefit | Once every calendar year<br>Covered up to $150 for contacts; copay does not apply<br><br>Contact lens exam (fitting and evaluation) up to $60 copay | Once every calendar year<br>Covered up to $175 for contacts; copay does not apply<br><br>Contact lens exam (fitting and evaluation) up to $60 copay |
| **Frames**<br>Frequency<br>Benefit<br><br>Feature Frame Brand Allowance<br>Walmart/Costco Equivalent Frame | Every other calendar year<br>Covered up to $160<br><br>$180<br>$90 | Every other calendar year<br>Covered up to $175<br><br>$195<br>$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 2026 plan year. The chart below shows rates based on bi-weekly payroll deductions.

| Level of Coverage | Medical—Full Time | | | |
|---|---|---|---|---|
| | Standard Plan | | Enhanced Plan | High Deductible Health Plan |
| | With Wellness Incentive | Without Wellness Incentive | | |
| Employee | $100.54 | $135.67 | $159.36 | $54.81 |
| Employee + Spouse | $220.76 | $297.91 | $318.72 | $119.46 |
| Employee + Child(ren) | $190.53 | $257.12 | $307.57 | $106.68 |
| Family | $265.57 | $358.38 | $495.61 | $145.52 |

| Level of Coverage | Medical—Part Time | | | |
|---|---|---|---|---|
| | Standard Plan | | Enhanced Plan | High Deductible Health Plan |
| | With Wellness Incentive | Without Wellness Incentive | | |
| Employee | $201.08 | $271.34 | $296.79 | $74.96 |
| Employee + Spouse | $441.53 | $595.94 | $620.52 | $238.89 |
| Employee + Child(ren) | $381.07 | $514.24 | $568.03 | $213.38 |
| Family | $531.12 | $716.76 | $858.65 | $291.04 |

| Level of Coverage | Dental | |
|---|---|---|
| | Value Plan | Premier Plan |
| Employee | $12.24 | $19.29 |
| Employee + Spouse | $24.68 | $40.21 |
| Employee + Child(ren) | $29.90 | $48.26 |
| 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 |

# Health Insurance Reduced Premium Program

## Do you need help paying for health 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.

**Applicants must be:**

- In a **full time** employment status
- Enrolled in the **Standard Health Plan** and be eligible for wellness program incentives.
- At a household **income level below 275% of the Federal Poverty Level**. This program is based on household size and income levels, not who you cover on your health plan.

**Documents required to determine eligibility:**

- Completed Reduced Premium application
- Copy of your spouse's (or other adult living in the home) two most recent pay stubs
- 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

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-apply on an annual basis.

BLESSING Health System

**INCOME GUIDELINES AND PREMIUM REDUCTION PERCENTAGES**
**U.S. Department of Health and Human Services**

**Poverty Guidelines (HHSPG)**
**(Effective January 15, 2025)**

| | 75% reduction | 50% reduction |
|---|---|---|
| **Family Size** | **0 - 250% of HHSPG** | **251-275% of HHSPG** |
| 1 | $39,125 | $43,038 |
| 2 | $52,875 | $58,163 |
| 3 | $66,625 | $73,288 |
| 4 | $80,375 | $88,413 |
| 5 | $94,125 | $103,538 |
| 6 | $107,875 | $118,663 |
| 7 | $121,625 | $133,788 |
| 8 | $135,375 | $148,913 |
| each additional | $13,750 | $15,125 |

# 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.

# Health Savings Account (HSA) and High Deductible Health Plan (HDHP) Cont.

## 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 Benefitsolver 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 $4,400 for an individual health HSA plan and $8,750 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 ($4,400 in 2026).

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 ($8,750 in 2026; 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 $3,400.**

- **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 2026, using unused 2025 Healthcare FSA dollars. In addition to the 2 1/2 month grace period, you will also receive a 90-day Run-Out Period. This time frame allows you up to 90 days from the start of 2026 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 $7,500 ($3,750 if married and file individual tax return) for the Dependent Care FSA** for children under age 13 and for disabled adults in your care. This amount may be limited to $5,000 for individuals making above a certain amount.

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.

# FSA vs. HSA

| Flexible Spending Accounts | | Health Savings Accounts |
|---|---|---|
| Your employer owns your FSA. If you leave your employer, you lose access to the account unless you elect COBRA. | OWNERSHIP | You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs. |
| You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA. | ELIGIBILITY & ENROLLMENT | You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a legal spouse's non-High Deductible plan or a legal spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year. |
| FSA contributions are tax free via payroll deduction. Funds are spent tax free when used for qualified expenses. | TAXATION | HSA contributions are tax free; the account grows tax free; and funds are spent tax free on qualified expenses. |
| You can contribute up to $3,400 in 2026 to an FSA. This amount may be increased annually. | CONTRIBUITONS | Both you and your employer can contribute up to $4,400 in 2026 (up to $8,750 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA |
| Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement. | PAYMENT | Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement. |
| Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5 month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount. | ROLLOVER OR GRACE PERIOD | HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years. |
| Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov. | QUALIFIED EXPENSES | Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov. |
| Other types include the Dependent Care FSA, Limited Purpose FSA, and Commuter Spending Accounts. | OTHER TYPES | N/A |

# 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 Basic 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.

| | Employee | Spouse Life | | Dependent Child(ren) | |
|---|---|---|---|---|---|
| **Life Amounts** | 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<br>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, Allstate's 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 |

# Disability Insurance

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 |
|---|---|
| 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 |
|---|---|
| Company-Provided | 50% of Covered Earnings |
| Elimination Period | 180 days |
| Maximum Monthly Benefit | $10,000 |

# MATERNITY BENEFITS

**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 888-605-1129 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.

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.

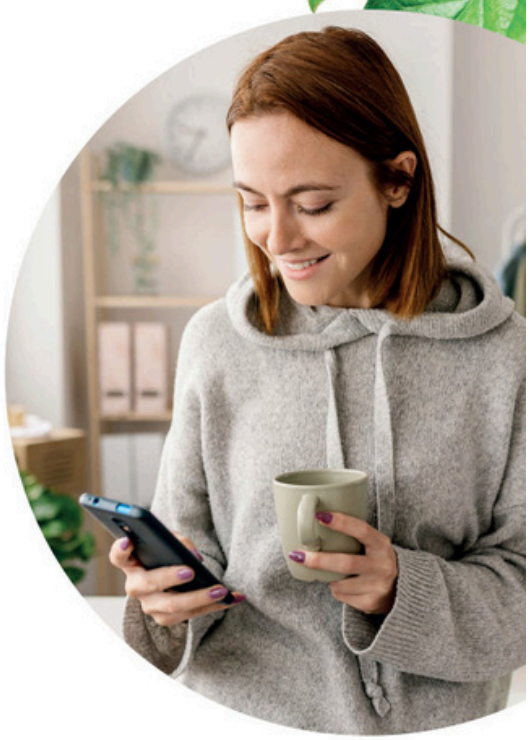
**To learn more, visit info.legalplans.com and enter access code 9904329 for the high plan or 9904327 for the low plan or call 1.800.821.6400 Monday - Friday from 7 am - 7 pm.**

## Employee Assistance Program (EAP)

Your Employee Assistance Program 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.

# 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

TELUS Health

# Pet Insurance

## Discount Programs

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

## 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

## Pet Insurance Covers:

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

# 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 3% 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

| | |
|---|---|
| ▶MEET WITH FIDELITY | Visit getguidance.fidelity.com to schedule an appointment or call 866.715.5959 for a phone appointment. |
| ▶CALL FIDELITY | Call 800.343.0860, Monday through Friday, from 8:00 a.m. to midnight Eastern time. |
| ▶GO ONLINE | 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** | | |
|---|---|---|
| Years of service | PTO Accrual Rate Per Hour Worked | Max Hours You Can Have In PTO Bank |
| Part Time Employees | | |
| 5-9 Years | .1077 | 224 |
| 10-14 Years | .1192 | 248 |
| 15-19 Years | .1269 | 264 |
| 20+ Years | .1346 | 280 |
| Full Time Employees | | |
| 6-11 Years | .1154 | 340 |
| 12+ Years | .1346 | 340 |

| **Employees hired after 1/1/2017** | | |
|---|---|---|
| Years of service | PTO Accrual Rate Per Hour Worked | Max Hours You Can Have In PTO Bank |
| 0-4 Years | .0885 | 184 |
| 5-9 Years | .1077 | 224 |
| 10-14 Years | .1192 | 248 |
| 15-19 Years | .1269 | 264 |
| 20+ Years | .1346 | 280 |
| | | |
| | | |

# Health Care Reform Update

The Affordable Care Act (or ACA) continues to impact health insurance plans for employers like Cetera. For the company, it means we continue to comply with all applicable health plan coverage and administration requirements and pay all applicable taxes and fees as required by the ACA.

For individuals, since 2019 there is no longer an ACA tax penalty for those who do not maintain health insurance coverage. However, individuals still have the ability to purchase coverage through the ACA Health Insurance Marketplace (www.healthcare.gov) and premium subsidies for that coverage remain available to qualifying individuals.

As a reminder, Cetera pays the majority of the cost for the health care coverage we offer to eligible employees. It's also important to note that, because you are eligible for coverage through Cetera, you may not qualify for premium subsidies if you choose to purchase a plan through the Marketplace. We encourage you to evaluate all your coverage options and compare their costs to make the best choice for you and your family.

### Summary of Benefits and Coverage

The Patient Protection and Affordable Care Act (PPACA or ACA) requires health plans to provide consumers with information about health plan benefits and coverage in a simple and consistent format called a Summary of Benefits and Coverage (SBC). The purpose of the SBC is to help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes key features of the plan, cost-sharing provisions, and coverage limitations and also provides coverage examples. A Uniform Glossary explaining the most common terms used in health insurance is also available.

SBCs are available in Virtual HR or you may request a paper copy by contacting Human Resources.

## 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. Contact Meritain for a list of participating health care professionals who specialize in obstetrics or gynecology.

### 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. Please refer to the following pages for the full notice.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program

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)**.

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**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 1, 2025. Contact your State for more information on eligibility –**

**ALABAMA – Medicaid**

Website: http://myalhipp.com/
Phone: 1-855-692-5447

**ALASKA – Medicaid**

The AK Health Insurance Premium Payment Program Website:
http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

**ARKANSAS – Medicaid**

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA – Medicaid**

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

**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/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

**FLORIDA – Medicaid**

Website:
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

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

**INDIANA – Medicaid**

Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

**KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

**LOUISIANA – Medicaid**

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**

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

**MASSACHUSETTS – Medicaid and CHIP**

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

**MINNESOTA – Medicaid**

Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

| MISSOURI – Medicaid |
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| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **MONTANA – Medicaid** |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov |
| **NEBRASKA – Medicaid** |
| Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **NEW HAMPSHIRE – Medicaid** |
| Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| **NEW JERSEY – Medicaid and CHIP** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 (TTY: 711) |
| **NEW YORK – Medicaid** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **NORTH DAKOTA – Medicaid** |
| Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **OREGON – Medicaid and CHIP** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** |
| Website: https://www.pa.gov/en/services/dhs/apply-for- medicaid-health-insurance-premium-payment-program- hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) |

| RHODE ISLAND – Medicaid and CHIP |
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| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **SOUTH DAKOTA - Medicaid** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 |
| **UTAH – Medicaid and CHIP** |
| Utah's Premium Partnership for Health Insurance (UPP)<br>Website: https://medicaid.utah.gov/upp/<br>Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah<br>Medicaid Buyout Program Website:<br>https://medicaid.utah.gov/buyout-program/<br>CHIP Website: https://chip.utah.gov/ |
| **VERMONT– Medicaid** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 |
| **VIRGINIA – Medicaid and CHIP** |
| Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium- assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** |
| Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **WYOMING – Medicaid** |
| Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 1, 2025, 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

## (Creditable Coverage Notice) 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 Blessing Health System 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 OptumRx 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 while enrolled in Blessing Health System coverage as an active employee, please note that your Blessing Health System coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Blessing Health System coverage as a former employee.

You may also choose to drop your Blessing Health System coverage. If you do decide to join a Medicare drug plan and drop your current Blessing Health System coverage, be aware that you and your dependents may not be able to get this coverage back.

**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 October 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: January 1, 2026
Name of Entity/Sender: Blessing Health System
Contact: Human Resources

# Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy Notice

Blessing Health System sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of ABC Company, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

(1) your past, present or future physical or mental health or condition;
(2) the provision of health care to you; or
(3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by Blessing Health System, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.
If you have any questions about this Notice or about our privacy practices, please contact Human Resources.

**Our Responsibilities**
We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above or on our intranet.
Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

**How We May Use and Disclose Your Protected Health Information**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

**For Treatment**
We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

**For Payment**
We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations**
We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

To Business Associates
We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law
We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety
We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors
For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation
If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans
If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation
We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks
We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities
We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes
If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement
We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors
We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities
We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates
If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research
We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or
(2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits
We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You
When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification of a Breach.
We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

Other Disclosures

Personal Representatives
We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
(2) treating such person as your personal representative could endanger you; or
(3) in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members
With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations
Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy
You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

Right to Amend
If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures
You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period ABC Company has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions
You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications
You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to a Paper Copy of This Notice
You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see Your Rights Under HIPAA.

Complaints
If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visitinghttps://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html .
To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

# Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy Notice

**PART A: General Information**
Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

**What is the Health Insurance Marketplace?**
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?**
You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs**.**

**Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**
Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment in 2026 is more than 9.96%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable in 2026 if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.96% of the employee's household income.[1,][2]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whet**her** to purchase a health plan through the Marketplace.

W**hen Can I Enroll in Health Insurance Coverage through the Marketplace?**
You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.
Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan. If you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

**What about Alternatives to Marketplace Health Insurance Coverage?**
If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

**How Can I Get More Information?**
For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] Indexed annually.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.


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.