Hospital Sisters
HEALTH SYSTEM

Medical Resident Benefits Guide 2027



Medical Resident - Annual Benefit Open Enrollment | November 2 – 15, 2026

Your Benefits

Annual Benefit Open Enrollment

November 2 - 15, 2026

Enroll or make changes in Workday. An Open Enrollment benefit task will be deployed to your Workday inbox on November 2.

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

- Learn about your 2027 benefit choices.
- Know where to find resources and support.

For more details about your 2027 HSHS benefits, visit MyHR | Workday Help at **www.myworkday.com/hshs/wdhelp/helpcenter** or by scanning the QR code to the right.

MyHR | workday.help

Availability of Summary Health Information

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

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Medical Plan Benefit Highlights



Medical and Prescription Drug Coverage

You have three medical options through HSHS, administered by UMR:

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

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

HSHS Provider Networks

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

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

- **HSHS + Extended (Tier 1):** HSHS/Prairie plus community partners or supplemental providers to ensure adequate provider access such as Springfield Clinic, SIU, PCIN network providers, SSM, SLU, Mercy and others
- **UHC Choice Plus (Tier 2):** Broad, nationwide United Healthcare network

Coverage for services varies by tier with Tier 1 providing a higher benefit (lower deductible, lower colleague coinsurance percentage, etc.). Tier 2 provides for access to a broad network of providers without requiring prior approval.

When you need care from a Non-Network Provider:

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

Find a Provider

To locate an in-network provider, visit the Find a Provider page on the HSHS Benefit website at **https://www.hshs.org/careers/benefits/explore-benefits/hshs-medical-plans**.

When a Tier 1 provider isn't available:

In some circumstances when services are not available from a Tier 1 provider due to distance, the member may receive the Tier 1(non-HSHS) benefit for any UHC Choice Plus network provider. Contact the HR Service Center to request a review prior to receiving the service.

Providers you can't choose:

For some services, ancillary providers provide care behind the scenes, and you may not be able to choose these providers. These commonly include certain types of "ologists" such as anesthesiologists, pathologists, or radiologists. It also may include physicians in the ER or hospitalists. In these cases, their services will be covered under the applicable Tier of the facility where care is performed. For example, the HSHS benefit will apply to anesthesiologists providing care at an HSHS facility. If you don't believe a bill was processed correctly, contact the HR Service Center to request a review.

The charts below describe how each category of service is covered. Some services require you first meet the applicable deductible before the plan pays. These services are noted with an asterisk. The percentages in the grids are the percentage the plan pays.

Services covered at 100%!

Stay on top of your health and wellness to avoid the ER for non-emergent care - all while having ZERO out-of-pocket expense!

- Wellness and Preventive Care is always covered at 100% for network providers (all tiers).
- Teladoc Virtual Visits are always covered at 100% - including behavioral health visits.

	Premier Plan		***Value Plan***		***HDHP with HSA***	
	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2
Wellness/Preventive Care	*100%*		*100%*		*100%*	
Teladoc Virtual Visits (including behavioral health)	*100%*		*100%*		*100%*	

Preventive care includes wellness visits/annual physicals, age-appropriate preventive screenings, and recommended immunizations. One medically necessary mammogram, colonoscopy, and pap smear is covered as preventive each calendar year regardless of diagnosis.

1-2-3 FREE!
100% covered services when seeing an HSHS or Prairie Provider!

You will always receive the highest level of benefit when using an HSHS or Prairie provider or facility – including 100% coverage for office visits, procedures done in a PCPs office, and labs/x-rays done in-office/outpatient! Don't forget that PCPs include family practice, internists, pediatricians, and OB/GYNs!

	Premier Plan		***Value Plan***		***HDHP with HSA***	
	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2
PCP – Office Visits and In-Office Procedures	**HSHS – 100%** Other Tier 1 – 80%	60%*	**HSHS – 100%** Other Tier 1 – 70%	60%*	HSHS – 100%* Other Tier 1 – 80%*	60%*
Specialist – Office Visits	**HSHS – 100%** Other Tier 1 – 80%*	60%*	**HSHS – 100%** Other Tier 1 – 70%*	60%*	HSHS – 100%* Other Tier 1 – 80%*	60%*
In-Office/Outpatient Lab and X-Rays	**HSHS – 100%** Other Tier 1 – 80%*	60%*	**HSHS – 100%** Other Tier 1 – 70%*	60%*	HSHS – 100%* Other Tier 1 – 80%*	60%*

** Deductible applies before the plan pays.*

HDHP note: Per IRS rules, all non-preventive services must be subject to the deductible. For HDHP enrollees, 100% applies after deductible is met.

Annual Deductible and Out-of-Pocket Maximum

Some services require you to first meet the applicable deductible before the plan pays – these services are noted with an asterisk. Once you reach your out-of-pocket maximum in the applicable tier, the plan will pay 100% of covered expenses in that tier for the remainder of the year.

Medical and Rx deductibles and out-of-pocket maximums are combined.

These amounts cross-apply tiers – meaning that amounts you pay will count towards both your Tier 1 and Tier 2 deductible/out-of-pocket progress for the year.

		Premier Plan		***Value Plan***		***HDHP with HSA***	
		HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2
Annual Deductible	Per Person	$750	$2,500	$1,500	$5,000	$3,500	$6,000
	Family Limit	$1,500	$5,000	$3,000	$10,000	$7,000	$17,000
Annual Out-of-Pocket Maximum	Per Person	$4,000	$7,000	$5,000	$8,000	$5,000	$8,700
	Family Limit	$8,000	$14,000	$10,000	$16,000	$10,000	$17,400

Services where Tier 1 deductible/out-of-pocket max applies for all tiers

For certain services, you may not have easy access to an HSHS/Prairie or other Tier 1 provider or you may experience an emergency where you can't choose your provider. In these cases, the plan has made it easy to receive the Tier 1 benefit for any network provider. You will always receive the best benefit when using HSHS/Prairie providers and facilities.

	Premier Plan		***Value Plan***		***HDHP with HSA***	
	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2
Urgent Care	90%* (Deductible waived at HSHS)		80%* (Deductible waived at HSHS)		90%*	
Mental Health/Substance Abuse	HSHS – 100% Other Tier 1 or 2 – 80% (Deductible applies to only Facility Charges)		HSHS – 100% Other Tier 1 or 2 – 70% (Deductible applies to only Facility Charges)		HSHS – 100%* Other Tier 1 or 2 – 80%*	
Emergency Room/Ambulance	$250 Copay then 90%* (Deductible waived for HSHS Facility Charges)		$250 Copay then 80%* (Deductible waived for HSHS Facility Charges)		HSHS – 90%* Other Tier 1 or 2 – 80%*	
Durable Medical Equipment	80%*		70%*		80%*	

** Tier 1 deductible applies before the plan pays.*

********The ER copay increased from $100 to $250 for the Premier and Value plans.*

Other Medical Services

The applicable tier benefits apply to other medical care including specialist procedures, inpatient and outpatient hospital charges, therapy, or advanced imaging.

The deductible applies to these services, however, the deductible is waived for outpatient therapy (physical, speech, occupational, etc.) when using HSHS/Prairie providers for Premier and Value plan members.

	Premier Plan		***Value Plan***		***HDHP with HSA***	
	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2	HSHS + Extend Tier 1	UHC Choice+ Tier 2
Outpatient Therapy/Dialysis	HSHS – 90% Other Tier 1 – 80%*	60%*	HSHS – 80% Other Tier 1 – 70%*	60%*	HSHS – 90%* Other Tier 1 – 80%*	60%*
Other Services (Specialist Procedures, Hospital Charges, Advanced Imaging, Other)	HSHS – 90%* Other Tier 1 – 80%*	60%*	HSHS – 80%* Other Tier 1 – 70%*	60%*	HSHS – 90%* Other Tier 1 – 80%*	60%*

**Deductible applies before the plan pays.*

Springfield Clinic Ambulatory Surgical Center is covered under Tier 2

Prescription Drugs

The Tier 1 deductible and out-of-pocket maximum apply to prescription drugs at all network pharmacies.

Low-cost generics are covered with no deductible in the Premier and Value plans!

	Premier Plan		***Value Plan***		***HDHP with HSA***	
	HSHS Pharmacy	All Other Network Pharmacies	HSHS Pharmacy	All Other Network Pharmacies	HSHS Pharmacy	All Other Network Pharmacies
Generic	90%	80%	90%	90%	90%*	80%*
Preferred Brand	80%*	70%*	80%*	70%*	80%*	70%*
Non-Preferred Brand	30 Days: $15 + 80%* 90 Days: $45 + 80%*	30 Days: $15 + 70%* 90 Days: $45 + 70%*	30 Days: $15 + 80%* 90 Days: $45 + 80%*	30 Days: $15 + 70%* 90 Days: $45 + 70%*	30 Days: $15 + 80%* 90 Days: $45 + 80%*	30 Days: $15 + 70%* 90 Days: $45 + 70%*

** Deductible applies before the plan pays.*

Additional details about your prescription drug coverage

Your prescription drug coverage is administered by OptumRx. Be sure to use your OptumRx ID card at the pharmacy.

When filling a prescription, you may:

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

To use OptumRx home delivery, ask your doctor to send an electronic prescription to OptumRx or use the OptumRx member website to enroll. The website and your member ID are on your member ID card.

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

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

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

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

Health Plan Definitions

Coinsurance: Cost Sharing arrangement where the member and the plan split the cost of the covered service. This usually applies after the deductible has been met. The percent shown in the grids is the amount the plan pays (i.e. 90% means that the plan pays 90% and you pay 10%).

Deductible: The amount this member pays out-of-pocket during the year before the plan starts paying. The individual deductible is the amount that applies for each person covered. Once the entire family reaches the family deductible, the plan will start to pay even if the person hasn't met their individual deductible. Deductible doesn't apply to some services such as preventative care or office visits/labs/X-rays with HSHS or Prairie providers.

Out-of-Pocket maximum: Once out-of-pocket expenses (deductible, coinsurances, and copays) during the year reach the out-of-pocket maximum, the plan will pay 100% of covered expenses for the remainder of the year. The individual maximum is the amount that applies for each person covered. Once the entire family reaches the family maximum, the plan will pay 100% even if the person hasn't met their individual maximum.

Qualifying life event: Generally, the elections made during annual enrollment are effective for the entire year. Changes are only allowed after qualifying life events such as marriage, birth of a child, gaining or losing access to other coverage, or a status change. Members have 30 days from the date of a qualifying event to change their coverage through Workday.

Claim Example:

A colleague in the Premier Plan has a baby at a HSHS tier 1 facility. The facility charges total $11,000. The first $750 is paid out-of-pocket by the member to satisfy the deductible. The remaining $10,250 is split using coinsurance – 90% (or $9,225) is paid by the plan and 10% (or $1,025) paid by the member.

The member has met their individual tier 1 deductible for the remainder of the year and has $1,775 in progress towards their individual out-of-pocket max. Once the member reaches $4,000 in out-of-pocket expenses for the year, the plan will pay 100% of all covered charges within tier 1 for the remainder of the year.

These amounts cross-apply tiers – meaning that amounts a member pays will count towards both the tier 1 and 2 deductibles/out-of-pocket max progress for the year.

Health Savings Account

Colleagues **enrolled in the High-Deductible Health Plan with HSA** are eligible to utilize a health savings account (HSA) offered through HealthEquity. Money in your HSA is yours to use on qualified medical, dental and vision expenses or save for retirement. If you enroll in an HSA in 2027 and haven't enrolled previously, you will receive a debit card and plan materials directly from HealthEquity.

Advantages of HSAs include:

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

HSHS will make a $25 per-pay-period employer contribution to your HSA regardless of whether you are able to contribute anything to the account yourself. You are able to make additional pre-tax contributions up to IRS limits ($4,500 for self-only coverage and $9,000 if you cover any dependents). Those 55 and older can contribute an additional $1,000. HSHS employer contributions count towards the IRS limits.

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

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

Virtual Healthcare/Telehealth

Provided through Teladoc Health

HSHs offers virtual healthcare, enabling you to schedule appointments at times that fit your busy lifestyle. Teladoc Health gives you 24/7 access to U.S. board certified doctors, from home or on the go. Perfect for non-emergent illnesses when it's not convenient to visit your PCP or outside of regular office hours. Call, connect online or use the Teladoc mobile app for affordable care when you need it. Visits with these providers are complete **FREE and 100% covered/paid by HSHS.**

With Teladoc, you can:

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

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

Reminder! Paytient, a financial benefit to help you pay for care!

HSHS partnered with Paytient in 2026 to help colleagues manage out of pocket expenses such as deductibles or copays. Paytient has provides up to $2,000 interest-free line of credit with no credit check to help pay medical, dental, vision, or vet expenses with the ability to pay back via payroll deductions. This solution helps colleagues avoid high-interest credit card debt, access to care that they might otherwise delay and promotes financial wellness. You can enroll in this benefit at any time. Enrollment is completed outside of Workday. To enroll visit **paytient.com/hshs.**

Flexible Spending Accounts (FSAs)

Your FSA is administered by Health Equity

If you enroll in an FSA in 2027 and haven't enrolled previously, you will receive a debit card (if applicable) and plan materials directly from Health Equity.

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

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

Increased limits for 2027!

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

Healthcare Flexible Spending Account (FSA) – You can contribute up to the IRS projected limit of $3,500 to your Healthcare FSA in 2027. You can use the money in the account to cover medically necessary expenses that are not covered by your medical, dental, and vision plans.

Dependent Care Flexible Spending Account (FSA) – The Dependent Care FSA can be used to cover expenses for the care of an eligible dependent (a child or a dependent adult) when you're working, looking for a job, or attending school on a full-time basis. You can set aside up to $7,500 to pay for eligible dependent day care expenses ($3,750 if you're married and filing separate tax returns).

About the Dependent Care FSA and Taxes

As you consider a Dependent Care FSA, think about what works best for you: the FSA or the dependent care tax credit provided by federal law.

It is important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through an FSA. In most cases, the Dependent Care FSA provides more savings than the tax credit.

How FSAs Work

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

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

Use your FSA debit card for eligible Healthcare FSA expenses:

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

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

Please note: abortions, sterilization, contraceptives, sexual reassignment, in-vitro fertilization, artificial inseminations or embryonic implantation procedures are not considered eligible Health Care FSA expense due to HSHS ethics/philosophy.

More benefits for you and your family

Employee Assistance Program

The Employee Assistance Program (EAP) provides you and your eligible dependents with support to manage the stress and challenges of life. The program is available to all HSHS colleagues without enrollment, and there is no cost to you.

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

Services include support for:

- Physical and emotional illness
- Marital, relationship and family concerns
- Grief and bereavement
- Career and job issues
- Stress
- Drug and alcohol abuse
- Gambling

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

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

Identity Theft Protection

Protect yourself and your family!

Allstate Identity Protection Pro Plus Cyber provides financial activity monitoring and account activity alerts, as well as monitoring of your social media accounts for vulgarity, threats or violence, explicit content and cyberbullying. With Allstate Identity Protection Pro Plus Cyber, you'll also receive credit monitoring and alerts, credit assistance, digital exposure reports, data breach notifications, dark web monitoring, IP address monitoring, sex offender notifications, and more! Physician NPI data, DEA, and other license monitoring will also be included. In addition, Allstate's team of in-house experts, available 24/7, will fully manage your restoration case.

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

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

HSHS Discount Program

PerkSpot gives you access to exclusive discounts on:

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

… and so much more!

Check out the discounts at **hshs.perkspot.com/login**.





NEW for 2027!
The orthodontia lifetime maximum for the Dental High Plan increased from $1,500 to $2,000. This enhancement provides additional coverage for eligible orthodontic treatment, helping reduce out-of-pocket costs for members and/or dependents who require braces or other covered orthodontic services.

Using Cigna network dentist helps you save money by taking advantage of negotiated discounts. Go to **myCigna.com** or call 1-800-244-6224 to find Cigna DPPO dentist.

Cigna uses electronic ID cards and will not mail a physical card to your home. Register at **myCigna.com** to access your ID card to print or use at the dentist.

Dental Coverage

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

- Basic Option.
- High Option.

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

Compare Your Dental Plan Options

Dental Option	BASIC	HIGH
Annual Deductible	$50/person, up to $150/family maximum	$25/person, up to $75/family maximum
Annual maximum benefit	$1,000/person	$2,000/person (not including orthodontia)
Preventive care and diagnostic services, including: • Up to two exams per calendar year • Up to two cleanings per calendar year • Complete set of x-rays in a 36-month period • Up to two fluoride treatments for children under age 19 in a 12-month period	100% no deductible	100% no deductible
Basic care services, including: • Fillings • Extractions • Root canal therapy • Oral surgery • Repair of dentures and bridges	85% after deductible	85% after deductible
Major care services, including: • Crowns • Bridges • Dentures • **Implants – High Plan only**	50% after deductible Implants Not Covered	50% after deductible
Orthodontia	Not Covered	50% after annual deductible and additional $25 charge $2,000/person lifetime maximum benefit

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

Vision Coverage

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

	VSP Network Providers	Other Providers
Vision Exams (once every calendar year)	Covered in full after $15 copay (retinal screening up to $39)	Up to $45 reimbursement
Lenses (once every calendar year) • Single Vision, Lined Bifocal or Tri-Focal • Progressive Bifocals - Standard - Premium - Custom • Basic Polycarbonate • Other Lens Enhancements	Covered in full Covered in full $95-$105 $150-$175 Children: $0 copay Adults: $31-$35 copay Average savings 30%	Reimbursement Up to $30 Up to $50 Up to $50 Up to $50 Not covered Not covered
Frames (once every calendar year)	$180 allowance + 20% off any balance $200 allowance for featured frames	Up to $70 reimbursement
Contact Lenses (once every calendar year in lieu of frames and lenses) • Elective • Contact Lens Exam (Fitting and Evaluation)	$180 allowance $0 copay	Reimbursement Up to $105 Not covered
Other	• Prescription sunglasses: 20% discount • Laser surgery: 15%discount off regular price (5% off promotional price) at select providers. • VSP LIGHTCARE - $180 allowance for ready-made, non-prescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts.	Not covered



VSP LIGHTCARE

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



There is no ID care for this benefit. Your provider will identify you using your personal information. Visit **VSP.com** or call 1-800-877-7195 to locate a VSP network provider.

Life and AD&D Insurance

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

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

You automatically receive basic coverage of $50,000.

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

Supplemental Life Insurance Coverage

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

- **Supplemental life insurance for you** from one to eight times your pay, up to $1 million in additional coverage.
- **New for 2027!** Colleagues may increase their existing supplemental life insurance coverage by one times annual earnings, provided the total coverage does NOT exceed the plan maximum of eight times basic annual earnings or $1,000,000, without providing evidence of insurability.
- **Supplemental life insurance for your legal spouse in** $5,000 increments from $5,000 to $100,000. If your spouse is also an HSHS colleague and eligible for basic life insurance, you cannot elect supplemental life insurance for your spouse.
- **Supplemental life insurance for your eligible dependent children in** the amount of $20,000. When you select supplemental children's life insurance, each child from live birth is covered for the same amount.

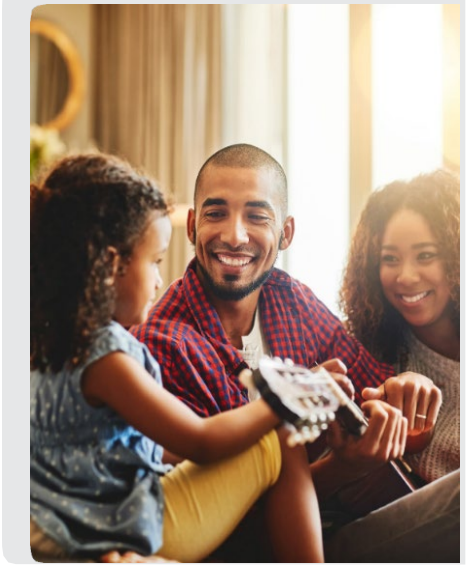
  You will provide evidence of insurability, if require, through Securian's easy and convenient online process.

Voluntary Accidental Death and Dismemberment (AD&D) Coverage

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

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

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



Living Care Benefit

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

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

Through the HSHS benefits site, you can also use the online decision support tool, Benefit ScoutTM, to help you decide what insurance options make sense for you and your family.



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

Voluntary Supplemental Health Benefits

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

Critical Illness

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

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

Accident Insurance

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

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

Hospital Indemnity

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

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

Disability Coverage and Retirement



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

Long-Term Disability (LTD)

If your disability extends beyond 26 weeks, you may be eligible for long- term disability benefits.

LTD Coverage

Benefit	Up to 60% of monthly earnings
When benefits begin	After 180 days of disability
Minimum benefit	10% of your gross benefit or $100, whichever is greater
Maximum benefit	$10,000/month

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



Retirement Program

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

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

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

Get One-on-One Help Planning for Retirement

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



Pet Insurance

We know our pets are part of the family, but veterinary care can be expensive. Pet insurance can help provide financial protection by covering eligible expenses related to unexpected veterinary visits, accidents, illnesses, surgeries, and hospital stays, regardless of your pet's breed or age. Through HSHS, colleagues have access to discounted pet insurance premiums compared with purchasing coverage on their own. Premiums can also be conveniently paid through payroll deduction. You can enroll in this benefit at any time. Enrollment is completed outside of Workday. To enroll, visit **wishboneinsurance.com/hshs**.



Home, Auto and Disaster Insurance

In 2026, HSHS leveraged its status as a large employer to provide colleagues with access to a group home and auto insurance program. These programs may offer lower premiums than you currently pay. The program allows colleagues to compare coverage options from multiple insurance companies at the same time, making it easier to find coverage that fits their needs and budget. Premiums can also be conveniently paid through payroll deduction. You can enroll in this benefit at any time. Enrollment is completed outside of Workday. To enroll, visit **HSHS.marshautohomeprogram.com**.

As natural disasters become more frequent and costly, HSHS partnered with Recoop in 2026 to provide colleagues with Home Disaster Insurance. This coverage can provide financial protection following major disasters, including hurricanes, wildfires, tornadoes, earthquakes, gas explosions, and winter storms. Recoop is designed to help fill gaps in traditional insurance coverage and provide cash to help you move forward after a disaster. You can enroll in this benefit at any time. Enrollment is completed outside of Workday. To enroll, visit **enroll.recoopinsurance.com/hshs**.

HSHS Rewards and Recognition Program

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

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

To learn more about the program, visit MyHR | Workday Help at **myworkday.com/hshs/wdhelp/**, and to send recognition visit the Appreciation Hub at **hshsappreciationhub.isrewards.com**.

Gym Membership Discounts

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

Visit the LiveWELL Portal at **hospitalsisters.sharepoint.com/sites/LiveWell/** to learn more and sign up.

Cost of Coverage

You and HSHS share the cost of your benefits.

HSHS pays for:

Basic Life and AD&D Insurance
Long-Term Disability Coverage
Virtual Healthcare
Employee Assistance Program

You pay for:

Vision
Flexible Spending/HSA
Voluntary AD&D
Supplemental Life
Identity Theft Protection
Voluntary Health Benefits
Paytient
Pet Insurance
Home/Auto/Disaster

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

Medical
Dental
HSA

You pay your share of most benefit costs before federal, state and Social Security taxes are calculated. Note: Coverage for an eligible legally domiciled adult (LDA) may be taxed. Visit MyHR/ Workday Help **www.myworkday.com/hshs/wdhelp/helpcenter** for more information.

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

See the following charts for your 2027 medical, dental and vision coverage costs.

2027 Biweekly Colleague Medical Insurance Deductions

Medical	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/ LDA + Child(ren)
Value	$34.53	$124.89	$78.97	$169.48
Premier	$64.55	$181.65	$130.63	$247.87
HDHP	$26.50	$79.86	$47.03	$100.52

2027 Biweekly Colleague Dental Plan Deductions

Dental	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/ LDA + Child(ren)
Basic	$2.04	$17.51	$13.10	$28.53
High	$8.59	$30.95	$32.65	$54.97

2027 Biweekly Colleague Vision Plan Deductions

Vision	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/ LDA + Child(ren)
VSP	$4.20	$8.39	$8.99	$14.35

Contact Information

If you have questions about …	Contact …
Enrolling	HR Service Center MyHR | Workday Help www.myworkday.com/hshs/wdhelp/helpcenter
Medical • Customer Service • Claim information • ID cards • Prior authorization • Teladoc - virtual healthcare	UMR 800-221-6346 umr.com www.teladoc.com 1-800-835-2362
Prescription Drugs	OptumRx optumrx.com 1-800-720-0030
Dental • Claim information • Dental providers	Cigna HealthCare www.cigna.com 1-800-244-6224
Vision	Vision Service Plan (VSP) www.vsp.com 1-800-877-7195
Flexible Spending Accounts • Healthcare/Dependent Care FSAs • Health Savings Account (HSAs)	Health Equity learn.healthequity.com/hshs 1-866-346-5800
Disability Insurance • Long-Term Disability	UNUM www.unum.com 1-866-295-3007, Monday – Friday, 7 a.m.- 7 p.m. CST
Voluntary Benefits Accident / Critical Illness / Hospital	Unum https://learn.unum.com/hshs-ble/p/1 866-643-9404
HSHS 403(b) Plan	Fidelity https://nb.fidelity.com/public/nb/atwork/home 1-800-343-0860
Identity Theft Protection	Allstate Identity Protection 800-789-2720 myaip.com/
Employee Assistance Program	ComPsych www.guidanceresources.com (enter "HSHS4U" for the organization web ID) 1-877-327-7429
HSHS Discount Program	https://hshs.perkspot.com/login
Pay On Demand	www.myworkday.com/hshs/wdhelp/helpcenter
HSHS Appreciation Hub	hshsappreciationhub.isrewards.com
Paytient - Financial Benefit	paytient.com/hshs | 866-345-9591
Home and Auto Insurance	HSHS.marshautohomeprogram.com | 866-305-1043
Pet Insurance - Wishbone	wishboneinsurance.com/hshs | 800-887-5708
Recoop - Home Disaster Insurance	https://enroll.recoopinsurance.com/hshs | 866-305-1043
Securian Life Insurance	securian.com/HSHSinsurance

MyHR | workday. help

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