



Hospital Sisters
HEALTH SYSTEM



Important notice about your prescription drug coverage and Medicare on page 25.

**My
Total
rewards**

**2026 HSHS Benefits
Enrollment Guide**



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2026 Annual Benefits Open Enrollment | Nov. 3 - 16, 2025

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Dear HSHS Colleagues,

I'm deeply inspired by the dedication and excellence our colleagues demonstrate each day. Your embodiment of our core values of Respect, Care, Competence and Joy is what sets HSHS apart. Our hospital ministry wouldn't be what it is today without each of you.

Our MyHSHS Total Rewards program is one of the most important ways that HSHS shows our commitment to you as a colleague. We take great pride in offering pay, benefits, development and rewards that support your overall well-being and are extremely competitive. As we enter the 2026 HSHS Benefits Annual Enrollment period, we are pleased to continue to offer comprehensive, flexible and affordable benefits. This includes a medical plan with employee premiums well below other health systems in our markets, a wide array of benefits at no cost to you including life and disability insurance, and additional options supporting your health and financial security. Most benefits will remain the same in 2026, however, there are a few changes in the health plan that simplify the coverage and provide additional flexibility.

- Wisconsin-based colleagues will transition to UMR as their medical plan administrator, providing best-in-class service and access to a broader, nationwide network of providers.
- The health plan has been simplified to include just two tiers of coverage. The simplified coverage provides expanded access to providers within the highest tier, while still including enhanced coverage for our own providers and facilities.

We also recognize that the economic environment of rising prices creates uncertainty and stress. To provide additional financial support to colleagues, we are thrilled to announce the following new benefits starting January 1, 2026.

- **Paytient** is a new benefit that provides a no-interest credit line to use for medical, dental, vision and veterinary expenses – providing peace of mind in the event of an unforeseen, large expense.
- You spoke, we listened: **pet insurance** will be offered in 2026! Through HSHS partnering with Pet Benefit Solutions, our colleagues will have access to premiums well below what you could find on your own, plus the convenience of payroll deduction.
- The new **home and auto CHOICE** platform provides access to comparison tools and discounts on home and auto coverage through a variety of insurers with the convenience of payroll deduction.

During this enrollment period, I encourage you to take the time to carefully review your benefit options to make the choices that best meet the needs of you and your family. Thank you again for your commitment to our mission.



Thomas Ahr
Chief Human Resources Officer, Hospital Sisters Health System

The benefit plans outlined in this guide are intended, designed and administered as "church plans" as defined by federal tax law and ERISA (Employee Retirement Income Security Act of 1974). This means that the plans are designed to benefit colleagues of church-sponsored entities and are administered by one or more individuals who are appointed to their position by a church-sponsored governance body. Because the plans are "church plans," certain federal laws do not apply, including but not limited to ERISA. Certain state and local laws may be applicable.

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

This guide does not apply to Kiara colleagues, colleagues who are represented by St. John's carpenters, electricians, plumbers and steamfitters, temporary and leased colleagues and medical residents.

Your HSHS Benefits

To help you prepare to enroll, use this guide to learn about your 2026 benefit choices, know where to find resources and support, and understand what you need to do and when to take action.

Explore the HSHS Annual Benefits Open Enrollment resources page by scanning the QR code or by visiting www.hshs.org/careers/benefits/start-here/annual-enrollment to review additional resources including flyers, short informational videos, directions on how to enroll and more!



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 site, myworkday.com/hshs/wdhelp/helpcenter. You can also request a paper copy, free of charge, by contacting the HSHS HR Service Center.

HSHS benefits provided at no cost to you!

HSHS provides a comprehensive benefits program and pays the full cost of coverage for the following benefits:

- Basic life and AD&D insurance
- Short-term and long-term disability coverage
- Education assistance
- Adoption assistance
- Employee assistance program
- LiveWELL wellness program
- HSHS retirement program



You pay nothing for these benefits!

See 2026 HSHS benefit costs.

HSHS continues to pay for the vast majority of health plan coverage cost, providing you and your family affordable options.

Health Care Coverage

Medical and Prescription Drug Coverage

You have three medical plan options through HSHS administered by UMR.

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

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

You will always receive the highest level of benefit when using an HSHS or Prevea provider or facility — including 100% coverage for many common services!

Health Plan Network

The HSHS Health Plan Network is made up of two tiers:

- **HSHS + Extended (Tier 1):** HSHS/Prevea plus community partners or supplemental providers to ensure adequate provider access such as Springfield Clinic, SIU, PCIN network providers, SSM, SLU, Mercy and many previous DHP network providers.
- **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.

Out-of-network services are not covered unless in the case of emergency or you receive approval from the claims administrator.

Colleagues or dependents who live outside of the HSHS service area (as defined by home ZIP code and/or county) will receive the tier 1 (non-HSHS) benefit level for any services received from a UHC Choice Plus provider. If you have a dependent living outside of the HSHS service area (such as attending college), contact UMR to register your dependent as out-of-area.

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 services 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 and 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/Preventative 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!

Services covered at 100% when seeing an HSHS or Prevea provider

You will always receive the highest level of benefit when using an HSHS, PCC or Prevea 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/Prevea 100% Other Tier 1 80%	60%*	HSHS/Prevea 100% Other Tier 1 70%	60%*	HSHS/Prevea 100%* Other Tier 1 80%*	60%*
Specialist office visits	HSHS/Prevea 100% Other Tier 1 80%*	60%*	HSHS/Prevea 100% Other Tier 1 70%*	60%*	HSHS/Prevea 100%* Other Tier 1 80%*	60%*
In-office/outpatient lab and X-rays	HSHS/Prevea 100% Other Tier 1 80%*	60%*	HSHS/Prevea 100% Other Tier 1 70%*	60%*	HSHS/Prevea 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 prescription drug deductibles and out-of-pocket maximums are combined.

These amounts cross-apply tiers, meaning any amount 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	\$500	\$2,100	\$1,000	\$4,200	\$3,400	\$5,000
	Family Limit	\$1,000	\$4,200	\$2,000	\$8,400	\$6,800	\$10,000
Annual Out-of-Pocket Maximum	Per Person	\$3,500	\$6,000	\$4,000	\$7,600	\$5,000	\$8,000
	Family Limit	\$7,000	\$12,000	\$8,000	\$15,200	\$10,000	\$16,000

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/Prevea 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/Prevea 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/Prevea.)	80%*	(Deductible waived at HSHS/Prevea.)	90%*	
Mental Health/Substance Abuse		HSHS/Prevea: 100% Other Tier 1 or 2: 80% (Deductible applies to only facility charges.)		HSHS/Prevea: 100% Other Tier 1 or 2: 70% (Deductible applies to only facility charges.)		HSHS/Prevea: 100%* Other Tier 1 or 2: 80%*	
Emergency Room/Ambulance		\$100 copay, then 90%* (Deductible waived for HSHS facility charges.)		\$100 copay, then 80%* (Deductible waived for HSHS facility charges.)		HSHS/Prevea: 90%* Other Tier 1 or 2: 80%*	
Durable Medical Equipment and Chiropractic Care		80%*		70%*		80%*	

* Tier 1 deductible applies before the plan pays.

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/Prevea 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/Prevea: 90% Other Tier 1: 80%*	60%*	HSHS/Prevea: 80% Other Tier 1: 70%*	60%*	HSHS/Prevea: 90%* Other Tier 1: 80%*	60%*
Other services: (Specialist procedures, hospital charges, advanced imaging, other)	HSHS/Prevea: 90%* Other Tier 1: 80%*	60%*	HSHS/Prevea: 80%* Other Tier 1: 70%*	60%*	HSHS/Prevea: 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%	80%	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 through 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 the 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 preventive care or office visits/ labs/X-rays with HSHS or Prevea providers.

Out-of-pocket maximum: Once out-of-pocket expenses (deductible, coinsurance, 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 that affects premiums or eligibility. 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 tier 1 facility. The facility charges total \$10,500. The first \$500 are paid out-of-pocket by the member to satisfy the deductible. The remaining \$10,000 is split using coinsurance – 90% (or \$9,000) paid by the plan and 10% (or \$1,000) paid by the member.

The member has met their individual tier 1 deductible for the remainder of the year and have \$1,500 in progress towards their individual out-of-pocket max. Once the member reaches \$3,500 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 tier 2 deductible/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 2026 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 contributions to your HSA regardless of whether you are able to contribute anything to the account yourself. You are able to make additional pre-tax contributions up to IRS limits (\$4,400 for self-only coverage and \$8,750 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.



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

HSHS is partnering with Paytient to help pay out-of-pocket expenses such as deductibles or copays.

The Paytient card is an interest-free line of credit called a Health Payment Account (HPA). It works alongside HDHPs, HSAs, FSAs and other health benefits to make it easier to pay for care. Paytient gives you up to a \$2,000 interest-free line of credit, with no credit check, to pay medical, dental, vision or vet expenses with payback available through convenient payroll deduction. Additional information, including how to request a Paytient card, will be provided in early January 2026.

Teladoc Health

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.

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).

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.





Dental Coverage

HSHS Benefits provide 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 in a calendar year • Up to two cleanings in a calendar year • Complete set of x-rays in a 36-month period • Up to two fluoride treatments for children under age 19 in a 12-month period	100%, no deductible	100%, no deductible
Basic care services , including: • Fillings • Extractions • Root canal therapy • Oral surgery • Repair of dentures and bridges	85% after deductible	85% after deductible
Major care services , including: • Crowns • Bridges • Dentures	50% after deductible	50% after deductible
Implants	Not covered	50% after deductible
Orthodontia	Not covered	50% after annual deductible and additional \$25 charge \$1,500/person lifetime maximum benefit

Note: All dental benefit payments are based on Reasonable & Customary (R&C) charges.

Vision Coverage

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) <ul style="list-style-type: none"> Single Vision, Lined Bifocal or Tri-Focal Progressive Bifocals <ul style="list-style-type: none"> Standard Premium Custom Basic Polycarbonate Other Lens Enhancements 	Covered in full Covered in full \$95-\$105 copay \$150-\$175 Children: Covered in full 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) <ul style="list-style-type: none"> Elective Contact Lens Exam (Fitting and Evaluation) 	\$180 allowance Not to exceed \$60	Reimbursement Up to \$105 Not covered
Other	<ul style="list-style-type: none"> Prescription sunglasses: 20% discount Laser surgery: 15% discount off regular price (or 5% off promotional price) at select providers VSP LIGHTCARE \$180 allowance for ready-made, non-prescription sunglasses or ready-made, non-prescription blue light filtering glasses instead of prescription glasses or contacts. 	Not covered



There is no ID card for this benefit. Your provider will identify you using your personal information.

Visit [VSP.com](https://www.vsp.com) or call 1-800-877-7195 to locate a VSP network provider.

Increased Allowances!

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

VSP LIGHTCARE

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

Cigna Vision Discount Program

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

Healthy Partners

As part of your HSHS medical insurance benefits, Healthy Partners nurses work in collaboration with you, your support system and your physicians to coordinate your health care needs. Services include chronic disease management, hospital discharge support and ED visit follow-ups.

Participation in the program is free, voluntary and strictly confidential. Healthy Partners will contact you if you are eligible for this benefit.



For more information
about these benefits visit
[myworkday.com/hshs/
wdhelp/helpcenter](http://myworkday.com/hshs/wdhelp/helpcenter).

Employee Assistance Program

*HSHS provides this benefit
at no cost to you!*

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 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, please contact ComPsych at 877-327-7429, or visit guidanceresources.com (enter "HSHS4U" for the organization web ID).



Your FSA is administered by HealthEquity

If you enroll in an FSA in 2026 and haven't enrolled previously, you will receive a debit card (if applicable) and plan materials directly from HealthEquity.



Visit learn.healthequity.com/hhs or scan the QR code to learn more about your

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

Flexible Spending Accounts (FSAs)

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.

Increased limits for 2026!

Health Care Flexible Spending Account (FSA) – You can contribute up to IRS limits of \$3,400 to your Health Care FSA in 2026. You can use the money in the account to cover medically necessary expenses that aren't 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.

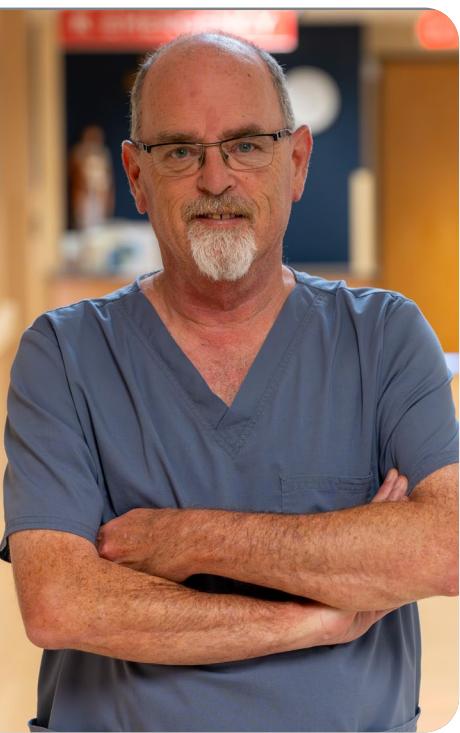
With an FSA, you put aside money to pay for annual expenses through tax-free payroll deductions, which fund your account(s). By making tax-free contributions, you're reducing your taxable income — which means more money in your pocket.

Health Care 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 claim for reimbursement from your account.

For information about eligible expenses, see IRS Publication 502 (for Health Care FSA-eligible expenses) or IRS Publication 503 (for Dependent Care FSA-eligible expenses), available at www.irs.gov.

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

Additional Benefits



Voluntary Supplemental Health Benefits

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

Visit learn.unum.com/hshs-ble/p/1 or scan the QR code to learn more about each new benefit.



Critical Illness

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

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

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

Accident Insurance

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

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

Hospital Indemnity

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



NEW! Introducing Pet Insurance via Pet Benefit Solutions

While we'll do anything for our pets, caring for them can be costly. That's where the financial protection of pet insurance comes in. It can cover unplanned vet visits, accidents, illnesses, surgeries and hospital stays no matter the breed or age. Coverage through HSHS gives you access to discounted premiums compared to what you can obtain on your own. Conveniently paid through payroll deduction. This benefit is not enrolled in Workday. Directions on how to enroll will be provided in early January 2026.



NEW! Introducing Home and Auto CHOICE

Home and auto insurance premiums are raising rapidly. That's why HSHS is leveraging our status as a large employer to provide you access to a group home and auto program. Group home and auto programs provide lower premiums than you can get on your own and can make the insurance process easier. They shop for coverage from multiple insurance companies simultaneously, helping you find the best option for your needs. Paid conveniently through payroll deduction. This benefit is not enrolled in Workday. Directions on how to enroll will be provided in early January 2026.

Paid Time Off (PTO)

Eligible colleagues who are budgeted to work at least 32 hours per pay period accrue paid time off (PTO) benefits — which include vacation, sick days, holidays and personal days — in order to provide maximum flexibility when scheduling time away from work. Accrual of PTO depends on length of continuous service and actual hours paid, up to 2,080 hours per payroll calendar year.

Cashing in Paid Time Off (PTO)

If you accrue PTO, you are eligible to cash in PTO each year. During annual enrollment each fall, you can declare the number of PTO hours — up to a maximum of 40 hours — that you want to cash-in during the next year. By making this declaration during annual enrollment, you will receive the PTO hours you cash-in at 100% of your straight time rate of pay.

IMPORTANT: If you do not make a request for payment for these elected hours, an automatic payment will be processed by HSHS for the second pay period in October 2026. **You cannot revoke or change your election after annual enrollment.**

Parental Leave

Eligible colleagues will receive up to two weeks of paid parental leave following the birth of a colleague's child or the placement of a child with a colleague in connection with adoption or foster care. This benefit is designed to provide the flexibility and financial support to better welcome a new addition to your family.



**Visit MyHR |
Workday Help**

For more information about these benefits visit myworkday.com/hshs/wdhelp/helpcenter.

Bereavement Leave

Eligible colleagues are able to receive up to 10 days of paid bereavement leave to provide more adequate time to properly grieve, handle personal affairs and recover before returning to work.

HSHS REACH Program (Education Assistance)

NEW! Annual maximum has increased to \$5,250!

The HSHS REACH Program (Resources and Education for the Advancement of Colleagues at HSHS) supports colleagues as they pursue their educational goals and career ambitions. We are continuously developing and financially backing these programs, allowing colleagues to focus on earning degrees, obtaining certifications, and advancing their careers with us, without worrying as much about tuition costs.

The REACH Program offers three pathways, REACH Partnership, REACH Prepaid, and REACH Reimbursement for colleagues to embark on or continue their educational journeys. Visit MyHR | Workday Help at myworkday.com/hshs/wdhelp/helpcenter to learn more.



Adoption Assistance

HSHS provides financial support for eligible adoption expenses. Colleagues who have been employed with HSHS and eligible for HSHS Benefits for at least six months will be able to receive reimbursement up to \$7,500 per child.

For a list of eligible and ineligible expenses, visit MyHR | Workday Help at myworkday.com/hshs/wdhelp/helpcenter. Please contact the HSHS HR Service Center for additional help or details about adoption assistance.



Visit MyHR | Workday Help

For more information about these benefits visit myworkday.com/hshs/wdhelp/helpcenter.

HSHS Discount Program (PerkSpot)

PerkSpot gives you access to exclusive discounts on:

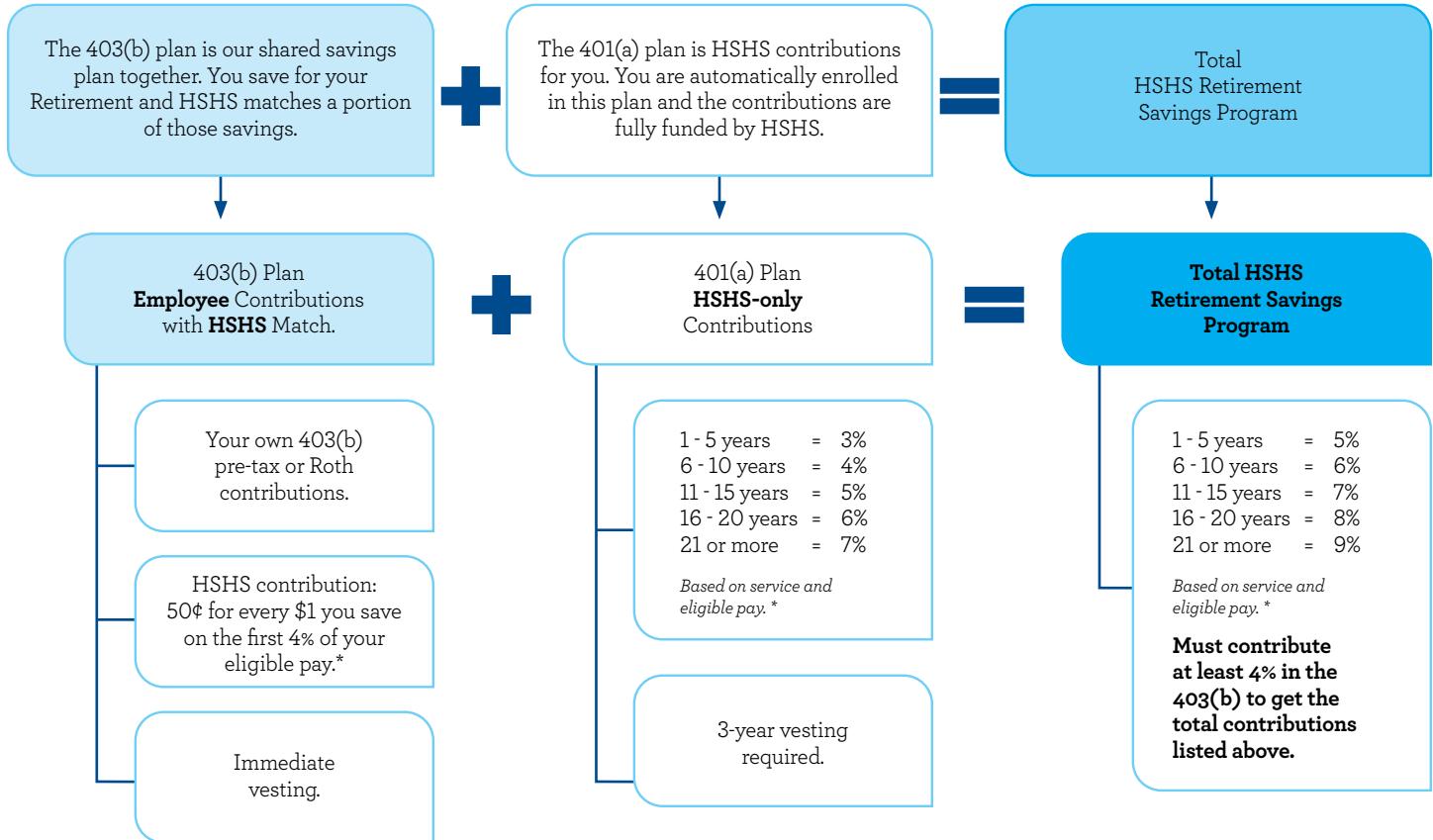
- Automotive
- Beauty and fragrance
- Books and media
- Financial and life services
- Health and wellness

... and so much more!

For more information, visit hshs.perkspot.com/login.

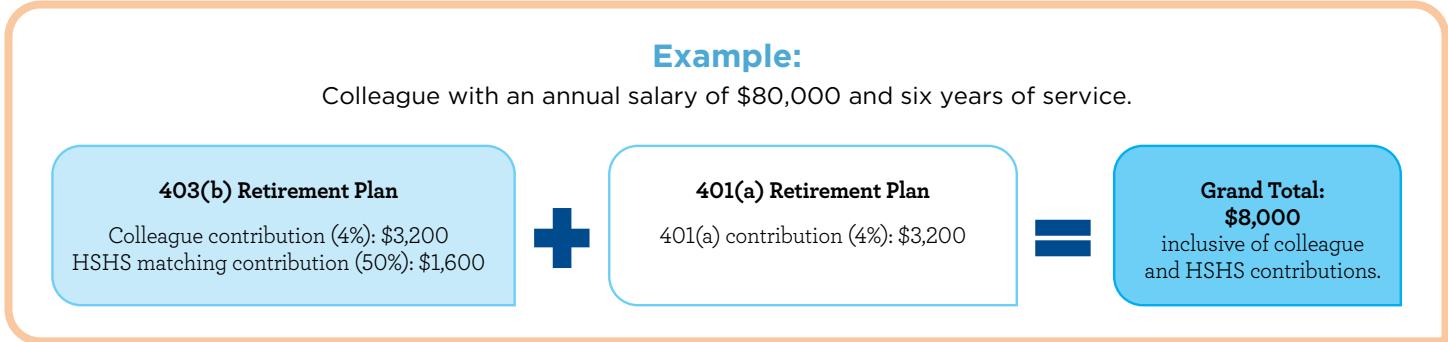
HSHS Retirement Savings Program

The HSHS Retirement Program is made up of two plans - the 401(a) Employer Contribution Retirement Plan and the 403(b) Retirement Savings Plan with matching contributions.



Example:

Colleague with an annual salary of \$80,000 and six years of service.



* The pay shown on your W-2 statements plus any pre-tax contributions you make for benefits, including the 403(b) plan (subject to IRS limits, \$360,000 in 2026).

HSHS Retirement Program Details

HSHS Employer Contribution Retirement Plan 401(a)

The HSHS 401(a) plan is entirely funded by HSHS on your behalf. You will be able to decide how these funds are invested, much like a 403(b). Your account grows through contribution credits and your investment strategy.

Annual contributions

Years of service	Annual contribution
Up to 5	3% of pay
6 - 10	4% of pay
11 - 15	5% of pay
16 - 20	6% of pay
21+	7% of pay

Eligibility

In order to receive the 401(a) contribution, you must be actively employed by HSHS on the last day of the plan year and have worked 1,000 hours or more during the plan year (unless you terminate after age 65, die or become disabled).

Vesting: Your right to your benefit

Fully vested (100%) after three years of service in which you work at least 1,000 hours. You get full credit for existing service when determining contributions and vesting.

Investment options

You can invest in the funds of your choice covering a range of investment types, including target date retirement funds.

When your benefit can be paid

When you leave HSHS, you can receive your account balance or delay payment until a later date. There are no loans or in-service withdrawals allowed.

How your vested benefit can be paid

Your account is paid as a lump sum or in an alternative form available from Fidelity such as installments. You can roll over a lump sum into an IRA or another employer's plan to avoid tax penalties.



403(b) Plan with Match

The 403(b) plan gives you the opportunity to build on your retirement benefit through your contributions, HSHS matching contributions and investment earnings.

How the match works

HSHS contributes 50¢ for every dollar you contribute on the first 4% of your eligible pay. The maximum match you can receive in a calendar year is 2% of eligible pay.

Eligibility

In order to receive a 403(b) matching contribution, you must be actively employed by HSHS on the last day of the plan year and have worked 1,000 hours or more during the year (unless you terminate after age 65, die or become disabled).

How much can you save?

Up to 100% of your pay in pre-tax dollars, after-tax (Roth) dollars, or a combination of both, up to the projected IRS limit of \$24,500 in 2026. If age 50 or older, you can contribute up to the projected limit of \$32,500 in 2026.

Vesting: Your right to your benefit

Fully vested (100%) immediately in all contributions.

Meet 1:1 with a Fidelity retirement planner. It's complimentary!

When it comes to preparing for your financial future, there's no time like the present. Schedule a meeting by visiting Fidelity.com/schedule.

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 – *HSHS provides this benefit at no cost to you!*

You automatically receive basic coverage of 1½ times your annual salary, to a maximum of \$50,000. Your annual salary is based on your rate of pay and regularly scheduled hours as of October 1, 2025.

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

Supplemental Life Insurance Coverage

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

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

You will provide evidence of insurability, if required, 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.



Visit [MyHR](#) |
[Workday Help!](#)

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

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

Disability Coverage

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

Short-Term Disability (STD) - *HSHS provides this benefit at no cost to you!*

HSHS provides short-term disability coverage at no cost to you. Benefits are payable if you are away from work because of a personal injury or illness, including pregnancy.

STD Coverage

Benefit	70% or more of earnings - Based on colleague's employment classification
When benefits begin	Next regularly scheduled work day following seven consecutive days of absence due to disability
How long benefits last	Up to 26 weeks of disability, when combined with any Extended Illness Benefits (EIB) paid

You must use Paid Time Off (PTO) to receive pay for any regularly scheduled work days that fall within the first seven consecutive calendar days of absence when STD benefits are not payable.

Long-Term Disability (LTD) - *HSHS provides this benefit at no cost to you!*

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



Identity Theft Protection

Protect yourself and your family! *ENHANCED for 2026!*

HSHS has added a full suite of cyber and scam protection features to your existing identity protection benefit, with no price increase.

Allstate Identity Protection Pro Plus Cyber offers you proactive monitoring to help you see, manage, and protect your personal data. In addition to a \$1 million identity theft insurance policy, Allstate helps you monitor your online activity, from financial transactions to social media.

Colleague only	\$3.00
Colleague + family	\$5.77



Refer a Friend: HSHS Colleague Referral Program

You have the ability to earn rewards for referring future colleagues to HSHS who will help to continue the HSHS mission to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry.

Earned Wage Access (EWA) Program: Pay on Demand

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



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 colleague 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/helpcenter, and to send recognition visit the Appreciation Hub at hshsappreciationhub.isrewards.com.

Bank of America Preferred Rewards program

You can get more value out of things you already do, such as benefits and pricing discounts on your car, home, credit card rates and more. Plus, we combine your Bank of America and Merrill investment balances to maximize your rewards and make your money work harder for you. This program offers a variety of benefits, personalized support, educational resources and rewards based on how you save, spend and borrow with Bank of America.

To learn more and enroll visit MyHR in Workday Help at myworkday.com/hshs/wdhelp/helpcenter.

LiveWELL Well-Being Program

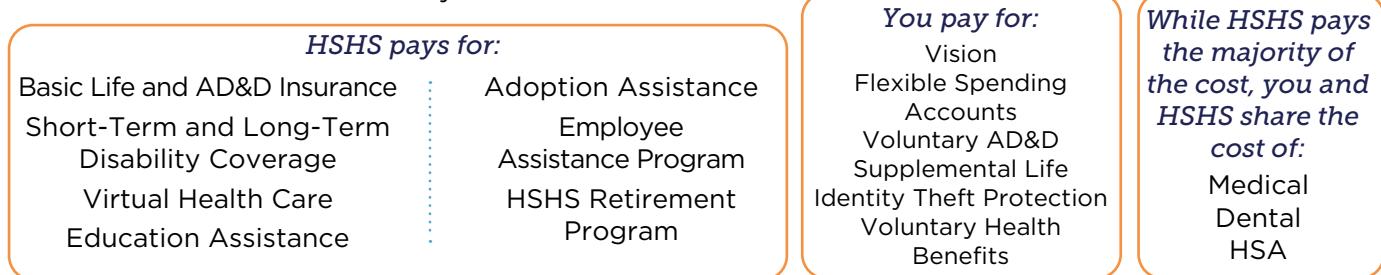
The HSHS LiveWELL wellness program is here to support our colleagues' total well-being so you can be the best version of yourself while focusing on providing high-quality care to our patients, community and fellow colleagues. LiveWELL encourages you to adopt (or maintain) healthy lifestyle behaviors. By committing to total well-being, you will not only feel better, but also earn rewards. You can earn FastCash rewards for completing activities. FastCash opportunities will be released throughout the year.

Scan the QR code or go to hospitalsisters.sharepoint.com/sites/LiveWell to learn more about the LiveWELL Program and current FastCash activities.



Cost of Coverage

You and HSHS share the cost of your HSHS benefits.



You pay your share of most HSHS Benefit costs before federal, state and Social Security taxes are calculated. Note: Coverage for an eligible legally-domiciled adult (LDA) may be taxed. Visit MyHR | Workday Help myworkday.com/hshs/wdhelp/help_center 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 2026 medical, dental and vision coverage costs.

2026 Biweekly Colleague Deductions				
Medical	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/ LDA + Child(ren)
72+ hours				
Value	\$36.67	\$139.12	\$86.07	\$188.71
Premier	\$76.40	\$215.11	\$154.41	\$293.31
HDHP with HSA	\$31.92	\$96.22	\$56.66	\$121.11
48-71 hours				
Value	\$64.11	\$191.40	\$132.73	\$260.19
Premier	\$101.83	\$263.44	\$197.78	\$359.54
HDHP with HSA	\$56.36	\$142.75	\$98.20	\$184.74
32-47 hours				
Value	\$91.55	\$243.68	\$179.38	\$331.68
Premier	\$127.27	\$311.76	\$241.16	\$425.78
HDHP with HSA	\$80.80	\$189.29	\$139.73	\$248.37
Dental	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/ LDA + Child(ren)
72+ hours				
Basic	\$1.96	\$16.84	\$12.60	\$27.43
High	\$8.26	\$29.76	\$31.39	\$52.86
48-71 hours				
Basic	\$4.96	\$20.74	\$16.26	\$32.02
High	\$11.26	\$33.66	\$35.05	\$57.45
32-47 hours				
Basic	\$6.79	\$22.68	\$18.17	\$34.03
High	\$13.09	\$35.60	\$36.96	\$59.46
Vision	Colleague Only	Colleague + Spouse/LDA	Colleague + Child(ren)	Colleague + Spouse/ LDA + Child(ren)
	\$4.20	\$8.39	\$8.99	\$14.35

Medical Premium Discount Program

HSHS will continue to offer the Medical Premium Discount program designed to improve access to affordable health care coverage for our own colleagues – consistent with our mission to provide access to affordable and quality health care within the communities we serve. Based on household income and family size, colleagues with household income below 200% of the federal poverty guideline may apply for discounted medical premiums.

The discount would equal 100% of the full-time colleague contribution for the plan and coverage level (colleague only, colleague + spouse/LDA, colleague + child(ren), or colleague + family) that you are enrolled in. The discount applies to medical coverage only.

The application will require a copy of relevant sections of your 2024 tax return to verify household income on the federal income tax return and number of dependents. The application for the discount must be submitted and approved prior to January 1 each year. New hires or newly eligible colleagues may submit within 30 days of becoming eligible for medical coverage.

To apply, visit myworkday.com/hshs/wdhelp/helpcenter and search medical premium discount and select “Apply Here.”

See the eligibility thresholds based on the 2024 federal income guidelines below.

Persons in Family/Household	200% of Poverty Guideline - 2024
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160

Threshold increases by \$10,760 for each additional person.

To see how the Medical Premium Discount could apply to you, please review the example and use the eligibility guide below.

	Example	Your information here
Family size Yourself plus the number of dependents claimed on your 2024 federal income tax return	4	
Household income Adjusted gross as reported on your 2024 federal income tax return	\$43,635	
Is household income less than 200% of poverty guideline for family size?	Yes – Less than \$62,400	
Medical plan election	Premier Plan – Family	
Medical premium discount per pay period	\$293.31	

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

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the HSHS Healthy Plan (Flexplan Health Insurance Plan) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Hospital Sisters Health System (HSHS) has determined that the prescription drug coverage offered by the HSHS Healthy Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 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-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare Drug Plan?

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

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

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

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

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

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

For more information about this notice or your current prescription drug coverage ...

Contact the HSHS HR Service Center at 1-855-394-4747.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the HSHS Healthy Plan changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare Prescription Drug Coverage ...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2025

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

Contact Information

If you have questions about ...	Contact ...
Enrolling or your HSHS Benefits	<ul style="list-style-type: none"> • HSHS Benefits Website https://www.hshs.org/careers/benefits • MyHR Workday Help myworkday.com/hshs/wdhelp/helpcenter
Medical <ul style="list-style-type: none"> • Customer Service <ul style="list-style-type: none"> • Claim information • ID cards • Treatment pre-approval • Provider locator • 24/7 Nurse line (Prevea Care After Hours) 	UMR 800-221-6346 umr.com
Prescription Drugs	OptumRx During enrollment: optumrx.com/oe_HSHS/landing If you are currently enrolled: optumrx.com 844-720-0030
Dental <ul style="list-style-type: none"> • Claim information • Dental providers 	Cigna HealthCare cigna.com 800-244-6224
Vision	Vision Service Plan (VSP) vsp.com 800-877-7195
Flexible Spending Accounts <ul style="list-style-type: none"> • Health Care FSA • Dependent Care FSA • Health Savings Account (HSA) 	Health Equity learn.healthequity.com/hshs 866-346-5800
Disability Insurance <ul style="list-style-type: none"> • Short-Term Disability • Long-Term Disability 	UNUM unum.com 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
401(a) Employer Contribution Retirement Plan 403(b) Retirement Savings Plan with Match	Fidelity Investments netbenefits.com/atwork 800-343-0860
Identity Theft Protection	Allstate Identity Protection 800-789-2720 myaip.com/
Employee Assistance Program	ComPsych guidanceresources.com (enter "HSHS4U" for the organization web ID) 877-327-7429
HSHS Discount Program	PerkSpot 866-606-6057, cs@perkspot.com hshs.perkspot.com/login
Pay On Demand	https://www.myworkday.com/hshs/wdhelp/helpcenter
HSHS Appreciation Hub	hshsappreciationhub.isrewards.com
HSHS REACH (Education Assistance)	Partnership Path: https://www.myworkday.com/hshs/wdhelp/helpcenter Prepaid Path: HSHS.InStride.com Reimbursement Path: hshs.tuition.io

