



# Medical Resident Benefits Guide 2025



# Your Benefits

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

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

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



### 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](http://www.myworkday.com/hshs/wdhelp/helpcenter). You can also request a paper copy, free of charge, by contacting the HSHS HR Service Center.

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## Medical Plan Benefit Highlights



### When you need care from a Non-Network Provider:

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

## Medical and Prescription Drug Coverage

You have three medical options through UMR:

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

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

### HSHS Provider Networks

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

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

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

### Find a Provider

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

## Virtual Healthcare/Telehealth

### Provided through Teladoc Health

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

#### With Teladoc, you can:

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

To talk to a Teladoc doctor, visit [teladochealth.com](https://teladochealth.com) or call 800-Teladoc (800-835-2362).

## Compare Your Medical Plan Options

For colleagues who live In Illinois or outside Wisconsin.

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

For more information about your network options, visit [benefits.hshs.org/Find-a-Provider](https://benefits.hshs.org/Find-a-Provider)

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

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

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

\* Subject to the deductible before the plan pays.

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

## Prescription Drug Coverage

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

\* Retail is up to 30-day supply.

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

### Important Reminder

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

## Health Savings Account

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

### Advantages of HSAs include:

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

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

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

Visit [learn.healthequity.com/hshs/hsa](https://learn.healthequity.com/hshs/hsa) to learn more about HSAs and review a list of qualified expenses.

## Prescription Drug Coverage

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

When filling a prescription, you have two options:

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

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

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

### Four easy ways to enroll in OptumRx home delivery:

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

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

### Important reminder

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

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



### Visit an HSHS Pharmacy

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

## Additional Details About Your Prescription Drug Coverage

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

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

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

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

## Flexible Spending Accounts (FSAs)

### Your FSA is administered by Health Equity

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

Visit [learn.healthequity.com/hshs](https://learn.healthequity.com/hshs) to learn more about your FSA benefits.

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

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

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

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

### About the Dependent Care FSA and Taxes

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

## How FSAs Work

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

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

### Use your FSA debit card for eligible Healthcare FSA expenses:

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

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

## More benefits for you and your family

### Employee Assistance Program

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

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

Services include support for:

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

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

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

### Identity Theft Protection

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

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

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

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

### HSHS Discount Program

**PerkSpot** gives you access to exclusive discounts on:

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

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



## Dental Coverage



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

- Basic Option.
- High Option.

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

### Compare Your Dental Plan Options

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

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

## Vision Coverage

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

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



### Increased Allowances!

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

### NEW!

#### VSP LIGHTCARE

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

## Cigna Vision Discount Program

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

## Life and AD&D Insurance

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

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

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

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

### Supplemental Life Insurance Coverage

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

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

### Voluntary Accidental Death and Dismemberment (AD&D) Coverage

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

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

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



### Living Care Benefit

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

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



## Voluntary Supplemental Health Benefits

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

Visit [learn.unum.com/hshs-ble/p/1](https://learn.unum.com/hshs-ble/p/1) to learn more about each new benefit.

### Critical Illness

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

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

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

### Accident Insurance

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

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

### Hospital Indemnity

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

## Disability Coverage and Retirement



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

### Long-Term Disability (LTD)

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

#### LTD Coverage

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

For more information about your disability benefits, visit MyHR | Workday Help [www.myworkday.com/hshs/wdhelp/helpcenter](http://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 60 days of employment. This program allows you to set aside before or after-tax dollars toward your retirement savings.

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

#### Get One-on-One Help Planning for Retirement

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



### Earned Wage Access (EWA) Program: Pay on Demand

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



## Cost of Coverage

You and HSHS share the cost of your benefits.

### HSBS pays for:

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

### You pay for:

Vision  
Flexible Spending/HSA  
Voluntary AD&D  
Supplemental Life  
Identity Theft Protection  
Voluntary Health Benefits

### While HSHS pays the majority of the cost, you and HSHS share the 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](http://www.myworkday.com/hshs/wdhelp/helpcenter) for more information.

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

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

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

  

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

  

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

## Contact Information

| If you have questions about ...                                                                                                                                                                      | Contact ...                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enrolling                                                                                                                                                                                            | HR Service Center<br>MyHR   Workday Help<br><a href="http://www.myworkday.com/hshs/wdhelp/helpcenter">www.myworkday.com/hshs/wdhelp/helpcenter</a>     |
| Medical <ul style="list-style-type: none"> <li>• Customer Service</li> <li>• Claim information</li> <li>• ID cards</li> <li>• Prior authorization</li> <li>• Teladoc - virtual healthcare</li> </ul> | UMR<br>800-221-6346<br><a href="http://umr.com">umr.com</a><br><br><a href="http://www.teladoc.com">www.teladoc.com</a><br>1-800-835-2362              |
| Prescription Drugs                                                                                                                                                                                   | OptumRx<br><a href="http://optumrx.com">optumrx.com</a><br>1-800-720-0030                                                                              |
| Dental <ul style="list-style-type: none"> <li>• Claim information</li> <li>• Dental providers</li> </ul>                                                                                             | Cigna HealthCare<br><a href="http://www.cigna.com">www.cigna.com</a><br>1-800-244-6224                                                                 |
| Vision                                                                                                                                                                                               | Vision Service Plan (VSP)<br><a href="http://www.vsp.com">www.vsp.com</a><br>1-800-877-7195                                                            |
| Flexible Spending Accounts <ul style="list-style-type: none"> <li>• Healthcare/Dependent Care FSAs</li> <li>• Health Savings Account (HSAs)</li> </ul>                                               | Health Equity<br><a href="http://learn.healthequity.com/hshs">learn.healthequity.com/hshs</a><br>1-866-346-5800                                        |
| Disability Insurance <ul style="list-style-type: none"> <li>• Long-Term Disability</li> </ul>                                                                                                        | UNUM<br><a href="http://www.unum.com">www.unum.com</a><br>1-866-295-3007, Monday – Friday, 7 a.m.- 7 p.m. CST                                          |
| Voluntary Benefits <ul style="list-style-type: none"> <li>Accident</li> <li>Critical Illness</li> <li>Hospital</li> </ul>                                                                            | Unum<br><a href="https://learn.unum.com/hshs-ble/p/1">https://learn.unum.com/hshs-ble/p/1</a><br>866-643-9404                                          |
| HSHS 403(b) Plan                                                                                                                                                                                     | Fidelity<br><a href="https://nb.fidelity.com/public/nb/atwork/home">https://nb.fidelity.com/public/nb/atwork/home</a><br>1-800-343-0860                |
| Identity Theft Protection                                                                                                                                                                            | Allstate Identity Protection<br>800-789-2720<br><a href="http://myaip.com/">myaip.com/</a>                                                             |
| Employee Assistance Program                                                                                                                                                                          | ComPsych<br><a href="http://www.guidanceresources.com">www.guidanceresources.com</a><br>(enter "HSHS4U" for the organization web ID)<br>1-877-327-7429 |
| HSHS Discount Program                                                                                                                                                                                | <a href="https://hshs.perkspot.com/login">https://hshs.perkspot.com/login</a>                                                                          |
| Pay On Demand                                                                                                                                                                                        | <a href="http://get.dailypay.com/wewa">get.dailypay.com/wewa</a>                                                                                       |

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

 MyHR |  workday.help



HR Service Center  
MyHR@hshs.org

Medical Residents 2025