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# EMPLOYEE BENEFIT GUIDE

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2023 - 2024

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## DEACONESS HEALTH SYSTEM TOTAL REWARDS PROGRAM

Deaconess offers a total rewards program to employees. Below is a summary of the rewards currently offered to **NON-SUPERVISORY EMPLOYEES**. Coverage for benefits begins on the first of the month, following one full month of employment, unless otherwise noted (for example, an employee becomes benefit eligible on August 2<sup>nd</sup>, coverage will begin on October 1<sup>st</sup>). **\*DSS Employees are eligible for the items marked with an asterisk**

**\*This document provides summary information only. In the event of any conflict, the official Plan documents and Policies and Procedures will govern.**

BENEFIT OPTIONS		
Benefit	Features and Eligibility	Who Pays
<b>Medical Insurance 2 Plans (Pre-Tax)</b>	Coverage for employees (and dependents) authorized to work at least 40 hours per two-week pay period. A Health Reimbursement Account (HRA) and biweekly incentives can also be received through our Wellness program to offset medical plan costs.	Deaconess And Employee
<b>Medical Premium Assistance Program (MPA)</b>	The Medical Premium Assistance Program provides financial assistance to Deaconess full-time employees by providing those who qualify with a 10% savings on their medical premiums.	Deaconess
<b>Dental Insurance 2 Plans (Pre-Tax)</b>	Coverage for employees (and dependents) authorized to work at least 40 hours per two-week pay period.	Deaconess And Employee
<b>Vision Insurance 2 Plans (Pre-Tax)</b>	Coverage for employees (and dependents) authorized to work at least 40 hours per two-week pay period.	Employee
<b>Short Term Disability</b>	Receive 60% of base salary when disabled for more than 8 days for employees authorized to work at least 40 hours per two-week period. <b>90 day waiting period from hire date.</b>	Deaconess
<b>Long Term Disability</b>	Receive 60% of base salary when disabled for more than 180 days for employees authorized to work at least 40 hours per two-week period. <b>90 day waiting period from hire date.</b>	Deaconess
<b>Basic Life Insurance</b>	One times your annual base salary with a \$20,000 minimum up to certain limits for employees authorized to work at least 40 hours per two-week pay period.	Deaconess
<b>Short Term Disability Buy-Up</b>	Receive an additional 10% of base salary when disabled for more than 8 days for employees authorized to work at least 40 hours per two-week pay period. <b>90 day waiting period from hire date.</b>	Employee
<b>Optional Life Insurance</b>	Additional coverage available at 100%, 200% or 300% your annual base salary with a \$500,000 max for employees authorized to work at least 40 hours per two-week pay period.	Employee
<b>Dependent Life Insurance</b>	Employee may purchase coverage for spouse and eligible dependent children if employee is authorized to work at least 40 hours per two-week pay period.	Employee
<b>Health Care Flexible Spending Account (Pre-Tax)</b>	Employee may elect to direct an annual minimum of \$100 to annual maximum of \$3,050 into a non-taxable reimbursement account for eligible medical expenses. Debit Card available.	Employee
<b>Dependent Care Flexible Spending Account (Pre-Tax)</b>	Employee may elect to direct an annual minimum of \$100 to annual maximum of \$5,000 into a non-taxable reimbursement account for eligible dependent care expenses.	Employee
<b>Health Reimbursement Account</b>	Employee and Spouse can each earn \$400 (\$800 annually) into this account through the completion of wellness activities. The money can only be used for medical expenses and will rollover each plan year until \$6,000 cap. Employee and Spouse must be enrolled in the health plan.	Deaconess
<b>Voluntary Benefits</b>	Coverage for employees (and dependents) authorized to work at least 40 hours per two-week pay period. Includes accident, hospital indemnity, critical illness, and pet insurance policies.	Employee

OTHER BENEFITS		
Benefit	Features and Eligibility	Who Pays
<b>Business Travel Accident Insurance</b>	Accidental death benefit while traveling on hospital business if employee is authorized to work at least 40 hours per two-week pay period.	Deaconess
<b>*Deaconess Employee Assistance Program</b>	Free short-term counseling and referral for employees and member of their household.	Deaconess
<b>*Continuing Education</b>	Several courses and conferences offered with CE available.	Deaconess

<b>OTHER BENEFITS</b>		
<b>Benefit</b>	<b>Features and Eligibility</b>	<b>Who Pays</b>
<b>Children's Enrichment Center</b>	Three enrichment centers for infants through Pre-Kindergarten locations at the Midtown Campus, East Evansville and Henderson.	Employee
<b>*Fitness Center</b>	Exercise equipment and classes for employees, spouses, and dependent children over the age of 18 is located at the Midtown and Eagle Crest Campuses. Free to all employees and spouses covered on the medical plan. Additional fee for child dependents over 18 or spouses not covered on the medical plan.	Deaconess
<b>*Health Services</b>	Pre-employment physical exam, health screenings, immunizations, and Wellness Program	Deaconess
<b>*Leave of Absence</b>	Available for Medical, Family, Military, and Educational purposes.	Deaconess
<b>Military 2-Week Leave</b>	Difference in military pay and regular base rate if authorized 60-80 hours in a two-week pay period.	Deaconess
<b>*Parking</b>	Gratis parking privileges and options to reserve garage spots.	Deaconess
<b>*Pay Check Deposit</b>	Pay checks are automatically deposited in a checking or savings account as authorized.	Deaconess
<b>*Payactiv</b>	Payactiv gives you access to the money you have worked for, but haven't been paid yet. The money that you access is then deducted from your next paycheck along with a small processing fee.	Employee
<b>*Rest Period</b>	Fifteen-minute rest period during each shift of at least 8 hours.	Deaconess
<b>*Social Security</b>	Monthly retirement/disability benefits	Deaconess and Employee
<b>*Retirement Savings Plan</b>	Employees may direct salary up to the federal maximum contribution limits into 401(k). Deaconess will match a percent of the first 6% of contributions when meeting all criteria.	Deaconess and Employee
<b>*Transfer</b>	Opportunity for advancement after introductory period of six months.	Deaconess
<b>Educational Assistance</b>	Financial assistance up to \$5,250 per year for educational training if authorized at least 40 hours per two-week pay period. Employees can participate as soon as employed. Reimbursement will be held until employee satisfactorily completes the first six months of employment.	Deaconess
<b>Step-Up Program</b>	Receive normal wages for the time spent in enrolled class hours/clinical hours up to a maximum of 18 hours per week. Specific programs only.	Deaconess
<b>*Tuition.IO Student Loan Wellness Program</b>	Tuition.IO offers access to a full suite of tools to help manage student loans and education expenses for employees and their families.	Deaconess
<b>*Unemployment Compensation</b>	Coverage as determined by the State for loss of income when out of work.	Deaconess
<b>*Uniforms</b>	Uniforms furnished for designated departments.	Deaconess
<b>*Worker's Compensation</b>	On-the-job accident/illness coverage for loss of income and medical expenses according to State Law.	Deaconess

<b>COMPENSATION</b>		
<b>Benefit</b>	<b>Features and Eligibility</b>	<b>Who Pays</b>
<b>Bereavement Pay</b>	An excused paid absence of up to 24 hours may be granted to full time employees, authorized 60-80 hours, for a death in the immediate family (includes step family members): spouse, child, parent, guardian, brother, sister, mother-in-law or father-in-law, grandparent, great grandparent, grandchild, great grandchild, miscarriage/stillbirth by employee or spouse. An employee will receive full pay, at regular rate, for absence from scheduled workdays. Generally, must be used within two weeks following the death.  Up to 24 hours of excused unpaid time for death in immediate family will be granted to part time employees per occurrence.	Deaconess
<b>Jury Duty</b>	Difference in jury pay and regular base pay if authorized 60-80 hours per two-week pay period.	Deaconess
<b>*Call In Pay</b>	Time and one-half base rate + applicable premiums with a minimum of 2 hours pay.	Deaconess
<b>*On Call Pay</b>	Premium for designated positions	Deaconess

COMPENSATION																																																																						
Benefit	Features and Eligibility	Who Pays																																																																				
*Overtime Pay	Time and one-half average rate for hourly employees	Deaconess																																																																				
Wage and Salary Increases	Eligibility for annual merit increases based on job performance	Deaconess																																																																				
*Holiday Hourly Rate	Hourly employees receive time and one-half base rate for hour worked on the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day	Deaconess																																																																				
Shift Incentive Pay	Incentive for working straight evening and/or night shifts in designated positions and areas.	Deaconess																																																																				
*Shift Differential Pay	\$1.00 per hour for hours worked between 1700 (5:00 P.M.) and 0500 (5:00 A.M.) for hourly employees.	Deaconess																																																																				
Weekend Option Pay	Incentive for working 5 out of 6 weekends in a six-week rotation in designated positions and areas.	Deaconess																																																																				
*Weekend Differential Pay	\$1.00 per hour for hours worked Friday 1900 (7:00 P.M.) and Monday 0700 (7:00 A.M.) for hourly employees.	Deaconess																																																																				
Paid Time Off (PTO)	<p>Employees accrue PTO based on hours paid and length of service. Employees must use PTO for a scheduled or non-scheduled absence. Employees authorized 40 or more hours a pay period must use PTO during the first seven days before Short-Term Disability will begin to pay.</p> <p>PTO is <b>ONLY</b> paid out upon termination if any one of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• Seniority date prior to 10/1/2022</li> <li>• At least two years of seniority</li> <li>• Employed in the state of Illinois</li> </ul> <p>An employee reducing authorized hours from Full time (&gt;60 hours) to Part time will be paid out available PTO in excess of their part time annual authorized hours accrual.</p> <p>See chart below.</p> <table border="1"> <thead> <tr> <th>Years of Service:</th> <th>0-4 years</th> <th>4-14 years</th> <th>14+ years</th> </tr> </thead> <tbody> <tr> <td>Accrual Rate Per Hour:</td> <td>0.0885</td> <td>0.1078</td> <td>0.1269</td> </tr> <tr> <td>Max. Bank Accrual:</td> <td>368</td> <td>448</td> <td>528</td> </tr> <tr> <th rowspan="2">Paid Hours ↓</th> <th colspan="3">Accrual per Pay Period* (Annual Accrual) ↓                                ↓                                ↓</th> </tr> <tr> <td>80</td> <td>7.08 (184)</td> <td>8.62 (224)</td> <td>10.15 (264)</td> </tr> <tr> <td>72</td> <td>6.37 (166)</td> <td>7.76 (202)</td> <td>9.14 (238)</td> </tr> <tr> <td>64</td> <td>5.66 (147)</td> <td>6.90 (179)</td> <td>8.12 (211)</td> </tr> <tr> <td>56</td> <td>4.96 (129)</td> <td>6.03 (157)</td> <td>7.11 (185)</td> </tr> <tr> <td>48</td> <td>4.25 (110)</td> <td>5.17 (134)</td> <td>6.09 (158)</td> </tr> <tr> <td>40</td> <td>3.54 (92)</td> <td>4.31 (112)</td> <td>5.08 (132)</td> </tr> </tbody> </table> <p>*Hours will vary based on actual hours worked</p> <table border="1"> <thead> <tr> <th colspan="4">BREAK DOWN OF HOURS per YEAR WORKED AT FULL TIME 80 HOURS</th> </tr> <tr> <th>HOURS</th> <th>0-4 years</th> <th>4-14 years</th> <th>14+ years</th> </tr> </thead> <tbody> <tr> <td>Holiday Time</td> <td>6 days (48hrs)</td> <td>6 days (48hrs)</td> <td>6 days (48hrs)</td> </tr> <tr> <td>Sick Time</td> <td>4 days (32hrs)</td> <td>4 days (32hrs)</td> <td>4 days (32hrs)</td> </tr> <tr> <td>Personal Time</td> <td>3 days (24hrs)</td> <td>3 days (24hrs)</td> <td>3 days (24hrs)</td> </tr> <tr> <td>Vacation</td> <td>10 days (80hrs)</td> <td>15 days (120hrs)</td> <td>20 days (160hrs)</td> </tr> <tr> <td><b>TOTALS per year</b></td> <td><b>23 days (184hrs)</b></td> <td><b>28 days (224hrs)</b></td> <td><b>33 days (264hrs)</b></td> </tr> </tbody> </table> <p>*Hours worked less 80 are pro-rates on hours worked *All days are figured on an 8-hour day</p>	Years of Service:	0-4 years	4-14 years	14+ years	Accrual Rate Per Hour:	0.0885	0.1078	0.1269	Max. Bank Accrual:	368	448	528	Paid Hours ↓	Accrual per Pay Period* (Annual Accrual) ↓                                ↓                                ↓			80	7.08 (184)	8.62 (224)	10.15 (264)	72	6.37 (166)	7.76 (202)	9.14 (238)	64	5.66 (147)	6.90 (179)	8.12 (211)	56	4.96 (129)	6.03 (157)	7.11 (185)	48	4.25 (110)	5.17 (134)	6.09 (158)	40	3.54 (92)	4.31 (112)	5.08 (132)	BREAK DOWN OF HOURS per YEAR WORKED AT FULL TIME 80 HOURS				HOURS	0-4 years	4-14 years	14+ years	Holiday Time	6 days (48hrs)	6 days (48hrs)	6 days (48hrs)	Sick Time	4 days (32hrs)	4 days (32hrs)	4 days (32hrs)	Personal Time	3 days (24hrs)	3 days (24hrs)	3 days (24hrs)	Vacation	10 days (80hrs)	15 days (120hrs)	20 days (160hrs)	<b>TOTALS per year</b>	<b>23 days (184hrs)</b>	<b>28 days (224hrs)</b>	<b>33 days (264hrs)</b>	Deaconess
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ADDITIONAL SERVICES AND BENEFITS																																																																						
*Wellness Program	Variety of online activities																																																																					
*Deaconess RN OnCall:	For questions regarding an acute illness or injury, call 812-450-7681 or 1-800-967-6795, 24 hours a day, 365 days a year, to speak with an RN.																																																																					
Deaconess Clinic Urgent Care Video Visits	Convenient video visits for minor illnesses if enrolled in the Deaconess Health Plan. Go to <a href="http://www.deaconess.com/DHSLIVE">www.deaconess.com/DHSLIVE</a> to go directly to the free page for employees. Available 365 days a year from 8:00 am-8:00 pm.																																																																					

## Insurance, Leave Administration, and 401(k) Vendor Information

**Benefits Section of Human Resources**

Phone Line: 812-450-2025  
 Email: [BenefitQuestions1@deaconess.com](mailto:BenefitQuestions1@deaconess.com)  
 Office Hours: 7:00 am to 4:30 pm

**Leave of Absence Section of Human Resources**

Phone Line: 812-450-8258  
 Email: [\\_HRLeaveOfAbsence@deaconess.com](mailto:_HRLeaveOfAbsence@deaconess.com)  
 Office Hours: 7:00 am to 3:00 pm



**Medical Insurance**

Member Services: 844-378-7103  
 Website: [deaconessonecare.com](http://deaconessonecare.com)  
 Group Identification: DSHSP  
 OneCare Provider Directory: [onecarecollaborative.com/FindAProvider](http://onecarecollaborative.com/FindAProvider)



**Wellness Program**

MyWellness Portal Help Desk: 800-581-9910  
 Deaconess Wellness Department: 812-450-1FIT(1348)



**Prescription Insurance**

Member Services: 800-506-4605  
 Website: [optumrx.com](http://optumrx.com)



**Dental Insurance**

Member Services: 800-727-1444  
 Website: [insuringsmiles.com](http://insuringsmiles.com)  
 Account Number: 8062-4312-5521



**Vision Insurance**

Member Services: 800-877-7195  
 Website: [vsp.com](http://vsp.com)



**Medical and Dependent Care Flexible Spending Account  
 Health Reimbursement Account**

Member Services: 800-346-2126  
 MyADP Benefits → Company Links: Employee Benefits Corporation  
 Website: [ebcflex.com](http://ebcflex.com)



**FMLA Administration/Life Insurance  
 Short/Long Term Disability and Short Term Buy Up Plan  
 Voluntary Benefit Administration:**

**Accident, Critical Illness, and Hospital Indemnity**

Member Services: 855-899-2975  
 Website: [thehartford.com/mybenefits](http://thehartford.com/mybenefits) Policy # 402724



**Pet Insurance**

Member Services: 800-540-2016  
 Website: <https://benefits.petinsurance.com/deaconess>



**401(k) Retirement Benefit**

Member Services: 800-343-0860  
 Website: [fidelity.com/atwork](http://fidelity.com/atwork)



**Tuition Reimbursement/Loan Forgiveness**

Member Services: 855-353-9395  
 Website: [deaconess.tuition.io](http://deaconess.tuition.io)

# MEDICAL PREMIUM ASSISTANCE PROGRAM



The Medical Premium Assistance Program provides financial assistance to Deaconess full-time employees by providing those who qualify with a 10% savings on their medical plan premiums.

The Medical Premium Assistance application is available to new hires, employees experiencing a family status event (refer to page 9 of the Benefits Guide for qualifying family status events), or during annual open enrollment by going to D-Web and clicking on Human Resources under Departments.

For more information on the Medical Premium Assistance Program  
**812-450-2025** or  
**MedicalPremiumAssistanceProgram@deaconess.com.**

## Family Income Less Than 300% of Federal Poverty Guidelines

Family Size*	1	2	3	4	5	6
Max Income	\$40,770	\$54,930	\$69,090	\$83,250	\$97,410	\$111,570

\* As determined by number of dependents and income on last year's federal tax return



# Summary of Insurance Rates

Full Time Medical - Biweekly Rates* (Authorized to work 60+ hours per pay period)	Standard	Advantage
	Employee Only	\$66.26
Employee & Spouse	\$149.08	\$224.12
Employee & Children	\$106.01	\$159.37
Employee & Family	\$198.77	\$298.82

Part Time Medical - Biweekly Rates* (Authorized to work 40-59 hours per pay period)	Standard	Advantage
	Employee Only	\$100.58
Employee & Spouse	\$226.30	\$289.86
Employee & Children	\$167.47	\$208.74
Employee & Family	\$301.72	\$386.48

\*Prescription benefit is included in the medical premium

Wellness Incentives	Biweekly Earning to offset the cost of the medical insurance
Employee Incentive	\$33.93
Spouse Incentive	\$11.30

Medical Premium Assistance Program (MPA)	Biweekly Earning to offset the cost of the medical insurance for employees that meet program guidelines and have an approved application on file with Human Resources			
	Full Time Medical - Biweekly Rates (Authorized to work 60+ hours per pay period)	Standard	Standard Plan Medical Premium Biweekly Credit	Advantage
Employee Only	\$66.26	\$6.63	\$99.61	\$9.96
Employee & Spouse	\$149.08	\$14.91	\$224.12	\$22.41
Employee & Children	\$106.01	\$10.60	\$159.37	\$15.94
Employee & Family	\$198.77	\$19.88	\$298.82	\$29.88

Dental Biweekly Rates	Basic Plan	Prime Plan
Employee Only	\$6.87	\$8.91
Employee & Spouse	\$15.00	\$19.42
Employee & Children	\$15.00	\$19.42
Employee & Family	\$22.57	\$29.21

Vision Biweekly Rates	Standard Plan	Premier Plan
Employee Only	\$2.66	\$5.31
Employee & Spouse	\$5.31	\$10.61
Employee & Children	\$5.69	\$11.35
Employee & Family	\$9.09	\$18.15

Voluntary Products Biweekly Rates	Accident Low	Accident High	Hospital Indemnity Low	Hospital Indemnity High	Critical Illness \$30,000	Critical Illness \$15,000
	Employee Only	\$2.98	\$5.09	\$6.17	\$9.35	Rates based on tobacco usage, age, and coverage level
Employee & Spouse	\$4.66	\$8.01	\$11.27	\$17.78		
Employee & Children	\$5.00	\$8.18	\$9.59	\$14.31		
Employee & Family	\$7.85	\$13.01	\$14.78	\$23.42		



## Benefit Eligibility Information

The Deaconess Employee benefits program offers you the flexibility to choose the options that best suit your needs.

- Benefit enrollment is required **30 days** from the date of hire, benefit eligible date or the date of the qualifying event if making mid-year changes.
- Mid-Year changes to elections are allowed only due to a change in family status. Detailed information on what qualifies as a change in family status is on the next page.
- Benefit Year is from October 1 – September 30.
- Coverage is effective on the First of the Month following one full month of employment in a benefit eligible position and will remain in force until the end of the plan year (September 30) or until the last day physically worked in a benefit eligible position.
- **Open Enrollment is each year in August. Elections made during this time are effective October 1.** Employees can make changes as needed to their benefit elections during Open Enrollment.

Which benefit programs am I eligible for?	
Employees authorized to work 40 or more hours per pay period are eligible for:	Medical, dental, vision, employee and dependent life/AD&D, long-term disability, short-term disability, short-term disability buy-up, Flexible Spending Accounts, Health Reimbursement Accounts, 401(k), Voluntary Products through Hartford and Nationwide, PTO accrual.
Employees authorized to work fewer than 40 hours per pay period are eligible for:	PTO accrual, 401(k)
Employees authorized to work DSS and Temporary are eligible for:	401(k)
Who are eligible dependents to cover on my benefits?	
Spouse	Someone you are currently, legally married to in accordance with state law recognized in Indiana. It does <u>not</u> include common law marriage, domestic partner, roommate, etc.
Child	Natural born children, stepchildren, legally adopted children and children for whom you are a legal guardian up to age 26 regardless of student, marital or job status

### ADP Benefits Online Enrollment Instructions

You will need to complete your ADP registration in order to access the benefit portal in ADP. If you have not registered, please contact Human Resources at 812-450-2359 for assistance.

- Go to <https://my.adp.com> or select the **MyADP** icon on any Deaconess computer.
  - Enter your ADP Username and Password.
  - Select the "Benefits" tab in ADP.
  - Select the prepopulated tile to make enrollment as new hire and proceed through the prompts until elections are confirmed with a confirmation number appearing.
- OR
- Select the "Report a Qualifying Change" tile to report mid-year status change.
  - Select the appropriate reason for your change, enter the effective date for the change, and proceed through the prompts until elections are confirmed with a confirmation number appearing.\*

**Important note: the system does not accept future dated changes.\***

If technical issues happen or New Hire tile is not populated, reach out to the Benefits Office for assistance. The benefits team can be reached at 812-450-2025 or emailing [benefitquestions1@deaconess.com](mailto:benefitquestions1@deaconess.com).

# Making Mid-Year Changes to Benefits

Outside of your initial benefit enrollment and the annual Open Enrollment period, you may make changes your benefit package within **30-days** following a family status event, including one of the following:

**Important note: MyADP Benefit System does not accept future dated changes!**

- Adoption
- Birth of Child
- Death of Dependent
- Dependent Gains Other Coverage
- Dependent Loses Other Coverage
- Divorce
- Employee Gains Other Coverage
- Employee Loses Other Coverage
- Enrollment in Health Exchange
- Establish Legal Guardianship
- Gain of CHIPRA Coverage
- Legal Separation
- Marriage
- Spouse Gains Other Coverage
- Spouse Loses Other Coverage

All information you need to know to make an informed decision is in the Forms & Plan Documents Section of Benefits in MyADP or on D-Web under Human Resources, in Benefits.

TYPES OF REQUIRED DOCUMENTS	
<b>SPOUSE</b>	
You will need to submit the item from List A <b>and</b> one item from List B. The document from List B must be dated within the last 6 months and have the dependent's name on it.	
List A	List B
<b>Marriage Certificate</b>	Bank or Credit Card Statement with a Common Address
	Mortgage or Lease Statement with a Common Address
	Motor Vehicle Statement with a Common Address
	Current Federal Tax Return w/ Spouse Listed (you can hide any financial information)
	Utility Bill with a Common Address
<b>CHILD</b>	
You will need to submit the item from List A. If your Child is a stepchild, you will need to submit your marriage certificate with Spouse listed as well as an item from List B for spouses.	
List A	
Adoption Certificate or Adoption Placement Agreement	
Birth Certificate with Parent's Name Listed	
Documentation of Legal Custody	
Documentation of Legal Guardianship	
Hospital Birth Record (within 90 Days of Birth)	
Qualified Medical Child Support Order	

**How to Declare the Event:** To begin your enrollment, you will need to access the benefits section in MyADP, and then select the tile that says, "Declare an Event." You will use the **date of the event** as the effective date. This event will go to a pending status until the required documentation is submitted.

**Documentation:** For mid-year events, you will need to submit documentation showing the loss or gain of coverage with the effective date of change. If you are adding dependents, you will need to provide the documentation listed on this page.

All mid-year events and applicable dependent changes will remain in a pending status until all verification documents are received by Dependent Verification Services. If all documents are not received within 30 days from when the event is declared, your elected changes will be denied.

If you do not experience one of the above events during the plan year, you may **NOT** make changes to your benefit elections. The next opportunity to make changes to your benefit elections will be the following August for an effective date of October 1. If you have any questions as to what constitutes a family status change or what written proof is required, please contact the Benefits Office at 812-450-2025.

### Important Notes:

- The Provider Network is location based of primary residence of the employee; all dependents need to have the address they generally reside written under their information in MyADP.
- Once enrollment is complete, the Benefits Office recommends that a copy of the summary confirmation page be saved for your personal records.
- Wellness Program - Be sure to mark your calendar to complete your Annual Wellness Visit with your Primary Care Provider between July 1, 2023 – August 1, 2024. Must contain height, weight, blood pressure, cholesterol, and glucose for all; and A1C for those who have diabetes.
- If you are unable to enroll online, please contact the Benefits Office at 450-2025 before your 30-day deadline!
- In the event of separation of employment or reduction in hours to a non-benefit eligible status, all insurance coverage ends at midnight the last day physically worked.

### ADP Dependent Verification Services

Phone: 800-553-3823

Fax: 866-400-1686

**Documentation is required within 30 days of the family status change in order to fulfill the Consolidated Omnibus Budget Reconciliation Act (COBRA) requirements.**



**Why the OneCare Network**

Deaconess values the ability to provide employees and their families with competitive benefits, including access to a network of high-quality providers. In a climate where the cost to provide employee benefits continues to rise for employers nationwide, our partnership with the OneCare Network has enabled Deaconess to continue to provide competitive benefits at competitive rates for the 2023-2024 plan year. As we remain committed to the health and wellbeing of our employees and their families, we remain committed to the Deaconess OneCare Network.

Across a participating provider network, improved coordination of care helps ensure that patients receive the right care at the right time. What does that mean for our employees? Better care, better health outcomes, and a reduced overall cost of care. By participating in the network it enables Deaconess to offer employees and their families access to high quality providers who work together to improve the coordination of care for employees.

**Which Medical Network Do YOU Have Access To?**

Networks are based on the Employee's Residence

	OneCare Provider Network	IU Health System & Vanderbilt University Medical Center	Encore Combined Network	First Health Provider Network
Employees living inside the OneCare service area of Gibson, Posey, Vanderburgh, Warrick counties and zip codes 47617 and 47634 in Indiana; and Henderson and Union Counties in Kentucky	✓	✓		
Employees residing outside of the OneCare service area, but still living in Indiana	✓	✓	✓	
Employees residing out of the OneCare service area and outside of the state of Indiana	✓	✓		✓

**Notice for covered Dependents that live outside the Employee's primary network coverage area:**

Dependents that are **covered** and live outside of the Employee's primary network service area will be allowed to access the Employee's travel network located on the back of the ID card. If services are obtained while the dependent is away from home or traveling, services will be applied to the employee's primary or secondary network. These services will be based upon the Employee's network level of coverage(s).

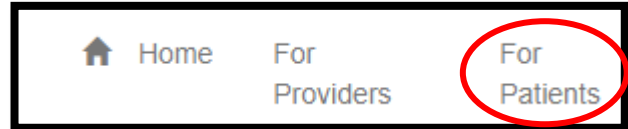
**Emergency coverage while traveling:** Employee's and their **covered** dependents will have access to the plan's travel network located on the back of the ID card when traveling outside the primary network coverage if emergency care is required. Should you require emergency care, services rendered will be paid at the highest network tier of coverage for you and your covered dependents.

## How to Find a Provider in Your Network:

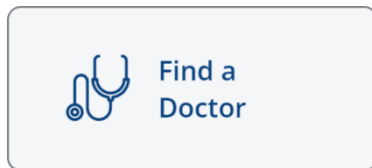
OneCare Network: [www.onecarecollaborative.com](http://www.onecarecollaborative.com)



1. Go to "For Patients"
  2. Select "Find a Provider/Facility"
  3. Start your search
- Phone: 812-426-9402



## VANDERBILT HEALTH



Vanderbilt University Medical Center: [vanderbilthealth.com](http://vanderbilthealth.com)

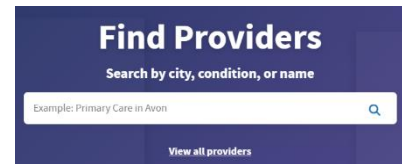
1. Select "Find a Doctor"
2. Start your search

IU Health System: <https://iuhealth.org/find-providers>

1. Search by city, condition, or name
2. You can also click on "View all providers" for a complete list of providers



Indiana University Health



## First Health Network



First Health: [www.myfirsthealth.com](http://www.myfirsthealth.com)

1. Select "First Health Network"
  2. Press the "Start Now" button
  3. Start your search
- Phone: 800-226-5116

Encore Combined: [encoreconnect.com/provider-search/](http://encoreconnect.com/provider-search/)

1. Select the "Encore Combined" tile,
  2. Select the "Deaconess Health System" radial button
  3. Start your search
- Phone: 888-574-8180



## Medical Plan Snapshot

### Employee Contribution Chart for Medical Plan

(Effective October 1 thru September 30)

Full Time Medical - Biweekly Rates* (Authorized to work 60+ hours per pay period)	Standard		Advantage	
	Standard	Advantage	Standard	Advantage
Employee Only	\$66.26	\$99.61	\$100.58	\$128.82
Employee & Spouse	\$149.08	\$224.12	\$226.30	\$289.86
Employee & Children	\$106.01	\$159.37	\$167.47	\$208.74
Employee & Family	\$198.77	\$298.82	\$301.72	\$386.48

\*Prescription benefit is included in the medical premium

All covered employees and spouses must complete all programming to receive wellness incentive on 10/1/2023

Wellness Incentives	Biweekly Earning to offset the cost of the medical insurance			
	Employee Incentive	\$33.93		
	Spouse Incentive	\$11.30		

Medical Premium Assistance Program (MPA)	Biweekly Earning to offset the cost of the medical insurance for employees that meet program guidelines and have an approved application on file with Human Resources				
	Full Time Medical - Biweekly Rates (Authorized to work 60+ hours per pay period)	Standard	Standard Plan Medical Premium Biweekly Credit	Advantage	Advantage Plan Medical Premium Biweekly Credit
Employee Only	\$66.26	\$6.63	\$99.61	\$9.96	
Employee & Spouse	\$149.08	\$14.91	\$224.12	\$22.41	
Employee & Children	\$106.01	\$10.60	\$159.37	\$15.94	
Employee & Family	\$198.77	\$19.88	\$298.82	\$29.88	

### Employee Wellness Program & Incentives

In an effort to promote a healthy lifestyle, all employees and spouses enrolled in a medical option for health insurance coverage have the option of participating in the Deaconess Wellness Incentive Program starting in October 2023.

The **Wellness Incentive** is a biweekly incentive credit that is used to offset medical insurance premiums. It is not a discount. You will see the full premium rate deducted from each of your paychecks, and the credit(s) are added as an earning. To receive the Wellness Incentive you must complete the following items by August 1, 2024:

- **Annual Wellness Visit with your Primary Care Provider** (July 1, 2023 – August 1, 2024)
  - Must contain height, weight, blood pressure, cholesterol, and glucose for all; and A1C for those who have diabetes.

**Be sure to mark your calendar to complete your health screening with your PCP between July 1, 2023-August 1, 2024.**

For more information, please contact the Wellness Department at [wellness@deaconess.com](mailto:wellness@deaconess.com) or 812-450-1FIT (1348).

# October 1, 2023 – September 30, 2024

## Brief Comparison Chart of Two Medical Options

### Subscribers Living in OneCare Service Area and Their Dependents

	STANDARD	ADVANTAGE
Services received from OneCare Network Providers		
<b>Routine Annual Preventive Care</b>	Covered in full, including FDA-approved contraceptives and sterilizations for women.	Covered in full, including FDA-approved contraceptives and sterilizations for women.
<b>Annual Deductible</b>	\$1,200 per member Once covered members of a family have met \$2,400 of deductibles in total, no further deductibles apply	\$800 per member Once covered members of a family have met \$1,600 of deductibles in total, no further deductibles apply
<b>Annual Maximum-Out-of-Pocket</b>	\$3,500 per member	\$3,000 per member
	INCLUDES DEDUCTIBLE AND MEDICAL CO-PAYS - EXCLUDES PRESCRIPTION DRUG MEMBER PAYMENTS Once covered members of a family have incurred two times the per member amount, no further deductible or medical co-insurance applies	
<b>Primary Care Physician Office Visit</b>	25% <b>AFTER</b> deductible	\$20 co-pay + 20% Dx, procedures and facility charges
<b>Specialist Physician Office Visit</b>	25% <b>AFTER</b> deductible	\$35 co-pay + 20% Dx, procedures and facility charges
<b>Chiropractic Services (spinal manipulation)</b>	25% <b>AFTER</b> deductible Limited to 20 visits per benefit year	\$35 co-pay Limited to 20 visits per benefit year
<b>Routine Eye Exam</b>	Covered in full, limited to one exam per benefit year.	Covered in full, limited to one exam per benefit year.
<b>Urgent Care Facility Visit</b>	25% <b>AFTER</b> deductible	\$35 co-pay + 20% Dx & procedures
<b>Emergency Room Visit - Emergency</b>	25% <b>AFTER</b> deductible	20% <b>AFTER</b> deductible
<b>Emergency Room - Non Emergency</b>	\$300 co-pay + 25% <b>AFTER</b> deductible	\$300 co-pay + 20% <b>AFTER</b> deductible
<b>In-Patient Hospitalization</b>	25% <b>AFTER</b> deductible	20% <b>AFTER</b> deductible
<b>Outpatient Surgery/ Advanced Imaging</b>	25% <b>AFTER</b> deductible	<b>Facility Charges:</b> 20% <b>Professional Charges:</b> 20% <b>AFTER</b> deductible

**Prescription drug benefits are the same in both options at no additional cost.**

Network Providers are limited to OneCare Network Providers. Other than routine eye exams, services received from a facility or professional provider who does not participate in the OneCare Network are **NOT** covered under either option unless:

- You require emergency care.
- You are traveling outside the OneCare service area and require urgent care.
- You require services that are not available from a OneCare Network Provider. In that situation, your OneCare Network Provider can refer you to a provider who is qualified to provide those services. **With prior approval from Deaconess OneCare**, approved services received from those providers will be covered.
- Your dependent resides outside the OneCare Service Area and receives services from a First Health Network Provider.

#### Standard Medical Option

The Standard option is a preferred provider plan in which a specified deductible must be met before coverage begins. Members can move within the OneCare provider network of physicians without referral for insurance purposes. For those who reside in the Service Area there is no coverage for out-of-network services. If an employee has a need for care that cannot be provided within the OneCare network, a covered provider can submit a request for a referral to be reviewed and approved or denied as determined by Deaconess OneCare Health Plan.

#### Advantage Medical Option

The Advantage option is a preferred provider plan in which a specified deductible must be met for certain services before coverage begins. There is a co-pay for Physician Office visits or outpatient diagnostic studies. Members are allowed to move within the OneCare provider network of physicians without referral for insurance purposes. For those who reside in the Service Area there is no coverage for out-of-network services. If an employee has a need for care that cannot be provided within the OneCare network, a covered provider can submit a request for a referral to be reviewed and approved or denied as determined by Deaconess OneCare Health Plan.

**October 1, 2023 – September 30, 2024**  
**Brief Comparison Chart of Two Medical Options**  
**Subscribers Living Outside OneCare Service Area and Their Dependents**

		STANDARD	ADVANTAGE
	Provider Category	Services received from Network Providers	
<b>Routine Annual Preventive Care</b>	Any Network Provider	Covered in full, including FDA-approved contraceptives and sterilizations for women.	Covered in full, including FDA-approved contraceptives and sterilizations for women.
<b>Annual Deductible</b>	Any Network Provider	\$1,200 per member Once covered members of a family have met \$2,400 of deductibles in total, no further deductibles apply	\$800 per member Once covered members of a family have met \$1,600 of deductibles in total, no further deductibles apply
<b>Annual Maximum-Out-of-Pocket</b>	OneCare Network Providers	\$3,500 per member	\$3,000 per member
	Encore or First Health Network Providers*	\$5,100 per member	\$5,100 per member
		INCLUDES DEDUCTIBLE & MEDICAL CO-PAYS - EXCLUDES PRESCRIPTION DRUG MEMBER PAYMENTS Once covered members of a family have incurred two times the per member amount, no further deductible or medical co-insurance applies	
<b>Primary Care Physician Office Visit</b>	OneCare Network Providers	25% <b>AFTER</b> deductible	\$20 co-pay + 20% Dx, procedures & facility charges
	Encore or First Health Network Providers*	35% <b>AFTER</b> deductible	\$40 co-pay + 30% Dx, procedures & facility charges
<b>Specialist Physician Office Visit</b>	OneCare Network Providers	25% <b>AFTER</b> deductible	\$35 co-pay + 20% Dx, procedures & facility charges
	Encore or First Health Network Providers*	35% <b>AFTER</b> deductible	\$55 co-pay + 30% Dx, procedures & facility charges
<b>Chiropractic Services (spinal manipulation)</b>	OneCare Network Providers	25% <b>AFTER</b> deductible	\$35 co-pay \$55 co-pay  Limited to 20 visits per benefit year
	Encore or First Health Network Providers*	35% <b>AFTER</b> deductible	
<b>Routine Eye Exam</b>	Any Provider	Covered in full, limited to one exam per benefit year.	Covered in full, limited to one exam per benefit year.
<b>Urgent Care Facility Visit</b>	OneCare Facility	25% <b>AFTER</b> deductible	\$35 co-pay + 20% Dx & procedures
	Encore or First Health Network Facility*	35% <b>AFTER</b> deductible	30% <b>AFTER</b> deductible
<b>Emergency Room Visit - Emergency</b>	Any Provider	25% <b>AFTER</b> deductible	20% <b>AFTER</b> deductible
<b>Emergency Room - Non Emergency</b>	OneCare Facility	\$300 co-pay + 25% <b>AFTER</b> deductible	\$300 co-pay + 20% <b>AFTER</b> deductible
	Encore or First Health Network Facility*	\$300 co-pay + 35% <b>AFTER</b> deductible	\$300 co-pay + 30% <b>AFTER</b> deductible
	OneCare Network Providers	25% <b>AFTER</b> deductible	20% <b>AFTER</b> deductible
	Encore or First Health Network Providers*	35% <b>AFTER</b> deductible	30% <b>AFTER</b> deductible
<b>In-Patient Hospitalization</b>	OneCare Facility	25% <b>AFTER</b> deductible	20% <b>AFTER</b> deductible
	Encore or First Health Network Facility*	35% <b>AFTER</b> deductible	30% <b>AFTER</b> deductible
	OneCare Network Providers	25% <b>AFTER</b> deductible	20% <b>AFTER</b> deductible
	Encore or First Health Network Providers*	35% <b>AFTER</b> deductible	30% <b>AFTER</b> deductible
<b>Outpatient Surgery/Advanced Imaging</b>	OneCare Facility	25% <b>AFTER</b> deductible	20%
	Encore or First Health Network Facility*	35% <b>AFTER</b> deductible	30% <b>AFTER</b> deductible
	OneCare Network Providers	25% <b>AFTER</b> deductible	20% <b>AFTER</b> deductible
	Encore or First Health Network Providers*	35% <b>AFTER</b> deductible	30% <b>AFTER</b> deductible

\* For employees who reside in Indiana, Network Providers are limited to OneCare and Encore Network Providers.

For employees who reside outside Indiana, Network Providers are limited to OneCare and First Health Network Providers.

Other than routine eye exams, services received from a facility or professional provider who does not participate in one of the networks that apply to you are **NOT** covered under either option unless:

- You require emergency care.
- You are travelling outside your network service area and require urgent care.
- You require services that are not available from a Network Provider. In that situation, **with prior approval from Deaconess OneCare**, approved services received from a provider who is qualified to provide them will be covered.
- You reside in Indiana and your dependent resides outside Indiana and receives services from a First Health Network Provider.

**Standard Option**  
**October 1, 2023 – September 30, 2024**  
**Subscribers Living in OneCare Service Area and Their Dependents**

<i>All figures reflect the amount you pay for Covered Health Services.</i>		OneCare Professional Provider	OneCare Facilities	Providers not in OneCare
<b>Annual Deductibles</b>	Apply per Benefit Year to all services with Co-insurance or Co-payment marked with an asterisk.			
	<b>Per Covered Person</b>		\$1,200	Not Covered
	<b>Family Limit</b>		\$2,400	
<b>Maximum Out-of-pocket</b>	Includes Deductible and Medical Co-payments; Excludes Rx Co-payments			
	<b>Per Covered Person</b>		\$3,500	Not Covered
	<b>Family Limit</b>		\$7,000	
<b>Preventive Care</b>	Well baby care, routine annual exams for individuals over age 2, plus FDA-approved contraceptives and sterilization procedures for women.		Covered in full	Not Covered
<b>Routine Vision Services</b>	One routine exam per Benefit Year		Covered in full	Covered in full
<b>Physician Office Services</b>	<b>Primary Care Physician (PCP)</b>	25% *		Not Covered
	<b>Specialist</b>	25% *		Not Covered
<b>Allergy Services</b>	<b>Injections and Testing</b>	25% *		Not Covered
	<b>Serum</b>	25% *		Not Covered
<b>Inpatient Services</b>	<b>Inpatient Hospital</b>	25% *	25% *	Not Covered
	<b>Skilled Nursing Facility (60 day limit per Benefit Year)</b>	25% *	25% *	Not Covered
<b>Organ/Tissue Transplants</b>	Covered transplants other than cornea and kidney Cornea and kidney covered the same as other condition	25% *	25% *	Not Covered
<b>Outpatient Services</b>	<b>Ambulatory Hospital and Outpatient Surgery:</b> Performed in a hospital or Ambulatory Care Center.	25% *	25% *	Not Covered
	<b>Advanced Imaging:</b> CTs, PETs, MRIs, MRAs and sleep studies	25% *	25% *	Not Covered
	<b>Other Imaging and Lab:</b> Laboratory and radiology services that are not Advanced Imaging	25% *	25% *	Not Covered
<b>Outpatient Therapy</b>		25% *		Not Covered
	Speech, occupational and physical therapy		Max of 30 visits per condition. If different types of Therapy performed on the same day, each considered a separate Therapy visit	
<b>Emergency Services</b>	<b>Hospital Emergency Room:</b> Emergency Medical Conditions. (If admitted, see Inpatient Services.)	25% *	25% *	Same as if OneCare
	<b>Hospital Emergency Room:</b> Other conditions	25% *	\$300 co-pay per visit then 25% *	Not Covered
	<b>Urgent Care Center</b> (not Hospital emergency room)		25% *	Not Covered <sup>1</sup>
	<b>Ambulance</b> (per use)		25% *	Same as if OneCare
<b>Home Health Care/DME</b>		25% *	25% *	Not Covered
<b>Chiropractic Services</b>	Spinal manipulation. Diagnostic services and x-rays covered under Outpatient Services - – Advanced Imaging or Other Imaging and Lab	25% * Max of 20 visits per Benefit Year		Not Covered
<b>Hospice Services</b>		25% *	25% *	Not Covered
<b>Infertility Treatment</b>	Subject to \$10,000 Medical Lifetime Maximum	50%	50%	Not Covered
<b>Diabetes Training</b>	Copay waived if part of Deaconess Wellness Care Plan	\$20 co-pay	\$20 co-pay	Not Covered
<b>Maternity Services</b>			Covered the same as any other condition	Not Covered
<b>Mental Health Services Chemical Dependency/ Substance Abuse</b>	<b>Office Visit</b>	25% *		Not Covered
	<b>Outpatient</b>	25% *	25% *	Not Covered
	<b>Inpatient</b>	25% *	25% *	Not Covered

\* After Deductible

<sup>1</sup> Urgent Care Center services are covered at the OneCare benefit level for those who require Urgent Care outside the OneCare area while traveling



**Advantage Option**  
**October 1, 2023 – September 30, 2024**  
**Subscribers Living in OneCare Service Area and Their Dependents**

<i>All figures reflect the amount you pay for Covered Health Services.</i>		OneCare Professional Provider	OneCare Facilities	Providers not in OneCare
<b>Annual Deductibles</b>	Apply per Benefit Year to all services with Co-insurance or Co-payment marked with an asterisk.			Not Covered
	<b>Per Covered Person</b>	\$800		
	<b>Family Limit</b>	\$1,600		
<b>Maximum Out-of-pocket</b>	Includes Deductible and Medical Co-payments; Excludes Rx Co-payments			Not Covered
	<b>Per Covered Person</b>	\$3,000		
	<b>Family Limit</b>	\$6,000		
<b>Preventive Care</b>	Well baby care, routine annual exams for individuals over age 2, plus FDA-approved contraceptives and sterilization procedures for women.	Covered in full		Not Covered
<b>Routine Vision Services</b>	One routine exam per Benefit Year	Covered in full		Covered in full
<b>Physician Office Services</b>	<b>Primary Care Physician (PCP)</b>	\$20 co-pay + 20% for Dx and procedures		Not Covered
	<b>Specialist</b>	\$35 co-pay + 20% for Dx and procedures		Not Covered
<b>Allergy Services</b>	<b>Injections and Testing</b>	20%		Not Covered
	<b>Serum</b>	20%*		Not Covered
<b>Inpatient Services</b>	<b>Inpatient Hospital</b>	20%*	20%*	Not Covered
	<b>Skilled Nursing Facility (60 day limit per Benefit Year)</b>	20%*	20%*	Not Covered
<b>Organ/Tissue Transplants</b>	Covered transplants other than cornea and kidney Cornea and kidney covered the same as other condition	20%*	20%*	Not Covered
<b>Outpatient Services</b>	<b>Ambulatory Hospital and Outpatient Surgery:</b> Performed in a hospital or Ambulatory Care Center.	20%*	20%	Not Covered
	<b>Advanced Imaging:</b> CTs, PETs, MRIs, MRAs and sleep studies	20%*	20%	Not Covered
	<b>Other Imaging and Lab:</b> Laboratory and radiology services that are not Advanced Imaging	20%*	20%	Not Covered
<b>Outpatient Therapy</b>	Speech, occupational and physical therapy	20%*	Max of 30 visits per condition. If different types of Therapy performed on the same day, each considered a separate Therapy visit	Not Covered
<b>Emergency Services</b>	<b>Hospital Emergency Room:</b> Emergency Medical Conditions. (If admitted, see Inpatient Services.)	20%*	20%*	Same as if OneCare
	<b>Hospital Emergency Room:</b> Other conditions	20%*	\$300 co-pay per visit then 20%*	Not Covered
	<b>Urgent Care Center</b> (not Hospital emergency room)		\$35 co-pay + 20% for Dx & procedures	Not Covered <sup>1</sup>
	<b>Ambulance</b> (per use)		20%*	Same as if OneCare
<b>Home Health Care/DME</b>		20%*	20%*	Not Covered
<b>Chiropractic Services</b>	Spinal manipulation. Diagnostic services and x-rays covered under Outpatient Services – Advanced Imaging or Other Imaging and Lab	\$35 co-pay Max of 20 visits per Benefit Year		Not Covered
<b>Hospice Services</b>		20%*	20%*	Not Covered
<b>Infertility Treatment</b>	Subject to \$10,000 Medical Lifetime Maximum	50%	50%	Not Covered
<b>Diabetes Training</b>	Copay waived if part of Deaconess Wellness Care Plan	\$20 co-pay	\$20 co-pay	Not Covered
<b>Maternity Services</b>		Covered the same as any other condition		Not Covered
<b>Mental Health Services Chemical Dependency/ Substance Abuse</b>	<b>Office Visit</b>	\$20 co-pay		Not Covered
	<b>Outpatient</b>	20%	20%	Not Covered
	<b>Inpatient</b>	20%*	20%*	Not Covered

\* After Deductible

<sup>1</sup> Urgent Care Center services are covered at the OneCare benefit level for those who require Urgent Care outside the OneCare area while traveling

**Standard Option**

**October 1, 2023 – September 30, 2024**

**Subscribers Living Outside OneCare Service Area and Their Dependents**

<i>All figures reflect the amount you pay for Covered Health Services.</i>		<b>OneCare Professional Provider</b>	<b>OneCare Facilities</b>	<b>Other Encore or First Health Provider<sup>1</sup></b>	<b>Providers not in OneCare, Encore or First Health</b>
<b>Annual Deductibles</b>	Apply per Benefit Year to all services with Co-insurance or Co-payment marked with an asterisk.				
	<b>Per Covered Person</b>		\$1,200		Not Covered
	<b>Family Limit</b>		\$2,400		
<b>Maximum Out-of-pocket</b>	Includes Deductible and Medical Co-payments; Excludes Rx Co-payments				
	<b>Per Covered Person</b>		\$3,500	\$5,100	Not Covered
	<b>Family Limit</b>		\$7,000	\$10,200	
<b>Preventive Care</b>	Well baby care, routine annual exams for individuals over age 2, plus FDA-approved contraceptives and sterilization procedures for women.		Covered in full		Not Covered
<b>Routine Vision Services</b>	One routine exam per Benefit Year		Covered in full		Covered in full
<b>Physician Office Services</b>	<b>Primary Care Physician (PCP)</b>	25% *		35% *	Not Covered
	<b>Specialist</b>	25% *		35% *	Not Covered
<b>Allergy Services</b>	<b>Injections and Testing</b>	25% *		35% *	Not Covered
	<b>Serum</b>	25% *		35% *	Not Covered
<b>Inpatient Services</b>	<b>Inpatient Hospital</b>	25% *	25% *	35% *	Not Covered
	<b>Skilled Nursing Facility</b> (60 day limit per Benefit Year)	25% *	25% *	35% *	Not Covered
<b>Organ/Tissue Transplants</b>	Covered transplants other than cornea and kidney. Cornea and kidney covered the same as other condition.	25% *	25% *	25% * if COE otherwise Not Covered	Not Covered
<b>Outpatient Services</b>	<b>Ambulatory Hospital and Outpatient Surgery:</b> Performed in a hospital or Ambulatory Care Center.	25% *	25% *	35% *	Not Covered
	<b>Advanced Imaging:</b> CTs, PETs, MRIs, MRAs and sleep studies	25% *	25% *	35% *	Not Covered
	<b>Other Imaging and Lab:</b> Laboratory and radiology services that are not Advanced Imaging	25% *	25% *	35% *	Not Covered
<b>Outpatient Therapy</b>		25% *		35% *	Not Covered
	Speech, occupational and physical therapy		Max of 30 visits per condition. If different types of Therapy performed on the same day, each considered a separate Therapy visit		
<b>Emergency Services</b>	<b>Hospital Emergency Room:</b> Emergency Medical Conditions. (If admitted, see Inpatient Services.)	25% *	25% *	25% *	Same as if OneCare
	<b>Hospital Emergency Room:</b> Other conditions	25% *	\$300 co-pay per visit then 25% *	\$300 co-pay per visit then 35% *	Not Covered
	<b>Urgent Care Center</b> (not Hospital emergency room)		25% *	35% *	Not Covered <sup>2</sup>
	<b>Ambulance</b> (per use)		25% *	25% *	Same as if Encore/ <b>First Health Provider</b>
<b>Home Health Care/DME</b>		25% *	25% *	35% *	Not Covered
<b>Chiropractic Services</b>	Spinal manipulation. Diagnostic services and x-rays covered under Outpatient Services – Advanced Imaging or Other Imaging and Lab	25% *		35% *	Not Covered
			Max of 20 visits per Benefit Year		
<b>Hospice Services</b>		25% *	25% *	35% *	Not Covered
<b>Infertility Treatment</b>	Subject to \$10,000 Medical Lifetime Maximum	50%	50%	50%	Not Covered
<b>Diabetes Training</b>	Copay waived if part of Deaconess Wellness Care Plan	\$20 co-pay	\$20 co-pay	Not Covered	Not Covered
<b>Maternity Services</b>			Covered the same as any other condition		Not Covered
<b>Mental Health Services Chemical Dependency/ Substance Abuse</b>	<b>Office Visit</b>	25% *		25% *	Not Covered
	<b>Outpatient</b>	25% *	25% *	25% *	Not Covered
	<b>Inpatient</b>	25% *	25% *	25% *	Not Covered

\* After Deductible

<sup>1</sup> For employees residing in Indiana, the Encore network applies. For employees residing outside of Indiana, the First Health network applies.

<sup>2</sup> Urgent Care Center services are covered at the Other Encore or First Health benefit level for required Urgent Care while traveling in an area where there is not a OneCare Provider or an Encore Provider (those residing in Indiana) or a First Health Network Provider (those residing outside Indiana).

**Advantage Option**  
**October 1, 2023 – September 30, 2024**  
**Subscribers Living Outside OneCare Service Area and Their Dependents**

<i>All figures reflect the amount you pay for Covered Health Services.</i>		<b>OneCare Professional Provider</b>	<b>OneCare Facilities</b>	<b>Other Encore or First Health Provider<sup>1</sup></b>	<b>Providers not in OneCare, Encore or First Health</b>
<b>Annual Deductibles</b>	Apply per Benefit Year to all services with Co-insurance or Co-payment marked with an asterisk.				
	<b>Per Covered Person</b>	\$800			Not Covered
	<b>Family Limit</b>	\$1,600			
<b>Maximum Out-of-pocket</b>	Includes Deductible and Medical Co-payments; Excludes Rx Co-payments				
	<b>Per Covered Person</b>	\$3,000		\$5,100	Not Covered
	<b>Family Limit</b>	\$6,000		\$10,200	
<b>Preventive Care</b>	Well baby care, routine annual exams for individuals over age 2, plus FDA-approved contraceptives and sterilization procedures for women.	Covered in full			Not Covered
<b>Routine Vision Services</b>	One routine exam per Benefit Year	Covered in full			Covered in full
<b>Physician Office Services</b>	<b>Primary Care Physician (PCP)</b>	\$20 co-pay + 20% for Dx and procedures		\$40 co-pay + 30% for Dx and procedures	Not Covered
	<b>Specialist</b>	\$35 co-pay + 20% for Dx and procedures		\$55 co-pay + 30% for Dx and procedures	Not Covered
<b>Allergy Services</b>	<b>Injections and Testing</b>	20%		30%	Not Covered
	<b>Serum</b>	20%*		30%*	Not Covered
<b>Inpatient Services</b>	<b>Inpatient Hospital</b>	20%*	20%*	30%*	Not Covered
	<b>Skilled Nursing Facility</b> (60 day limit per Benefit Year)	20%*	20%*	30%*	Not Covered
<b>Organ/Tissue Transplants</b>	Covered transplants other than cornea and kidney. Cornea and kidney covered the same as other condition.	20%*	20%*	20%* if COE otherwise Not Covered	Not Covered
<b>Outpatient Services</b>	<b>Ambulatory Hospital and Outpatient Surgery:</b> Performed in a hospital or Ambulatory Care Center.	20%*	20%	30%*	Not Covered
	<b>Advanced Imaging:</b> CTs, PETs, MRIs, MRAs and sleep studies	20%*	20%	30%*	Not Covered
	<b>Other Imaging and Lab:</b> Laboratory and radiology services that are not Advanced Imaging	20%*	20%	30%*	Not Covered
<b>Outpatient Therapy</b>	Speech, occupational and physical therapy	20%*		30%*	Not Covered
		Max of 30 visits per condition. If different types of Therapy performed on the same day, each considered a separate Therapy visit			
<b>Emergency Services</b>	<b>Hospital Emergency Room:</b> Emergency Medical Conditions. (If admitted, see Inpatient Services.)	20%*	20%*	20%*	Same as if OneCare
	<b>Hospital Emergency Room:</b> Other conditions	20%*	\$300 co-pay per visit then 20%*	\$300 co-pay per visit then 30%*	Not Covered
	<b>Urgent Care Center</b> (not Hospital emergency room)		\$35 co-pay + 20% for Dx & procedures	30%*	Not Covered <sup>2</sup>
	<b>Ambulance</b> (per use)		20%*	20%*	Same as if Encore/ First Health Provider
<b>Home Health Care/DME</b>		20%*	20%*	30%*	Not Covered
<b>Chiropractic Services</b>	Spinal manipulation. Diagnostic services and x-rays covered under Outpatient Services – Advanced Imaging or Other Imaging and Lab	\$35 co-pay		\$55 co-pay	Not Covered
<b>Hospice Services</b>		Max of 20 visits per Benefit Year			Not Covered
<b>Hospice Services</b>		20%*	20%*	30%*	Not Covered
<b>Infertility Treatment</b>	Subject to \$10,000 Medical Lifetime Maximum	50%	50%	50%	Not Covered
<b>Diabetes Training</b>	Copay waived if part of Deaconess Wellness Care Plan	\$20 co-pay	\$20 co-pay	Not Covered	Not Covered
<b>Maternity Services</b>		Covered the same as any other condition			Not Covered
<b>Mental Health Services Chemical Dependency/ Substance Abuse</b>	<b>Office Visit</b>	\$20 co-pay		\$20 co-pay	Not Covered
	<b>Outpatient</b>	20%	20%	20%	Not Covered
	<b>Inpatient</b>	20%*	20%*	20%*	Not Covered

\* After Deductible

<sup>1</sup> For employees residing in Indiana, the Encore network applies. For employees residing outside of Indiana, the First Health network applies.

<sup>2</sup> Urgent Care Center services are covered at the Other Encore or First Health benefit level for required Urgent Care while traveling in an area where there is not a OneCare Provider or an Encore Provider for those residing in Indiana or a First Health Network Provider for those residing outside Indiana.

# Preventive Services Covered Under the Medical Options of The Deaconess Health System Employee Health Benefit Plan

## Child Preventive Care (birth to 18 years)

*Preventive physical exams, including routine, periodic, and school enrollment physical exams*

### Age-appropriate screening tests:

- Blood pressure
- BRCA risk assessment and genetic counseling/testing for women with family history
- Comprehensive metabolic panel
- Fluoride supplement for children birth to 6 years old
- Folic acid supplements for women of childbearing age
- Healthy diet and physical activity for individuals with cardiovascular disease risk factors
- Healthy weight and weight gain behavioral counseling during pregnancy
- Hearing screening (as part of complete physical examination)
- Height, weight and body mass index (BMI)
- Hepatitis B screening for those at high risk
- HIV screening for adolescents age 15 or older
- Intimate partner violence screening for women of childbearing age
- Low-dose aspirin after 12 weeks' gestation in women at high risk for preeclampsia
- Newborn screenings, including well-baby care and well-child care, based on the American Academy of Pediatric Guidelines
- Oral health assessment
- Pelvic exam, including screening for cervical cancer
- Routine blood count
- Screening and counseling for obesity
- Screening and counseling for sexually transmitted infections
- Screening for depression
- Screening for Latent tuberculosis infection – for those at an increased risk
- Screening for lead exposure – **For children at risk of exposure**
- Screening for syphilis for nonpregnant women who are at increased risk
- Screening for syphilis for pregnant women
- Skin cancer behavioral counseling (persons 6 months – 18 years with fair skin types to reduce risk)
- Testing, Developmental and behavioral assessments
- Tobacco use intervention for school-aged children and adolescents
- Vision screening (as part of complete physical examination) including detection for amblyopia or its risk factors – **Up to Age 6**

### Immunizations:

Current Childhood and Adolescent Immunization Schedule as approved by the Advisory Committee on Immunization Practice (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP)

- Hepatitis A vaccine
- Hepatitis B vaccine
- Diphtheria, Tetanus, Pertussis vaccine
- Varicella (chicken pox)
- Influenza (flu) virus vaccine
- Pneumococcal (pneumonia) vaccine
- Human Papillomavirus (HPV) vaccine
- Haemophilus influenza type b (Hib) vaccine
- Poliovirus vaccine
- Measles virus vaccine, Mumps virus vaccine, Rubella virus vaccine (MMR)
- Meningococcal (meningitis)
- Rotavirus
- Covid-19 Vaccine

Be advised this is not an all-inclusive listing. Coverage for Preventive Health Benefits can change based upon Affordable Care Act (ACA) regulations. For a full listing of services covered for preventative care, please go to the United States Preventive Task Force. (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>)

# Preventive Services Covered Under the Medical Options of The Deaconess Health System Employee Health Benefit Plan

## Adult Preventive Care (19 years and older)

*Adult routine physical examinations, including preventive physical exams*

### Age-appropriate screening tests:

- Advance Care Planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; face-to-face with the patient, family member(s), and/or surrogate
- Annual dilated eye examination for diabetic retinopathy
- Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery
- Aortic aneurysm screening (men) – anyone who has smoked, ages 65 -75
- Blood pressure
- Bone density test to screen for osteoporosis, including routine bone density testing for women
- BRCA risk assessment and genetic counseling/testing for women with family history
- Breast cancer screening, including routine screening mammograms; additional mammography views required for proper evaluation and any ultrasound services for screening of breast cancer, if determined Medically Necessary by your Physician, are also covered – Yearly after age 40
- Breastfeeding support supplies and counseling
- Cervical dysplasia screening
- \*Cologuard test – yearly after age 45
- \*Colonoscopy – every 3 years after age 45
- \*Colorectal cancer screening including barium enema, flexible sigmoidoscopy and CT colonography (as appropriate) – every 3 years after age 45.
- Contraceptive counseling and FDA-approved contraceptive medical services
- Diabetes screening
- Diabetes self-management training for individuals with insulin dependent diabetes, non- insulin dependent diabetes or elevated blood glucose levels when Medically Necessary, ordered by a Physician or a podiatrist and provided by a healthcare professional who is licensed, registered or certified under state law.
- Eye chart vision screening
- \*Fecal occult blood test – yearly after age 45
- \*FIT- DNA Testing – every 1 or 3 years
- \*FIT Testing – every year
- Folic acid supplements for women of childbearing age
- General Health Panel (Comprehensive metabolic panel, blood count, complete (CBC), automated and automated differential WBC count)
- Height, weight, and BMI
- Hemophilus influenza b (Hib) vaccine for adults
- Hepatitis B screening for those at high risk
- Hepatitis C screening – one time only for anyone born between 1945-1965
- HIV screening
- HPV screening – Every 5 years beginning at age 30
- Intervention services (includes counseling and education);
  - Counseling related to aspirin use for the prevention of cardiovascular disease (does not include coverage for aspirin) - 50 to 69 years old
  - Counseling related to chemoprevention for women with a high risk of breast cancer
  - Genetic counseling for women with a family history of breast or ovarian cancer
  - Healthy diet and physical activity for individuals with cardiovascular disease risk factors
  - Healthy weight and weight gain behavioral counseling during pregnancy
  - Primary care intervention to promote breastfeeding
  - Screening and behavioral counseling related to alcohol
  - Screening and behavioral counseling related to tobacco use, including pharmacotherapy
  - Screening and counseling for interpersonal and domestic violence
  - Screening and counseling for obesity
- Intimate partner violence screening for women of childbearing age

\*Examinations and tests will be covered as recommended by the current American Cancer Society guidelines or by the United States Preventive Services Task Force guidelines (for services with an "A" or "B" rating)

Continue on Next Page 

# Preventive Services Covered Under the Medical Options of The Deaconess Health System Employee Health Benefit Plan

## Adult Preventive Care (19 years and older)

*Adult routine physical examinations, including preventive physical exams*

- Lipid Panel (lipid profile)
- Lipid screening for men 20-35, women 20-40 if at high risk, and (2) men over 35, women over 45 if normal risk
- Low-dose aspirin after 12 weeks' gestation in women at high risk for preeclampsia
- Obesity screening and counseling for adults with a BMI of 30 or higher to include intensive, multicomponent behavioral interventions
- Osteoporosis screening for postmenopausal women under age 65 at increased risk of osteoporosis
- Osteoporosis screening for women 65 or older
- Pelvic exam and Pap test, including screening for cervical cancer
- Prostate cancer screening including digital rectal exam and routine prostate specific antigen (PSA) testing - Yearly after age 50 up to age 70
- Rabies vaccine
- Routine hearing screening
- Screening during pregnancy (including but not limited to, gestational diabetes, hepatitis, preeclampsia, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV)
- Screening for depression
- Screening for Latent tuberculosis infection – for those at an increased risk
- Screening for sexually transmitted infections
- Screening for syphilis for nonpregnant women who are at increased risk
- Screening for syphilis for pregnant women
- Skin cancer behavioral counseling (persons 19 – 24 years with fair skin types to reduce risk)
- Statin preventive medication for adults age 40 to 75 with no history of cardiovascular disease, one or more cardiovascular disease risk factors, and a calculated 10-year cardiovascular disease event risk of 10 percent or greater
- Ultrasound services for screening of breast cancer, if determined Medically Necessary by your Physician

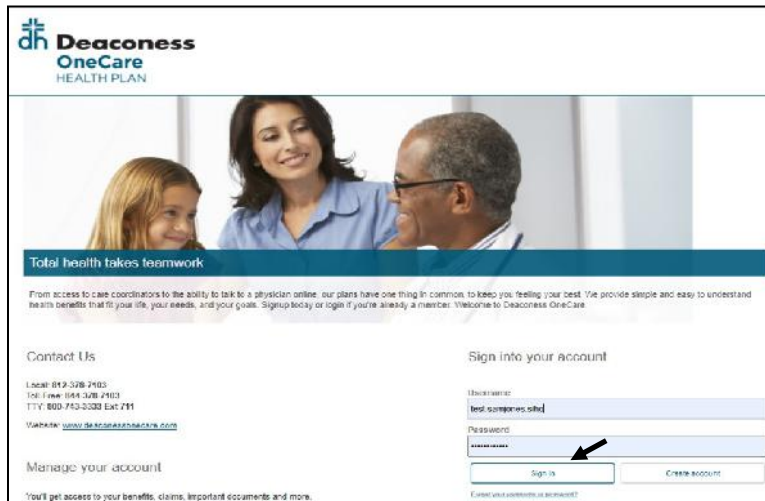
## Immunizations:

Adult Immunization Schedule by age and medical condition as approved by the Advisory Committee on Immunization Practice (ACIP) and accepted by the American College of Gynecologists (ACOG) and the American Academy of Family Physicians (AAFP) and recommendations by Physician.

- Hepatitis A vaccine
- Hepatitis B vaccine
- Diphtheria, Tetanus, Pertussis vaccine
- Varicella (chicken pox)
- Influenza (flu) virus vaccine
- Pneumococcal (pneumonia)
- Covid-19 Vaccine
- Human Papillomavirus (HPV) vaccine
- Measles virus vaccine, Mumps virus vaccine, Rubella virus vaccine (MMR)
- Meningococcal (meningitis)
- Zoster (shingles)

Be advised this is not an all-inclusive listing. Coverage for Preventive Health Benefits can change based upon Affordable Care Act (ACA) regulations. For a full listing of services covered for preventative care, please go to the United States Preventive Task Force. (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>)

# ACCESSING YOUR MEMBER PORTAL



Visit [www.deaconessonecare.com](http://www.deaconessonecare.com) to access the member portal.

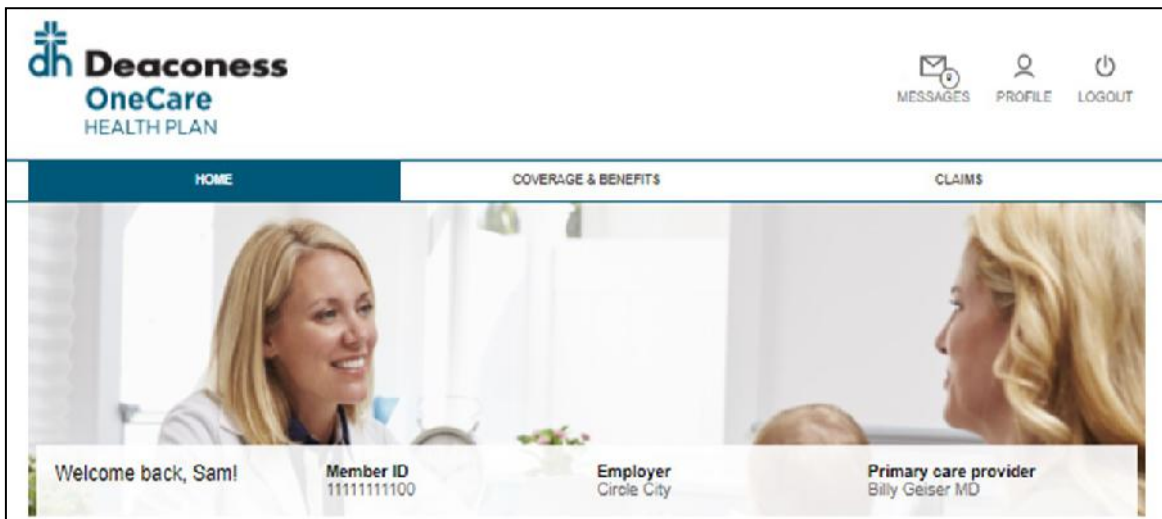
Existing users, click "Sign in". If you are a new user, click "Create account".

You may be directed to select a specific health plan when creating your account. If you are unsure which plan you should select, please contact us.

**Member Services**  
**Member.Services@DeaconessOneCare.com**  
**(844) 378-7103**

As a feature of your health care benefits, we provide secure internet access to give you information you need anytime you need it.

Some of the following features.



## Claims

We provide quick access to your claims status and eligibility information. You can track your medical claims as they move through the claims processing system.

## Utilization

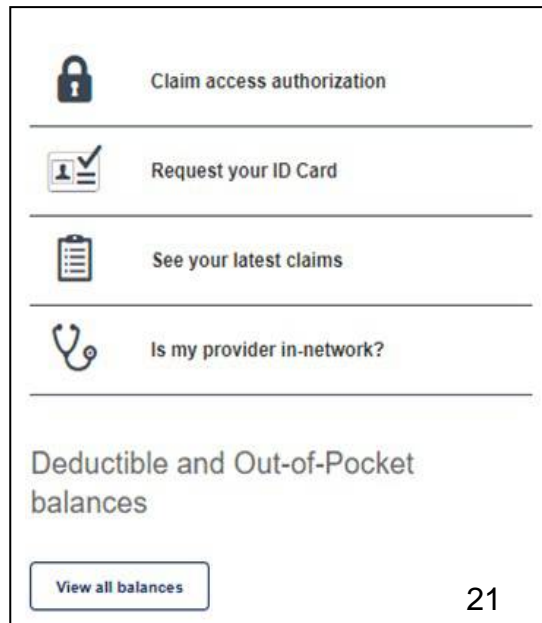
View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage.

## Provider Lookup

Search for healthcare providers in your network by Specialty, Name or Location.

## Plan Documents

Verify benefits related to your current plan.



# Use Deaconess Clinic Urgent Care Video Visits... Free!

Convenient video visits for minor illnesses if you have a Deaconess insurance plan.

To access the FREE version of DC Video Visits, you must go through the employee page of the Deaconess website. You can get to that page in two ways.

1. Type **www.deaconess.com/DHSLive** into the address bar of your web browser. Hit enter to go directly to the free page for employees.
2. Go to the Deaconess website at **www.deaconess.com**. At the top of the page, on the right side, click on “For You.” When the next page opens, choose the box that says “Employees.” On the next page, select the box that says “Employee Services.” Finally, click on “Deaconess Clinic Video Visits,” and you’ll go to the free page for employees.

Once on this page, follow the instructions to schedule a secure, live, interactive video visit with a Deaconess provider.

**Available 365 days a year from 8:00 AM - 8:00 PM.**

This service can be used by new or current patients, age 2 years and older, who are physically located anywhere in Indiana, Kentucky, Illinois and other states.\*



## CONDITIONS TREATED

- ▶ Sinus Infection
- ▶ Cough and Flu
- ▶ Nausea
- ▶ Diarrhea
- ▶ Rashes
- ▶ Sunburn
- ▶ Allergies
- ▶ UTI in Women
- ▶ Pink Eye



[deaconess.com/DHSLive](http://deaconess.com/DHSLive)

\*Other states include Michigan and Missouri



# Deaconess Immediate Care Options

**Did You Know** that as a Deaconess employee, you and your immediate family have access to **Deaconess RN OnCall?**

RN OnCall is available **24 hours a day, 7 days a week**, including holidays. If you aren't sure if you should call your doctor or seek medical help for a particular problem, you can call our RN OnCall, and he or she will use a medically pre-approved set of guidelines and tell you what level of care you need, if any.

**This can save you time and money** by avoiding an emergency room visit for a problem that could be addressed by your doctor. Or it could prevent you from waiting to see a doctor when it is a more urgent matter that should be taken care of in the emergency room. This can be particularly helpful if you are traveling. Just call our toll-free number at **1-800-967-6795**. Or use one of the options shown below.

	MD office	DC Video Visits*	DC EXPRESS*	Urgent Care*	Emergency Room
Animal Bites	Check with Provider			✓	<ul style="list-style-type: none"> <li>• Sudden loss of consciousness</li> <li>• Signs of heart attack (sudden/severe chest pain or pressure)</li> <li>• Signs of stroke (numbness of face, arm or leg on one side of body, difficulty talking)</li> <li>• Severe shortness of breath</li> <li>• High fever with stiff neck, mental confusion, and/or difficulty breathing</li> <li>• Coughing up or vomiting blood</li> <li>• Cut or wound that won't stop bleeding</li> <li>• Possible broken bone</li> <li>• Poisoning</li> <li>• Stab wound</li> <li>• Sudden, severe abdominal pain</li> <li>• Trauma to the head</li> <li>• Suicidal feelings</li> <li>• Partial or total amputation of limb</li> </ul>
Stitches	Check with Provider		Check with Provider	✓	
X-ray	Check with Provider			✓	
Back pain	✓		✓	✓	
Mild Asthma	✓		✓	✓	
Headache/Migraine	✓	✓	✓	✓	
Sprain, Strain	✓			✓	
Nausea, Vomiting	✓	✓	✓	✓	
Bumps, Cuts, Scrapes	✓			✓	
Burning with Urination	✓	✓	✓	✓	
Cough, Sore Throat	✓	✓	✓	✓	
Ear or Sinus Infection	✓	✓	✓	✓	
Eye Swelling, Redness	✓	✓	✓	✓	
Minor Allergic Reaction	✓		✓	✓	
Minor Fever, Colds	✓	✓	✓	✓	
Rash, Minor Bumps	✓	✓	✓	✓	
Vaccination	✓			✓	

\* Learn more about these services at [deaconess.com/UrgentCare](http://deaconess.com/UrgentCare)

**Open 7 days a week, 8 AM – 8 PM.**

**North Park**  
4506 First Ave.  
812-428-6161

**Gateway**  
4011 Gateway Blvd.  
812-858-2100

**Henderson**  
2242 US Hwy. 41  
270-844-8515

**Pediatric Urgent Care**  
4209 Gateway Blvd.  
812-842-2800

**Deaconess Clinic EXPRESS North**  
2622 Menards Dr.  
812-450-2622

**Deaconess Clinic EXPRESS Mt. Vernon**  
813 E 4th St.  
812-450-1325

**Deaconess Clinic EXPRESS Downtown**  
120 S.E. Fourth St.  
812-450-1055

**Deaconess Clinic EXPRESS Princeton**  
1414 W. Broadway St.  
812-385-5283

**Deaconess Clinic EXPRESS Owensboro**  
2710 Heartland Crossing  
270-215-3100

**Deaconess Clinic EXPRESS Boonville**  
3150 Warrick Dr.  
812-450-6430

# October 1, 2023 – September 30, 2024

## Prescription Drug Benefits

### Advantage and Standard Medical Options

The Prescription Drug benefits which follow apply to both the Advantage and the Standard options.

	Deaconess Family Pharmacy	Optum Network Pharmacy	Non-Network Pharmacy
Maximum Out-of-Pocket	\$2,200 Per Covered Person \$4,400 Family Limit		
<b>30 Day Supply or Less</b>			
Generic	10%: \$7 Min to \$35 Max	20%: \$15 Min to \$50 Max	Not Covered--you pay 100%
Preferred Brand <sup>1</sup>	20%: \$45 Min to \$60 Max	30%: \$60 Min to \$80 Max	
Non-Preferred Brand <sup>1</sup>	25%: \$70 Min to \$85 Max	30%: \$95 Min to \$120 Max	
Generic Specialty Medication	25%: \$175 Max	Not Covered <sup>2</sup>	
Branded Specialty Medication	25%: \$275 Max	Not Covered <sup>2</sup>	
Smoking Cessation Medications <sup>1,3</sup>	\$0	\$0	
Contraceptives <sup>1</sup>	\$0	\$0	
Infertility Medication <sup>4</sup>	50% - subject to annual max	Not Covered	
<b>Over 30 Day, Up to 90 Day Supply</b>			
Generic	10%: \$20 Min to \$75 Max	Not Covered--You pay 100%	Not Covered--you pay 100%
Preferred Brand <sup>1</sup>	20%: \$110 Min to \$150 Max		
Non-Preferred Brand <sup>1</sup>	25%: \$175 Min to \$210 Max		
Specialty Medication	Not Covered		
Smoking Cessation Medications <sup>1,3</sup>	\$0		
Contraceptives <sup>1</sup>	\$0		
Infertility Medication <sup>4</sup>	50% - subject to annual max		
<b>Diabetic testing supplies are covered under the prescription drug benefit. Excluded drugs approved via clinical override will process at 100% member responsibility</b>			

<sup>1</sup> If a Generic equivalent is available and either a Preferred Brand or Non-Preferred Brand drug is dispensed, the Covered Person pays the applicable cost share plus the difference in cost between the Generic version and the drug received.

<sup>2</sup> Fills of designated Specialty Medications will only be covered by the Plan if filled by the Deaconess Family Pharmacy or Optum Specialty pharmacy. However, for Members who are COBRA beneficiaries, Retirees or Eligible Dependents of a Retiree and who reside in a state outside the Deaconess Family Pharmacy's service area, fills of designated Specialty Medications will be covered, with the Deaconess Family Pharmacy member cost-sharing applied, if filled through Optum Specialty pharmacy.

<sup>3</sup> All FDA-approved tobacco cessation medications, when prescribed by a physician, are covered, including over-the-counter medications. A Covered Person may obtain up to two 90-day treatment regimens per year; quantity limits may apply.

<sup>4</sup> Infertility medications are subject to a \$5,000 annual maximum combined for 30 Day Supply or Less and Over 30 Day, Up to 90 Day Supply. Out-of-pocket contributions incurred under the infertility benefit do not apply to out-of-pocket limits for non-infertility benefits.

### OptumRx Website

You may find additional information about your prescription benefit at [www.optumrx.com](http://www.optumrx.com). You must first create an account, as follows:

1. For new accounts, click on the "Register or Login" button.
2. To create your Healthsafe ID account, enter the required information from your Prescription card.
3. Create your user credentials.

Once your account has been created you will have access to the following information:

- Overview of your plan and benefits
- Drug coverage and pricing, including co-pays
- Direct member reimbursement form
- Prescription history
- Order Status
- Participating pharmacies

If you have any questions regarding your prescription benefit or to find an Optum Network pharmacy, do not hesitate to call the Optum Customer Service Help Desk at 800-506-4605.

# Deaconess Family Pharmacy Quick Facts

Deaconess Family Pharmacy operates three full-service outpatient pharmacy locations for your convenience:

<p><b><u>Deaconess Family Pharmacy Midtown</u></b> Located within Deaconess Hospital Midtown 600 Mary Street, Evansville Quickest access is via the West Entrance; follow the signs to the pharmacy. Access and parking are also available at the rear of the building along Edgar Street.</p>	<p><b><u>Pharmacy Hours for Midtown:</u></b> Monday-Friday 7:00 AM – 7:30 PM Saturday 10:00 AM – 4:00 PM Sunday Closed</p>
<p><b><u>Deaconess Family Pharmacy Gateway</u></b> Located at 4209 Gateway Boulevard, Newburgh, on the first floor or Gateway MOB2. Drive-thru service is available.</p>	<p><b><u>Pharmacy Hours for Gateway:</u></b> Monday-Friday 7:00 AM – 7:30 PM Saturday 10:00 AM – 4:00 PM Sunday Closed</p>
<p><b><u>Deaconess Family Pharmacy Henderson</u></b> Located on the ground floor of the South Tower inside Deaconess Hospital Henderson at 1305 N. Elm Street, Henderson, KY.</p>	<p><b><u>Pharmacy Hours for Henderson:</u></b> Monday to Friday 6:00 AM – 6:00 PM Saturday 10:00 AM – 4:00 PM Sunday Closed <i>Prescription processing is Monday through Friday 8:00 AM – 4:30 PM</i></p>

You may contact Deaconess Family Pharmacy at 812-450-DRUG (450-3784.)  
Follow the prompts to select the desired pharmacy location.

## Mail Order

Mail service is available from the **Deaconess Family Pharmacy** at Deaconess Midtown Hospital. Prescriptions for a 90-day supply can be mailed at no additional cost to addresses in Indiana, Kentucky and Illinois. Prescriptions for less than a 90-day supply will incur a \$5 mailing charge per shipment. Contact the Pharmacy staff for more information.

## Maintenance Medications

Maintenance medications are defined as medications you must take on a monthly basis, with the exception of narcotics. You may receive two 30-day fills of a maintenance medication at the **Deaconess Family Pharmacy** or any other Optum network pharmacy of your choice. It is important to note that you will be required to obtain your third and subsequent fills of maintenance medications from the **Deaconess Family Pharmacy**.

## Step Therapies/Quantity Limits/Formulary Exclusions

Prior authorization is required for certain medications. Quantity limits apply to certain medications. For some medications, you may need to try another therapeutically equivalent drug before the prescribed medication will be covered. Items excluded from formulary will require a change to an equivalent alternative.

## Specialty Pharmacy

There are certain complex medications that have special storage and handling requirements. These include costly injectable and oral medications and select chemotherapeutic medications. They are considered specialty medications. If you are taking a specialty medication, you must fill your prescription with Deaconess Family Pharmacy or Optum Specialty pharmacy. Effective October 1, 2020, you must participate in the manufacturer's copay support program that applies to your medication.

### Important Notes

- Third and subsequent fills of maintenance medications will only be covered by the Plan if filled by the Deaconess Family Pharmacy.
- Pre-authorization is required for certain medications. Quantity limits apply to certain medications. Before some medications are covered, certain criteria must be met or another drug in the same therapeutic class must have been tried. Formulary exclusions will require a change to an equivalent alternative.



# PARAMOUNT

*Affiliate of ProMedica*

You and your family have the opportunity to enroll in a dental plan through Paramount Dental.

### Members using participating network providers enjoy:

- No deductibles
- No claim forms
- No waiting periods
- No pre-existing condition clause
- No balance billing
- A large dentist network, including specialists
- Exams, x-rays, routine cleanings, and fluoride covered at 100% with few limitations

### Other Benefits include:

- Dependents covered up to age 26, regardless of student status
- High Annual Maximum – that amount is per person per contract year
- Orthodontic services are payable at 50% up to the lifetime maximum benefit of \$2,000\* on the Prime Plan

\*Once an individual has exhausted his/her lifetime maximum benefit under any Paramount Dental plan, additional charges will be excluded. This includes benefits received from employers outside of Deaconess.

Most tri-state dentists are providers in the Paramount Dental network. To ensure your dentist is participating, please visit the [insuringsmiles.com](http://insuringsmiles.com) website and click "Find a Dentist".

Every time you use Dental Health Options, you will receive an Explanation of Benefits that confirms claim status. You may also request your dentist to submit a Pre-Treatment estimate prior to treatment so that you may know exactly how much your out-of-pocket expenses may be. This is a free service.

A summary chart of the two dental plans is on the next page.

### Employee Contribution Chart

Effective October 1 thru September 30

Dental				
Employee Bi-Weekly Rates	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Basic Plan	\$6.87	\$15.00	\$15.00	\$22.57
Prime Plan	\$8.91	\$19.42	\$19.42	\$29.21

### CUSTOMER SERVICE

(800) 727-1444

[www.insuringsmiles.com](http://www.insuringsmiles.com)

**Coverage for some procedures is limited by age, frequency, or specific teeth.**

# Deaconess Health System: Dental Plan Options

Visit [insuringsmiles.com](http://insuringsmiles.com) to see if your dentist is a part of our network.

You and your family have the opportunity to enroll in a Paramount Dental plan. This year, you can choose from two plan options. Paramount Dental members enjoy:

- No deductibles.
- No claim forms.
- No pre-existing conditions.
- No balance billing.
- Large provider network.
- Dependents covered up to age 26.
- Routine cleanings, exams, X-rays and fluoride covered.
- High annual maximum.

We also offer you the chance to know exactly what a procedure will cost with our pre-treatment estimate. This free service is available with all in-network providers.

Plan Annual Maximum Benefit	BASIC PLAN (DHO 6)		PRIME PLAN (DHO 4)	
	\$1000		\$2000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Diagnostic and Preventive</b>				
Exams – periodic, limited, comprehensive	100%	100%	100%	100%
Radiographs – full mouth series, panoramic, bitewings	100%	100%	100%	100%
Fluoride	100%	100%	100%	100%
Routine teeth cleaning	100%	100%	100%	100%
Sealents	100%	100%	100%	100%
<b>Restorative and Prosthodontics</b>				
Core build ups	50%	50%	80%	80%
Crowns – porcelain, ceramic, stainless steel	50%	50%	80%	80%
Filings – silver or white (anterior and posterior teeth)	50%	50%	80%	80%
Protective restorations	50%	50%	80%	80%
Removable dentures	50%	50%	50%	50%
<b>Endodontics and Periodontics</b>				
Root canal therapy – anterior, posterior	50%	50%	80%	80%
Root canal therapy – retreatment	50%	50%	80%	80%
Scaling and root planning	50%	50%	80%	80%
Full mouth debridement	50%	50%	50%	50%
Periodontal maintenance	50%	50%	50%	50%
<b>Oral Surgery</b>				
Frenectomy	50%	50%	80%	80%
Simple extractions	50%	50%	80%	80%
Impactions	50%	50%	80%	80%
Surgical extractions	50%	50%	80%	80%
<b>Miscellaneous</b>				
Emergency palliative treatment	50%	50%	50%	50%
Anesthesia – general and IV sedation	50%	50%	50%	50%
Athletic mouth guards	50%	50%	50%	50%
<b>Orthodontia</b>				
Lifetime Orthodontic benefit (adult/dependent)	Not included		Included (\$2000 Lifetime Maximum)	

View your benefit summary for a list of complete benefits.

**Questions**  Call us at 800-727-1444

 **PARAMOUNT DENTAL**  
Affiliate of ProMedica

# A LOOK AT YOUR VSP VISION COVERAGE



## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM DEACONESS HEALTH SYSTEM, INC. AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

### PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including **thousands of private practice doctors and over 700 Visionworks retail locations** nationwide.



### USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Employee Contribution for Vision Insurance Vision Premium Options Bi-Weekly Rates		
	Basic	Premier
Employee Only	\$2.66	\$5.31
Employee + Spouse	\$5.31	\$10.61
Employee + Children	\$5.69	\$11.35
Employee + Family	\$9.09	\$18.15

### GET YOUR PERFECT PAIR

**EXTRA \$20** + UP TO **40%**  
TO SPEND ON FEATURED FRAME BRANDS\* | SAVINGS ON LENS ENHANCEMENTS

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).



**Enroll today.**

Contact us: **800.877.7195** or [vsp.com](https://vsp.com)

## YOUR VSP VISION BENEFITS SUMMARY

DEACONESS HEALTH SYSTEM, INC. and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

## PROVIDER NETWORK:

VSP Choice

## EFFECTIVE DATE:

10/01/2022



BENEFIT	DESCRIPTION	COPAY
<b>STANDARD PLAN COVERAGE WITH A VSP PROVIDER</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every plan year*</li> </ul>	\$10
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam
<b>PRESCRIPTION GLASSES</b>		\$25
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$150 frame allowance</li> <li>\$170 featured frame brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart®/Sam's Club®/Costco® frame allowance</li> <li>Every other plan year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every plan year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every plan year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every plan year</li> </ul>	Up to \$60

BENEFIT	DESCRIPTION	COPAY
<b>PREMIER PLAN COVERAGE WITH A VSP PROVIDER</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every plan year*</li> </ul>	\$10
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> <li>Available as needed</li> </ul>	\$0 per screening \$20 per exam
<b>PRESCRIPTION GLASSES</b>		\$25
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$150 frame allowance</li> <li>\$170 featured frame brands allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart®/Sam's Club®/Costco® frame allowance</li> <li>Every plan year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every plan year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>UV protection</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every plan year</li> </ul>	\$0 \$0 \$95 - \$105 \$150 - \$175
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every plan year</li> </ul>	Up to \$60
<b>VSP EASYOPTIONS (MEMBERS CAN CHOOSE ONE OF THESE UPGRADES)</b>	<ul style="list-style-type: none"> <li>An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$70 contact lens allowance.</li> <li>Every plan year</li> </ul>	Included in Prescription Glasses

<b>EXTRA SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Routine Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>
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### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50	Progressive Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65	Contacts .....	up to \$105
Single Vision Lenses .....	up to \$30				

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

\*Plan year begins in October

## Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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# A Vision Plan With A Personalized Twist



You and your eyes are unique, so your vision coverage should be too. With VSP® EasyOptions, it's easy and affordable to personalize your benefits.

## Personalized Coverage for All

Everyone on your plan gets the comprehensive vision coverage you expect, like eye exams, glasses, and savings on lens upgrades. Plus, with VSP EasyOptions, you get to choose your coverage from a variety of covered upgrades during your in-network doctor's visit.

Here's How It Works:



Create an account on **vsp.com**.



Schedule an eye exam with a VSP network doctor.



Choose an upgrade at your doctor's visit.

## Meet the Smiths.

See how they personalized their coverage.



Mom chose a higher frame allowance to get designer glasses.

Jada chose anti-glare lenses to help reduce glare and eye strain.

Dad chose progressive lenses to help him see near and far.

### Choose Your Upgrade

**\$250 Frame Allowance**  
OR  
**Anti-glare Lenses**  
OR  
**Progressive Lenses**  
OR  
**Light-reactive Lenses**

OR

**INSTEAD OF GLASSES**

**\$200 Contact Lens Allowance**

Check your member benefits summary for plan details. Visit [vsp.com](http://vsp.com) or call 800.877.7195.



# TruHearing Hearing Aid Discount Program

**vsp**™ exclusive member extras

VSP® Vision Care members can save up to 60% on the latest brand-name prescription and over-the-counter hearing aids. Dependents and even extended family members are eligible for exclusive savings too.

**TruHearing**®  
[truhearing.com/vsp](https://truhearing.com/vsp)

## Hearing loss is growing in the workplace

Like vision loss, hearing loss can have a huge impact on productivity and overall quality of life. Unfortunately, 38 million Americans need hearing aids, 70% of the people with hearing loss don't treat it, and only 30% seek treatment.<sup>1</sup> And the high cost of hearing aids is a major factor keeping people from addressing their hearing loss.

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*Ninety-six percent of customers surveyed would recommend TruHearing to their friends and family.<sup>2</sup>*

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## More than just great pricing

TruHearing also provides members with:

- One year of follow-up visits for fittings, adjustments, and cleanings
- A 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid on all non-rechargeable aids

## Plus, members get:

- Access to a national network of more than 7,000 hearing healthcare providers
- Straightforward, nationally fixed pricing on a wide selection of the latest brand-name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if your organization already offers a hearing aid allowance, members can combine it with TruHearing prices to reduce their out-of-pocket expense even more!

Over-the-counter hearing aids are also available through phone or online orders.<sup>3</sup>

## Here's how it works:

### Contact TruHearing.

Members and their family call **877.396.7194** and mention VSP.

### Schedule exam.

TruHearing will answer questions and schedule a hearing exam with a local provider.

### Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

**Learn more about this VSP Exclusive Member Extra at [truhearing.com/vsp](https://truhearing.com/vsp) or call 877.396.7194 with questions.**

1. Kochkin S. MarkeTrak VIII: The key influencing factors in hearing aid purchase intent. Hearing Review. 2012; 19(3):12-25. "Quantifying the Obvious: The Impact of Hearing Instruments on Quality of Life." The Hearing Review. Kochkin and Rogin. Jan 2000. 2. Based on a 2018 satisfaction study of VSP members. 3. Over-the-counter hearing aids are different from prescription hearing aids.

VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit [vsp.com/offers/special-offers/hearing-aids/truhearing](https://vsp.com/offers/special-offers/hearing-aids/truhearing). For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).

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## Flexible Spending Accounts (FSA)

FSA's are pre-tax reimbursement accounts administered by Employee Benefits Corporation (EBC). When budgeting money for either FSA, be conservative. Under IRS rules, any money you don't use for expenses during the plan year is forfeited. Also, please keep in mind that you may not transfer money from one account to another.

### Health Care FSA

- Used for healthcare expenses not covered by insurance.
- The annual minimum election is \$100 and the plan maximum \$3,050.
- Debit card for pharmacy, dental and vision expenses. A debit card will be mailed to the employees' home address.
- If enrolled in the medical plan, medical claims will be auto-substantiated and reimbursement is sent to you for all eligible claims.
- If not enrolled in the medical plan, employees will need to submit all medical claims manually to receive reimbursement.

### Dependent Care FSA

- Used for Child Care and Adult Care Expenses.
- The annual minimum elections is \$100 and the plan maximum \$5,000.
- Licensed and private sitters may be used as long as a receipt, with the sitter's Tax ID Number or Social Security Number clearly listed, is turned in with the claim form.
- For dependent care expenses, there is also a dependent care tax credit, which, for some people, may provide greater savings than the flexible spending account. Please consult an independent financial or tax advisor for which dependent care option best fits your needs.

## Health Reimbursement Account (HRA)

Deaconess medical insurance plans include a Health Reimbursement Account (HRA) through EBC. The HRA is a tax-free account funded by wellness activities that allow EBC to reimburse qualified, eligible medical expenses incurred by you and your covered dependents. Once an individual covered on the health plan incurs \$700 in medical expenses including copayments, deductible and coinsurance, reimbursement will occur. Families will also receive reimbursement if their combined medical expenses exceed \$1,400. An employee and spouse can each earn \$400 HRA dollars annually (\$800 maximum per year). Any unused funds will roll over at the end of each plan year up to a maximum of \$6,000.

### Online Account

A link to view your account information online can be found on MyADP → Benefit Section. Deaconess created this link inside MyADP so that you do not have to create a separate username and password for your account. You will NOT be able to set up a separate account on [www.ebcflex.com](http://www.ebcflex.com).

1. Go online to [www.deaconess.com/employees](http://www.deaconess.com/employees)
2. Click on the button titled "MyADP"
3. Sign in with your ADP Username and Password
4. Navigate to the Benefit Section
5. Select "Employee Benefits Corporation FSA & HRA" link

## HRA & FSA Medical Claim Reimbursement

If you are enrolled in one of the two Deaconess medical plans, all medical claims reimbursed from the HRA or the Health Care FSA will be automatically processed. The automated process should be disabled on your FSA if you are covered on more than one insurance policy or if you want to use the full balance of your FSA for a nonmedical expense. All medical claims must be submitted manually if the automated process is turned off or if you are not enrolled in the Deaconess medical insurance.

A Coordination of Benefits needs to be completed with EBC for your HRA account if you have more than one insurance policy.



When receiving a medical service, present your Deaconess OneCare insurance card to your provider. Your provider will send the claim to Deaconess OneCare.

Deaconess OneCare will process the claim and notify EBC what you will owe for the service.



If your claim qualifies as an eligible expense, EBC will issue a check in your name reimbursing you for the expense.

You pay the provider.



**Q. If I have both FSA & HRA, then in what order shall I receive reimbursement for medical expenses?**

A. The Health Care FSA funds will be used for pre-deductible medical expenses. Once you met \$700 in out-of-pocket medical expenses, your HRA will be used next. After you have exhausted all of your HRA funds, the claims will be processed from your remaining Health Care FSA for payment.

Any expense reimbursed through the HRA cannot also be claimed to the FSA. If you do not have an HRA, your health care claims will be sent to EBC for automatic payment from your FSA account.

If you do not want medical claims automatically paid out of your Health Care FSA, you will need to contact EBC at 1-800-346-2126. You cannot stop automatic payments from coming out of the HRA.

**Q. How do I view balances and claims for my HRA and Health Care FSA?**

A. You can view current balances and submitted claims, file new claims, and more by going to the EBC FSA HRA link on the ADP Benefits. The ADP Benefits login page can be found on [www.deaconess.com/employees](http://www.deaconess.com/employees).

**Q. Where do I find a manual claim form?**

A. The Health Care and Dependent Care FSA use the same claim form. Manual claim form can be found on My EBC Account, DWeb and [www.deaconess.com/employees](http://www.deaconess.com/employees). HRA pays automatically and claims are not filed manually.

**Q. What if I have multiple medical insurance plans? How will I receive the correct reimbursement?**

A. You need to contact EBC to set up coordination of benefits. EBC can be reached at 1-800-346-2126.

**Q. How do I get reimbursed for my Dependent Care FSA? Does it work the same as my Health Care FSA?**

A. You cannot use your EBC Benefits Card to pay for dependent care expenses. You must pay for your dependent care expenses up front and submit a claim form with documentation of the expense to EBC to receive reimbursement. Employees can receive reimbursement via paper checks or bank direct deposit.

**Q. Is there an App that I can download to submit my claims?**

A. Yes, you can search for the Employee Benefits Corporation "EBC Mobile" in your App Store.



**Q. Can you have a Healthcare FSA & Deaconess HRA?**

A. Yes.

**Q. What if I have neither account, but am interested in having one?**

A. Employees can elect a Health Care and Dependent Care FSA each year during Open Enrollment in August. Employees interested in the HRA should schedule an on-site health screening with the Deaconess Wellness Department to learn about ways to earn dollars into the account. Wellness screenings will start in October of 2023.

**Important Note about FSA Balances after the Plan Year Ends:**

You have through December 31 to submit old claims to EBC for expenses incurred prior to October 1. The claims are submitted manually to receive reimbursement. All FSA funds that are not claimed for the Plan Year from October 1 through September 30 will be forfeited after December 31. However, HRA funds will rollover every plan year until the max of \$6,000 is met.



There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your **standard health FSA** allows you to pay for eligible medical, vision, and dental expenses that are not covered by another health plan.

### Examples of Eligible Expenses for Standard Health FSAs:

#### ■ Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces

#### ■ Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

#### ■ Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication (*including insulin and birth control*)
- Prescribed Vitamins

#### ■ Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays
- At-Home COVID-19 Testing

#### ■ Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Individual Behavioral or Mental Health
- Infertility, In-vitro Fertilization
- Inpatient treatment for addiction to alcohol/drugs
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care

Continued



## ■ Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (*not for general comfort*) or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling (*except for Marriage and Family*)
- Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- Medic Alert Bracelet or Necklace
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Guide Dog (*for visually/hearing impaired person*)
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses (*essential to medical care*)
- Pregnancy Tests, Pre-Natal Vitamins

## ■ Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- First Aid Creams, Diaper Rash Ointments, Calamine Lotion, Bug Bite Medication, Wart Remover Treatments, Special Ointments/Burn Ointments, Rubbing Alcohol
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and Pads
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen with at least SPF 15
- Athletes Foot Creams and Powders, Cold Sore Remedies, Hemorrhoid Medications, Lice and Scabies Treatments, Yeast Infection Treatments

## ■ Personal Protective Equipment (PPE) to Prevent Spread of COVID-19

- Face masks (disposable or cloth), with multiple layers of material and with nose wire
- Hand sanitizer rubs and hand sanitizing wipes with at least 60% alcohol content

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.

## Examples of *Ineligible* Expenses for Standard Health FSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.

- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Household cleaning products, including surface cleaning wipes
- Face shields, neck gaiters, or face masks with vents/valves

Personal care items or services for general health are not usually eligible, but if your health care provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*.

This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the medical condition.

Sometimes a personal or general use item may be specialized for the specific purpose of treating or alleviating a medical condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A *Letter of Medical Necessity* may be requested for these items as well.



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## Annual Wellness Screening

The purpose of the wellness screening is to provide awareness and understanding of your health risks and offer ways to improve your overall health. At the wellness screening, you will have a lipid profile completed consisting of total cholesterol, HDL, LDL, triglycerides, and glucose. If you are a diabetic, an A1C is required to obtain any free supplies. All employees and spouses **MUST** complete a wellness screening with their primary care provider in order to earn the incentive.

## Earning Your Incentive

To earn your Wellness Incentive, you must complete an annual visit with your Primary Care Physician (must contain height, weight, blood pressure, cholesterol, and glucose for all; and A1C for those who have diabetes. July 1st 2023-August 1st 2024 ***(submission form will be on <https://www.deaconess.com/For-You/Employees/Employee-Benefit-Services/Employee-Wellness> or DWEB Wellness Department Page).***

## Education and Resources

Deaconess offers many health promotion and management programs to employees and their spouses through the Deaconess Wellness Solutions Department. For online education and opportunities to obtain HRA credit, please go to your MyWellness Portal.

## Wellness Screenings through PCP—What to Expect

### ❖ What tests will be performed

Your PCP should:

- Measure your height and weight
- Calculate your body mass index
- Blood pressure reading
- Obtain your lipid profile and blood glucose levels and A1C if you are diabetic

### ❖ Results entered for incentive

After your PCP appointment, you should then fill out the submission form through DWEB. It should take 1-2 weeks to get your results entered into the system and your wellness incentive to be uploaded. Once your results are uploaded, you will see a green check mark next to your incentive box on the home page of your wellness portal. The incentive box will be at the bottom of your Wellness Portal. If you are wanting to check please go to

<https://deaconess.ezonlineregistration.net/> to log-in to your MyWellness portal.

## Answers to Questions We've Received

### Q. What tests should be conducted during the wellness screening?

A. Your PCP should obtain total cholesterol, HDL-cholesterol, LDL-cholesterol, triglycerides, blood glucose levels. If diabetic, an A1C will be performed. They will also take your blood pressure and measure your height, weight and BMI. They will not test for hepatitis, HIV or illegal drugs.

### Q. I'm pregnant. Should I get my wellness screening with my PCP now or wait until I have my baby?

A. To participate in wellness incentives, you must complete an annual visit with your PCP during the current benefit year. You will need a minimum of a blood pressure entered by your PCP. **Your OBGYN visits will not count for the incentive, it must be with a PCP.**

### Q. I'm post-partum. Do I still need to complete a wellness screening with my PCP? What if I am breastfeeding?

A. To participate in wellness incentives, you must complete an annual PCP (not OBGYN) visit during the current benefit year. The screening will include blood work. If you see your PCP, you are still required to get labs. Fasting is highly recommended for best results. Please refer to the question below in regards to fasting. If you are breastfeeding, we recommend that you fast, if possible.

### Q. Do I need to fast before my annual PCP visit?

A. Yes, for the best results, you should only drink water and do not eat at all during the twelve hours prior to your screening appointment. Fasting means no food, gum, mints, or liquids other than water. Please drink plenty of water and take any medications as long as no food is required.

### Q. Are my wellness screening results confidential?

A. Only you and the healthcare professionals who assist you with your programming will have access to your personal results in order to provide the advice necessary for you to understand your health status and the steps you can take to improve it. You may request a release of information if you would like to send your results to another clinician assisting with your care.

**Q. Does my spouse need to complete and annual wellness exam with a PCP?**

A. Yes, if your spouse is on the insurance and you are wanting the incentive for them as well, they will need to complete this.

**Q. If I cover my spouse under my Deaconess medical plan, will I get a bigger incentive if my spouse also gets a wellness screening?**

A. You will both receive a Wellness Incentive if you both (employee and spouse) complete the wellness incentive requirements. .

**Q. If I don't have medical coverage through Deaconess Hospital, am I required to get a wellness screening? Can I get a screening if I want one?**

A. If you do not participate in a Deaconess medical plan, you are not required to get a wellness screening.

**Q. Will I still receive my insurance even if risk factors are identified at my screening?**

A. All employees eligible for medical insurance will receive coverage regardless of any risk factors identified during their annual exam.



## NOTICE REGARDING WELLNESS PROGRAM

### **Deaconess Wellness Program**

Deaconess Employee Wellness is a voluntary wellness program available to all beneficiaries including spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. The labs needed include a blood test for Blood Glucose, Total Cholesterol, HDL, LDL, Triglycerides, and Diabetes. The blood tests are conducted to check for areas of improvement for Hypertension, Glucose, Tobacco, BMI, Cholesterol, Diabetes, and Asthma. There is an option for you to submit an annual physical exam with a Primary Care Provider to count for your wellness incentive. You are not required to complete or submit information regarding your annual PCP exam. Employees that submit proof of an annual physical with a Primary Care provider will receive dollars in their biweekly paycheck to help off-set medical insurance premium costs.

The Health Risk Assessment is also an available option through earnings of an HRA (Health Reimbursement Account). The health risk assessment or "HRA" will ask a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). Employees and spouses are also eligible to receive up to \$400 each by completing wellness activities for their Health Reimbursement Account. All incentives and dollars earned will be used for the following benefit year.

You are not required to complete the Health Risk Assessment (HRA) or to participate in the blood test or other medical examinations. If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Employee Wellness at (812) 450-1348 or [wellness@deaconess.com](mailto:wellness@deaconess.com).

The information from your HRA and PCP annual exam will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Tobacco Cessation, Medication Management, Diabetes Education, nutrition education, and one-on-one or general wellness coaching sessions. You are also encouraged to share your results or concerns with your own doctor.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Wellness Solutions may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellness Solutions will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive.

Anyone who receives your information for the purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are the staff employed by Wellness Solutions and individuals employed by the services you authorize. These services may include but are not limited to Deaconess MTM Clinic, and OneCare Care Advisor. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs that involves information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Wellness Solutions Practice Manager at (812) 450-1348.



# Employer Paid Benefits

## Basic Employee Life and Accidental Death & Dismemberment (AD&D)

Employees authorized 40 or more hours a pay period are automatically enrolled in basic employee life insurance and accidental death and dismemberment coverage in an amount equal to 1 times your base annual salary (rounded up to the next \$1000) up to certain limits with a \$20,000 minimum, at no cost to you.

You will need to list your beneficiary for this basic life insurance policy on my.adp.com/benefits. Primary and Secondary beneficiaries may be indicated.

Eligible Beneficiaries include

- any individual over the age of 18\*
- charities
- Trust funds as set up in a legal document

\*If you list a beneficiary under the age of 18 and your life insurance needs to be paid out, all monies may go to your estate until settled. An alternative beneficiary to list for your dependents under the age of 18 may be your spouse, a Trust fund as set up in your will, or any person who would be financially responsible for your dependents.

## Short-Term Disability & Long-Term Disability Coverage

Employees authorized 40 or more hours a pay period are automatically enrolled in Short-term disability and Long-term disability coverage at no charge. **There is a 90-day waiting period for newly benefit eligible employees.**

- **Short-term disability** benefit provides 60% of your base rate of pay starting on the 8<sup>th</sup> day after your injury or sickness.
- **Long-term disability** benefit provides 60% of your base rate of pay when disabled more than 180 days.

\*Salaried supervisor and physician disability benefits are outlined in the Income Continuation Guidelines or physician contract. Contact the Benefits Office with any questions regarding salaried supervisor or physician disability benefits.

# Optional Employee Life and Accidental Death & Dismemberment and Dependent Life Insurance

## Employee Optional Life and AD&D Insurance

Optional Life and AD&D packages are available at 100%, 200% or 300% of your base annual salary to a maximum of \$500,000.

Employee Age Oct 1st	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
<b>Rates per \$1000</b>	\$0.022	\$0.026	\$0.035	\$0.048	\$0.073	\$0.106	\$0.150	\$0.258	\$0.402	\$0.666	\$1.174

## Optional Spouse Life and AD&D Insurance

Spouses can have up to 50% of what the employee elects (including Base and Optional coverage) up to \$50,000. You must elect in \$5,000 increments.

Employee Age Oct 1st	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
<b>Rates per \$1000</b>	\$0.038	\$0.048	\$0.064	\$0.091	\$0.139	\$0.219	\$0.333	\$0.438	\$0.697	\$1.217	\$2.206

## Optional Child Life Insurance

You can purchase \$10,000 per child for \$.29/pay period regardless of the number of children covered. Children are covered to age 26.

**Outside of initial enrollment, employees can only increase the amount of life insurance coverage one level at a time during Open Enrollment.**

# BASIC GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.<sup>1</sup>

## Deaconess Health Systems

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit [thehartford.com/employee-benefits/employees](https://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit <sup>2</sup> : 1 times earnings Maximum: \$500,000	AD&D: Included

### AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time or part time employee who works at least 40 hours per 2 week period on a regularly scheduled basis.

<sup>2</sup>35% at age 70; 45% at age 80

**AM I GUARANTEED COVERAGE?**

This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

AD&D is available without having to provide information about your health.

**WHEN CAN I ENROLL?**

Your employer will automatically enroll you for this coverage. If you have not already done so, you must designate a beneficiary.

**WHEN DOES THIS INSURANCE BEGIN?**

This insurance will become effective for you on the date you become eligible.

You must be actively at work with your employer on the day your coverage takes effect.

**WHEN DOES THIS INSURANCE END?**

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

**CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?**

Yes, you can take this life coverage with you. Coverage may be continued for you under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

<sup>1</sup>LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

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# VOLUNTARY GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.<sup>1</sup>

## Deaconess Health Systems

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit [thehartford.com/employee-benefits/employees](https://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit <sup>2</sup> : 1x earnings; 2x earnings; or 3x earnings Maximum: the lesser of 3x earnings or \$500,000	AD&D: Included
Spouse	Benefit <sup>2</sup> : Increments of \$5,000. Maximum: the lesser of 50% of your basic and supplemental coverage or \$50,000	AD&D: Included
Child(ren)	Benefit: \$10,000	AD&D: Included

### AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

<sup>3</sup>35% at age 70; 45% at age 80

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time or part time employee who works at least 40 hours per 2 week period on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### AM I GUARANTEED COVERAGE?

If you are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 3 times your annual earnings or \$500,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If you are currently participating in this coverage you may increase your current coverage by 1 times your annual earnings, not to exceed the lesser of 3 times your annual earnings or \$500,000, without providing evidence of insurability. If you were previously eligible and are electing coverage for the first time, you may elect coverage in the amount of your annual earnings, not to exceed the lesser of 3 times your annual earnings or \$500,000, without providing evidence of insurability, without providing evidence of insurability. Additional coverage amounts will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

For your spouse coverage, if you are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$50,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

If your spouse is currently participating in this coverage you may increase your spouse's current coverage by \$5,000, not to exceed \$50,000 without providing evidence of insurability. If you were previously eligible and are electing spouse coverage for the first time, you may elect coverage in the amount of \$5,000. Additional coverage amounts will require your spouse to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

This insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

AD&D is available without having to provide information about your or your family's health.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

<sup>1</sup>LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

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5962a and 5962b NS 07/21

# GROUP SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's 20 year-olds will become disabled before they retire (age 67).<sup>1</sup>

## Deaconess Health System

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



To learn more about Short-Term Disability insurance, visit [thehartford.com/employee-benefits/employees](http://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

COVERAGE LEVEL	BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
Core	60%	\$1,500	On the 8 <sup>th</sup> day	On the 8 <sup>th</sup> day	26 weeks
Buy-Up	70%	\$2,500	On the 8 <sup>th</sup> day	On the 8 <sup>th</sup> day	26 weeks

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are a benefits eligible employee working at least excluding physicians, executives, salaried managers, residents, physician assistant(s), nurse practitioner(s), temporary, leased or seasonal employees. Full-time Employment: at least 40 hours per 2 week period Part-time Employment: at least 40 hours per 2 week period.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health. If you are a late entrant, evidence of insurability is required for the full coverage amount.

This coverage is subject to a pre-existing condition limitation. Please refer to the Limitations & Exclusions sheet provided with this benefit highlights sheet for more information on limitations and exclusions, such as pre-existing conditions.

### WHEN CAN I ENROLL?

Your employer will automatically enroll you for core coverage.

You may enroll in buy-up coverage during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 90 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

### WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% (standard) of your pre-disability weekly earnings.

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP SHORT TERM DISABILITY INSURANCE LIMITATIONS AND EXCLUSIONS

### GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
  - War or act of war (declared or not)
  - The commission of, or attempt to commit a felony
  - An intentionally self-inflicted injury
  - Your being engaged in an illegal occupation
  - Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
  - Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment
  - You have already satisfied the pre-existing condition requirement of your previous insurer

### PRE-EXISTING CONDITIONS

- Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
  - You have not received treatment for your condition for 6 months before the effective date of your insurance, or
  - You have not received treatment for your condition for 6 months after the effective date of your insurance, or
  - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
- If you are unable to satisfy one of the requirements above, your coverage will be limited to a maximum of 4 weeks of benefits for that disability

### OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  - Social Security disability insurance (please see next section for exceptions)
  - Other employer-based insurance coverage you may have
  - Unemployment benefits
  - Settlements or judgments for income loss
  - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
  - Retirement benefits if you were already receiving them before you became disabled
  - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
  - Most personal disability policies
  - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's weekly [Pre-Disability Earnings/Basic weekly Pay] \$1,000  
Short term disability benefits percentage x 60%  
Unreduced maximum benefit \$600  
Less Social Security disability benefit per week - \$300  
Less state disability income benefit per week - \$100  
Total amount of short term disability benefit per week \$200

### THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

5962e NS 05/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

### The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

# KEEP THE GOOD TIMES ROLLING

## Accidents Can Happen. Minimize Their Impact.

When an accident turns a good time bad, it can result in pain and expense. Health insurance will help cover doctors' costs and medical treatments. What it doesn't cover is on you. This is when Accident insurance kicks in.

The cash benefit Accident insurance provides for each covered injury can be used for any type of expense.

- Deductibles, X-rays and/or copays
- Get an extra physical therapy session
- Order takeout while you heal
- Other bills you may have

## A Smart Way to Plan Ahead.

An accident can happen at any time. With easy payroll deductions that will never increase due to age, Accident insurance offers convenient protection to help ease recovery. It could make a huge difference when you and your family need it most. Get covered today, and rest easy tomorrow.



**TRUST IN THE HARTFORD<sup>1</sup>**



**60+ YEARS**  
 HELPING TO PROTECT  
**15.7M FAMILIES<sup>2</sup>**



### AFFORDABLE

Take advantage of employer-offered preferred rates



### EASY

Set up a simple payroll deduction



### SENSIBLE

Protection for your family and your financial well-being





## CASE STUDY<sup>3</sup>

# HIGH MAINTENANCE PROJECT

Bill and Marie had noticed the gutters overflowing all week. Once the weather cleared, Bill was on a ladder cleaning them out. Shortly after, he was in the emergency room.

The wet ground had swallowed the ladder, and Bill with it. X-rays confirmed his leg was broken and his wrist was badly sprained. His quick home maintenance project became an ambulance ride, exams, tests and consults. Though the gutters were still clogged, Bill did have the peace of mind provided by Accident insurance.

Medical insurance only picked up part of the tab for Bill's care, so their out-of-pocket costs built up. Accident insurance helped to cover those costs and ease some of the burden of their mortgage, utility bills and groceries while Bill was on the mend.

Receive cash for a covered accident.  
Some examples include:



GROUND  
AMBULANCE



EMERGENCY  
ROOM



ACCIDENT  
FOLLOW-UPS



PHYSICAL THERAPY  
APPOINTMENTS

Use your cash for the expenses you choose



DEDUCTIBLES  
AND COPAYS



MORTGAGE  
PAYMENT



GROCERIES



OTHER BILLS  
YOU MAY HAVE



All kinds of expenses can quickly add up after a mishap.  
Accident insurance helps with those expenses.

To learn more, visit [TheHartford.com/resources/accident](https://www.TheHartford.com/resources/accident)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2021 The Hartford.

THE ACCIDENT POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE: THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

<sup>1</sup> www.TheHartford.com/about-us/ethics-compliance; viewed on June 28, 2021.

<sup>2</sup> Based on The Hartford's internal data of covered employees as of May 31, 2021.

<sup>3</sup> This benefit example is fictitious and for illustrative purposes only.



Business Insurance  
Employee Benefits  
Auto  
Home

# LIFE MOVES FAST – MAKE SURE YOUR PROTECTION CAN KEEP UP.

## HAVE THE PROTECTION YOU NEED WHEN IT MATTERS MOST

No one likes being sick. And if it's a serious illness, it can impact your life in so many ways – emotionally, physically and financially. Critical Illness<sup>®</sup> insurance can make it all easier to handle. Of course your health insurance will help cover medical expenses. But what about all of your other household bills? Those aren't going anywhere just because you're ill. Critical Illness insurance can help.

The lump sum payment Critical Illness provides when a covered illness is diagnosed can be used for anything you choose.

- Deductibles and co-pays
- Travel to and from treatment centers
- Groceries
- Child care

## PLANNING AHEAD COULDN'T BE EASIER

You never know when a serious illness might happen in your family. Critical Illness insurance helps protect you and your family from the financial impact an unexpected illness can bring into your life. This can be the security you'll need at a time when you need to be focused on recovery – not how you're going to pay for it.



### AFFORDABLE

Take advantage of employer-offered preferred rates



### FLEXIBLE

Set up a simple payroll deduction



### SENSIBLE

Protection for your family and your financial well-being

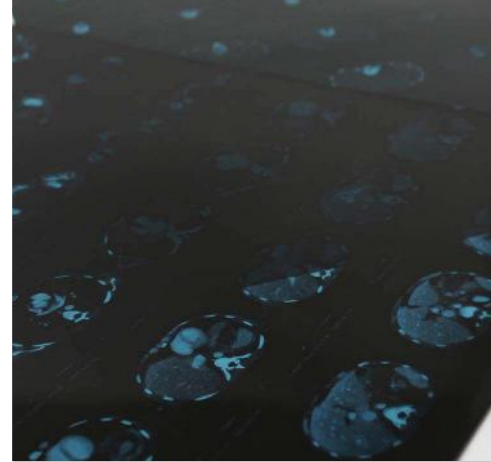


## TRUST IN THE HARTFORD<sup>1</sup>



**60+ YEARS**  
HELPING TO PROTECT  
**15.7M FAMILIES<sup>2</sup>**





### CASE STUDY<sup>3</sup>

## ROOM TO BREATHE

Liz is a single mom of two preteen girls. There are dance lessons and music lessons and soccer practices. In other words, Liz is running full speed all the time to keep up with her girls' schedules – not to mention her work.

And then there was her annual mammogram – the one that she barely had time for. The one that caught her breast cancer early and saved her life. But after that mammogram, there was surgery and chemotherapy treatments. This wasn't something she'd planned. How would she manage it all? Her parents could help with the girls, but what about the bills? Then Liz remembered it was going to work out because she had Critical Illness insurance.

With her benefit, she was able to pay down her health insurance deductible to keep things moving in the right direction financially for herself and her girls. Having the money they needed to pay for recital costumes, car payments and someone to take care of the lawn while Liz took care of herself.

### Some Things To Remember



MAJOR ILLNESSES INCLUDE CANCER, HEART ATTACK AND STROKE – AMONG OTHERS.



CRITICAL ILLNESS INSURANCE ENHANCES YOUR TRADITIONAL MEDICAL PLAN.



WHEN COMBINED WITH ACCIDENT OR DISABILITY, CRITICAL ILLNESS INSURANCE CAN HELP YOU BE BETTER PREPARED TO COVER OUT-OF-POCKET EXPENSES.



YOUR PAYMENT AMOUNT WILL DEPEND ON THE AMOUNT OF COVERAGE ELECTED AND THE DIAGNOSED ILLNESS.



**A serious illness doesn't have to cost your family so much financially. Critical Illness insurance can help.**

To learn more, visit [TheHartford.com/resources/critical](https://www.TheHartford.com/resources/critical)



Business Insurance  
Employee Benefits  
Auto  
Home

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**CRITICAL ILLNESS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.** This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

<sup>1</sup> www.TheHartford.com/about-us/ethics-compliance; viewed on June 28, 2021.

<sup>2</sup> Based on The Hartford's internal data of covered employees as of May 31, 2021.

<sup>3</sup> This benefit example is fictitious and for illustrative purposes.

\*Critical Illness is referred to as "Specified Disease" in New York.

# KEEP LIFE GOING IN THE RIGHT DIRECTION.



## THINGS DON'T ALWAYS GO AS PLANNED. BE READY.

An unplanned hospital stay can be a big inconvenience. But with Hospital Indemnity insurance it doesn't have to be. Of course your health insurance will help cover medical treatments and some of your hospital stay. But what it doesn't cover? That's all on you to pay. Hospital Indemnity insurance can make that burden less painful for you.

The cash benefit Hospital Indemnity provides for an unexpected hospital stay for a covered illness or injury can be used for any type of expense:

- Medical deductibles
- A house cleaner while you recover
- Pay your rent or mortgage
- Assist with other bills you might have

## PLANNING AHEAD COULDN'T BE EASIER

The thing about an unexpected hospital stay is you don't expect it – but you can plan for it. Hospital Indemnity insurance helps protect your family from the financial crunch of an unplanned hospital stay. It can be the help you and your family need just when you need it most. Get covered today, sleep even easier tonight.



### AFFORDABLE

Take advantage of employer-offered preferred rates



### EASY

Set up a simple payroll deduction



### SENSIBLE

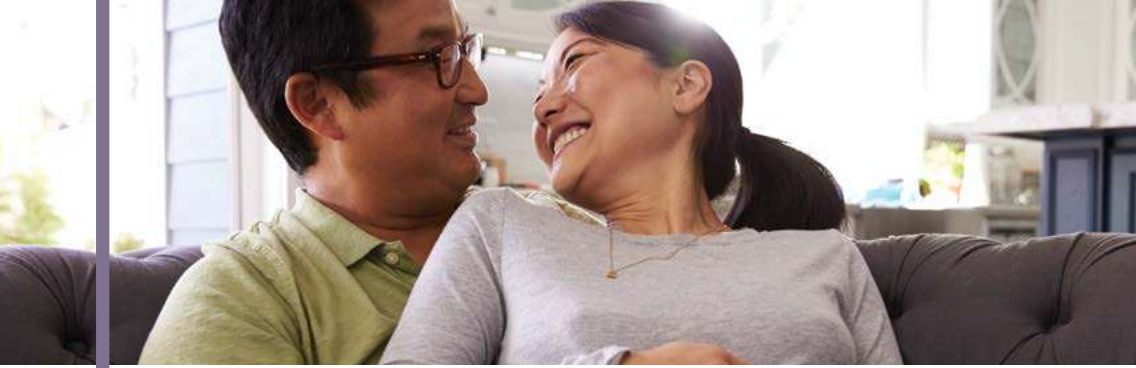
Protection for your family and your financial well-being

TRUST IN THE HARTFORD<sup>1</sup>



60+ YEARS  
HELPING TO PROTECT  
15.7M FAMILIES<sup>2</sup>





## CASE STUDY<sup>1</sup>

# SPECIAL DELIVERY

Selma and Theo are high school sweethearts. After college, they got married and couldn't wait to start a family. So when they discovered that Selma was pregnant with twins they were over the moon with excitement.

At a check-up with the doctor, they learned about some complications that were putting the babies and Selma in danger. She was rushed to the hospital for further testing – eventually, being admitted. She had to remain on bed rest in the hospital for several weeks until the babies were born – healthy and happy. While this wasn't the birth experience they'd planned, Selma and Theo weren't concerned with the bills because they had Hospital Indemnity insurance.

Medical insurance only picked up some of the costs for Selma's hospital stay. That meant that Selma and Theo were on the hook for significant out-of-pocket expenses. Their Hospital Indemnity insurance helped them cover bills like their groceries, rent and many, many boxes of diapers.

Receive cash for a covered unexpected hospital stay. Some examples include:



FIRST DAY STAY



ICU Stay



ADDITIONAL DAYS STAY

Use cash for the expenses you choose



DEDUCTIBLES AND COPAYS



HOUSE CLEANING



TAKEOUT MEALS



ANY OTHER BILLS



Expenses add up with an unplanned hospital stay. Hospital Indemnity insurance keeps it from costing you more than it has to.

To learn more, visit [TheHartford.com/resources/hospital](https://www.TheHartford.com/resources/hospital)

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**THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.**

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

<sup>1</sup> [www.TheHartford.com/about-us/ethics-compliance](https://www.TheHartford.com/about-us/ethics-compliance); viewed on June 28, 2021.

<sup>2</sup> Based on The Hartford's internal data of covered employees as of May 31, 2021.

<sup>3</sup> This benefit example is fictitious and for illustrative purposes.



Business Insurance  
Employee Benefits  
Auto  
Home



## MANAGING YOUR CLAIMS – MADE EASY



### **TheHartford.com/mybenefits**

is your go-to resource to manage your benefit claims online with The Hartford. It gives you convenient, secure access to your benefits and claim information.

Whether you are logging on through your desktop, laptop, smartphone or tablet, here are some of the features you can access with this portal:



### **MANAGE YOUR CLAIMS**

- **Start Your Claim** – Depending on which coverage you have through your employer, you can file a Short-term Disability, Long-term Disability, or Leave of Absence claim from this starting point.
- **Check Your Claim Status** – Instantly check your claim status and view where your claim is in the process. We'll be sure to spotlight any needed or missing information.
- **Upload & View Documents** – You can quickly submit or view medical documentation online, even by simply taking a picture of the document to upload it. It's fast and easy!



### **MANAGE YOUR TIME AWAY FROM WORK**

Initiate your leave of absence online, view your eligibility, report missed work hours, add intermittent leave time and check your leave status. Plus, view leave details and make updates to existing leaves at your convenience.

*continued*



## TALK WITH US

Want to connect with your Hartford claim representative? You have a number of options available directly on the site:

- **Click-to-Chat** – Easily accessible on the website home page, you can connect with a claims representative who can answer questions in real-time.
- **Claim Representative Contact Info** – Your claim representative’s contact info is available directly online so you’ll always know how to get in touch.



## PERSONALIZE YOUR EXPERIENCE

- **Manage Claim Alert Preferences** – Would you prefer to receive your claim updates by text or email? You control where and how you receive claim updates from us – it’s totally up to you.
- **Choose How You Want to Receive Your Claim Payment** – You have a few options:
  - *Set up a direct deposit account to have disability payments automatically deposited in your checking or savings accounts.*
  - *Receive your check(s) by mail.*
- **Customize Your Profile** – Manage your password, personal and banking information.



### THE HARTFORD’S CLAIM PORTAL

Start your disability claim or leave of absence, check on claim status and more.

[TheHartford.com/mybenefits](http://TheHartford.com/mybenefits)



(Snap a photo with a mobile device to capture information above.)

Log onto [TheHartford.com/mybenefits](http://TheHartford.com/mybenefits) today.

Or for more information, contact your Hartford Claim Representative.





## MAKE THE MOST OF YOUR BENEFITS PACKAGE

**Life and Disability insurance** from The Hartford can help you protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

### FUNERAL CONCIERGE SERVICES<sup>1</sup>

**Helps provide peace of mind when it's needed most.**

The Hartford's Funeral Concierge offers a suite of online tools and live support to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings.

For more information, call: **1-866-854-5429**

Visit: **[www.everestfuneral.com/hartford](http://www.everestfuneral.com/hartford)**

Use code: **HFEVLC**

### BENEFICIARY ASSIST<sup>®</sup> COUNSELING SERVICES<sup>2</sup>

**Getting through a loss is hard. Getting support shouldn't be.**

The Hartford offers you Beneficiary Assist counseling that can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner and five face-to-face sessions for up to a year from the date a claim is filed.

For more information, call: **1-800-411-7239**

### ESTATEGUIDANCE<sup>®</sup> WILL SERVICES<sup>2,3</sup>

**Create a simple will from the convenience of your home.**

Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance<sup>®</sup>. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys.

Visit: **[www.estateguidance.com](http://www.estateguidance.com)**

Use code: **WILLHLF**

continued





**Travel Assistance**

Call toll-free: **1-800-243-6108**  
 From other locations,  
 call collect: **202-828-5885**  
 Fax: **202-331-1528**

**What to have ready:**

- Your employer’s name
- Your phone number
- Nature of the problem
- Your policy number
- Your Travel Assist ID number:  
**GLD-09012**

**Ability Assist® & HealthChampion™**

Call toll-free:  
**1-800-96-HELPS**  
**(1-800-964-3577)**

 (Snap a photo with a mobile device to capture information above.)

**TRAVEL ASSISTANCE WITH ID THEFT PROTECTION<sup>4</sup>**

**Even the best planned trips can be full of surprises.**

Travel Assistance with ID Theft Protection includes pre-trip information to help you feel more secure while traveling. It can also help you access professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. ID Theft services are available to you and your family at home or when traveling.

**In case of a serious medical emergency while traveling,** please obtain emergency medical services first (contact the local “911”), and then contact Travel Assistance to alert them.

**ABILITY ASSIST® COUNSELING SERVICES WITH HEALTHCHAMPION™ HEALTH CARE SUPPORT<sup>2,5</sup>**

**Disability can be a challenge. Getting support doesn’t have to be.**

Ability Assist Counseling Services offers 24/7 access to master’s- and Ph.D.- level clinicians. Includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.

If your company provides disability coverage for less than 5,000 people, Ability Assist is available to you at any time if you’re covered by Disability, Voluntary or Leave Management services with The Hartford. If your company provides disability coverage for more than 5,000 people, you’ll have access to this service once you have an approved claim. See your benefits manager for details.

HealthChampion offers support if you’ve become disabled or are diagnosed with a critical illness. You’ll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Visit [TheHartford.com/employeebenefits](http://TheHartford.com/employeebenefits)



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Life Form Series includes GBD-1000, GBD-1100, or state equivalent. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

Some services may not be available in all states. For more information, visit [www.TheHartford.com/employee-benefits/value-added-services](http://www.TheHartford.com/employee-benefits/value-added-services).

<sup>1</sup> Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC, as described in these materials and reserves the right to discontinue any of these services at any time.

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<sup>3</sup> The EstateGuidance® website is secured with a GoDaddy.com WebServer Certificate. Transactions on the site are protected with up to 256-bit Secure Sockets Layer encryption. Printing of a simple will is available at an additional cost to you.

<sup>4</sup> Travel Assistance and ID Theft Protection are provided by Generali Global Assistance, Inc. Generali is not affiliated with The Hartford and is not a provider of insurance services.

<sup>5</sup> HealthChampion™ specialists are available during business hours only. Inquiries outside this time frame can request a callback or schedule appointment.

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The Hartford is not responsible and assumes no liability for the goods and services described in these materials and reserves the right to discontinue any of these services at any time.

4339 NS 07/18

# Pet insurance from Nationwide<sup>®</sup>

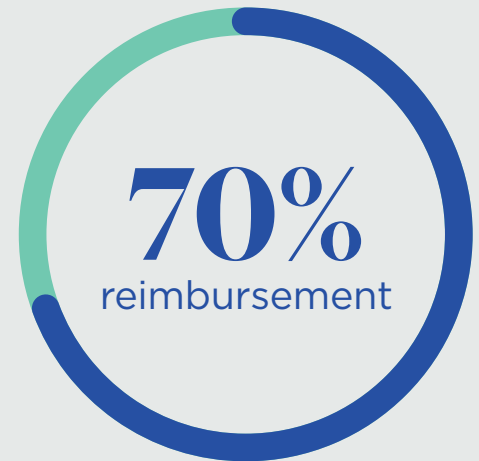
With two budget-friendly options, there's never been a better time to protect your pet.



## Our popular My Pet Protection<sup>®</sup> pet insurance plans now feature more choices and more flexibility

- ✓ **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%<sup>1</sup>
- ✓ **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

Choose your level  
of coverage with  
My Pet Protection<sup>®</sup>



How to use your  
pet insurance plan

1 Visit any vet,  
anywhere.

2 Submit  
claim.

3 Get reimbursed  
for eligible  
expenses.

<sup>1</sup>Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21GRP8437



Nationwide<sup>®</sup><sub>56</sub>

# Nationwide<sup>®</sup> pet insurance

## My Pet Protection<sup>®</sup> plan summary

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. Simply pay for coverage through a convenient after-tax payroll deduction.



### My Pet Protection coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit. Coverage includes\*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit



### Included with every policy

#### vet<sup>h</sup>elp<sup>i</sup>ne<sup>®</sup>

- 24/7 access to veterinary experts (\$110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

#### PetRxExpress<sup>SM</sup>

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



### Additional highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

Get a fast, no-obligation quote today.

• 877-738-7874

\*Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, **vet<sup>h</sup>elp<sup>i</sup>ne**, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2021 Nationwide. 21PMC8302E\_GRP



**Nationwide<sup>®</sup>**

## Deaconess Health System Summary of 401(k) Employee Benefits

Under a 401(k) plan, as an employee, you can contribute a percentage of your pay into one or more funds on a menu of investment options, which includes a wide variety risk/return profiles. Employees can direct 1% to 75% of their paycheck into the 401(k) on a pretax or after tax basis. Fidelity Investments will mail an enrollment packet to your home address 2-4 weeks after your hire date.

### Important Notice – Please Read

Employees will be automatically enrolled into the 401(k) plan at a 3% pretax contribution into the appropriate target date fund. If you do not wish to participate in the 401(k) plan, then you will need to contact Fidelity Investments to waive your contributions within the first 10 days of hire. Contact information is below.

#### Employer Match

Deaconess will match a portion of the employee's first 6% of contributions. 100% of the first 1% plus 50% of the next 5%. If employee contributes 6%, Deaconess Match will equal 3.5%. You are eligible to receive the matching contribution when you have completed 12 months of continuous employment.

#### Employer Deposits

Employer contributions are deposited into accounts annually in the spring after the end of the calendar year.

#### After-Tax Contributions and Roth 401(k) In-Plan Conversion

This option lets the employee contribute to the after tax account in excess of the 401(k) individual contributions limit (2023 individual limit \$22,500). Then these contributions can convert to the Roth source within the plan, which allows them to grow tax free going forward. Employees can direct 1-10% of their pay and you must contact Fidelity to setup this option.

*Total limit of employee and employer contributions is \$66,000 for 2023.*

#### Automatic Deferral Increases

Deaconess utilizes the Annual Increase Program through Fidelity which automatically increases your contributions to your 401(k) account each year. If employees are enrolled in the 401(k) Plan, Deaconess will increase your deferral by 1% every year in January until you are contributing 6%.



#### How to Access the Accounts, Make Changes, or Ask Questions

Employees can make changes to the 401(k) plan at any time by contacting Fidelity, making changes online, or through the NetBenefits app that can be downloaded to any device. Beneficiary designations for the 401(k) are separate from the designations made in MyADP and need to be listed in Fidelity. Fidelity offers the services of a Retirement Planner who can meet individually to discuss retirement options:

Tony Davis  
Fidelity Investments

email: [tony.davis@fmr.com](mailto:tony.davis@fmr.com)  
website: [www.fidelity.com/atwork](http://www.fidelity.com/atwork)

or call [502-322-0806](tel:502-322-0806)  
or call [800-343-0860](tel:800-343-0860)

#### Important Notices:

\*For full plan details, reference the Deaconess Health System 401(k) Plan Summary Plan Description on D-Web (Departments/Human Resources/Benefits).  
Last Reviewed: 7/19/23 KS

# Deaconess Employee Services

Services that Deaconess offers to you and your family

## DEACONESS FAMILY PHARMACY

Talk to the helpful staff at one of our three locations (Midtown, Gateway and Deaconess Henderson) for help with your medication needs. The pharmacy accepts most insurance plans. Call **812-450-DRUG** for more information.

## MEDICATION ASSISTANCE PROGRAM

The Medication Assistance Program works with drug companies and foundations that can help you get your medications at no or reduced cost when you need help. Call **812-450-2319** for more information.

## MEDICATION THERAPY MANAGEMENT CLINIC

The Medication Therapy Management Clinic offers a personalized one-on-one visit with a pharmacist to help ensure that you're getting the most from your medications. Please call **812-450-4MTM**.



## DIABETES CARE PROGRAM

The diabetes care program offers free testing supplies for those who carry Deaconess insurance. Call Employee Wellness at **812-450-1348 and press #2** for more information.

## GLUCOMETER

If you have health insurance through Deaconess, you or your eligible dependents who are diabetic can receive a Contour Next meter at no cost.



Simply call 1-800-401-8440, and provide code CTR-OPX. Ascensia will take care of the rest.

## EMPLOYEE SPECIAL DISCOUNTS

Tickets at Work – This page provides discounts on tickets, hotel rooms, rental cars, as well as other things like movie tickets and sporting events both locally and nationally. Visit [www.ticketsatwork.com](http://www.ticketsatwork.com) and choose "Become a Member". On the next page, choose "Company Code" and complete the form to create an account with "Deaconess" as the company code.

## DEACONESS RN ON CALL

Offered to all Deaconess employees and immediate family. Registered nurses are available 24 hours a day to answer your questions about any acute illness or injury. Call **812-450-7681** or **800-967-6795**.



## DEACONESS EMPLOYEE WELLNESS

The employee wellness department offers online education and HRA credit. Please call **812-450-1348 and press #2** if you have any questions.

## DEACONESS LACTATION ROOM

Deaconess provides convenient lactation rooms across several campuses. Please refer to the flyer on DWEB in the Wellness Department Page

## FREE BREAST PUMPS

Each breastfeeding mother qualifies for one Medela or Spectra breast pump per plan year covered at 100%!

Call Deaconess Home Medical Equipment at Gateway, **812-842-3789**, for more information. *Employees not on Deaconess medical insurance, please check with your insurance provider.*

## SMOKING AND TOBACCO CESSATION PROGRAMS

Deaconess offers support to help you quit tobacco for good. Medication Therapy Management pharmacist offer support, education, free cessation products and the tools you need to make this important step toward better health.

Call MTM Clinic at **812-450-4MTM** for more information.

## DEACONESS FITNESS CENTERS

The Deaconess Fitness Centers are free for all employees. We offer two convenient locations and long operating hours to fit your schedule.

Call **812-450-1348** and **press #2** for any questions. Fitness Center orientations can be found online on the Wellness Department DWEB page.

## GYM DISCOUNTS

Many gyms offer discounted rates for Deaconess employees. Please DWEB on the Wellness Department page.



## DEACONESS CHILDREN'S ENRICHMENT CENTERS

Deaconess offers Enrichment Centers for children ages six weeks to five years, with locations near Midtown, Gateway and Henderson. Children, ages six weeks to five year, build a strong foundation for a lifetime of learning through our child-centered, active learning environments facilitated by well-educated and experienced teachers, with lower group sizes and developmentally focused classrooms.

For more information on how to enroll, contact the Deaconess Children's Enrichment Center at **812-450-7282**.

## DEACONESS EAP

Any Deaconess employee or member of their household may use the EAP (employee assistance program), which offers confidential assessment, short term counseling, referral (if necessary) and follow-up services to employees or family members who want help dealing with mental health concerns, substance use/abuse issues, life changes, family issues or personal problems.

Call **812-471-4611** for more information.

## PAYACTIV

Payactiv is an earned wage benefit that gives you access to the money you worked for, but haven't been paid yet. The money that you access is then deducted from your next paycheck, giving you the flexibility to pay for things on your own schedule. Money you access, program fees, and processing fees incurred will show as deductions on your next paycheck. You can learn more by going to [bit.ly/payactiv-deaconess-health](http://bit.ly/payactiv-deaconess-health). Information is also available on the Human Resources page on D-Web.

## THE RIGHT STUFF STORE

This store offers discounted Ensure, latex gloves, alcohol swabs, syringes and underpads. Please call **812-450-3441** for more information.

## CELL PHONE DISCOUNT

Many cell phone providers offer a discount for Deaconess employees. Please call your cell phone provider for more information.

## REFERRAL BONUSES

Receive a bonus for referring a great new employee to Deaconess. Referral bonuses range from \$200-\$4,000, depending on the role being filled, and how long the employee stays. Employees can see detail and forms on D-Web under Human Resources.



[www.deaconess.com](http://www.deaconess.com)

# Work today, Get paid tomorrow

## Access Anytime

- Get up to 50% of earned wages
- Transfer to your bank or card
- Get cash at Walmart<sup>®1</sup>
- Use Uber<sup>®</sup> rides, Amazon Cash<sup>®</sup>
- Pay bills directly from the app

## Spend Smarter

- Easily track earnings, bills, and spending in one place
- See what's safe to spend now
- Be alerted of low balance
- Auto transfer from earned wages

## Save As You Go

- See what you can set aside safely
- Achieve your savings goals with every paycheck
- Talk to financial coaches for advice

## How it works

1. Create a Payactiv account with your employee ID.
2. Enjoy free unlimited access with direct deposit to the Payactiv Visa<sup>®</sup> Card\*.
3. For everyone else without direct deposit to the Payactiv card, the program fee is \$1 for single or multiple transactions on the day you access funds, capped at \$5 for a bi-weekly pay period (\$3 for weekly pay periods).

\* This is a Payactiv Visa<sup>®</sup> Prepaid Card issued by Central Bank of Kansas City, Member FDIC, pursuant to a license from Visa<sup>®</sup> U.S.A. Inc.

<sup>1</sup> \$1.99 processing fee for cash pick up at Walmart<sup>®</sup> or instant deposit to a card other than the Payactiv Card.

The Payactiv Visa<sup>®</sup> Prepaid Card is issued by Central Bank of Kansas City, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Certain fees, terms, and conditions are associated with the approval, maintenance, and use of the Card. You should consult your Cardholder Agreement and the Fee Schedule at [Payactiv.com/card411](https://payactiv.com/card411). If you have questions regarding the Card or such fees, terms, and conditions, you can contact us toll-free at 1(877) 747-5862, 24 hours a day, 7 days a week.

## Ready to get started?



Scan QR code to learn more at  
[bit.ly/payactiv-deaconess-health](https://bit.ly/payactiv-deaconess-health)

24/7/365 Customer Service: 1.877.937.6966  
[support@payactiv.com](mailto:support@payactiv.com) • [www.payactiv.com/help](https://www.payactiv.com/help)



# NEW COLLEGE EXPENSES RESOURCES for EMPLOYEES and THEIR FAMILIES

Helping Deaconess employees manage student loans and education expenses now and in the future



**NATION-WIDE, STUDENT LOAN DEBT HAS BEEN ON THE RISE**, affecting employees' financial well-being. Deaconess knows student loan debt and college expenses also affect many of our employees, whether related to their own education or for current or future needs of their family members.

That's why we're excited to introduce the new **Student Loan Wellness Program** from Tuition.io.

This service is free for every Deaconess employee and includes:

- Personalized, live, 1-on-1 student loan coaching (via email, chat or calls), helping families set goals for paying off debt or saving for college—or both!
- Information and assistance with public service loan forgiveness programs related to employment at a non-profit organization (like Deaconess)
- A marketplace for refinancing existing student loans

- A clean dashboard of information, displaying all current student debt, loan payoff projection options, repayment tools, recent transactions and more
- Detailed information about 529 savings plans and other college finance options for children in your family

When you sign up with Tuition.io, **you'll have access to a full suite of tools to help you manage and ultimately eliminate your student loan debt.**

If you're the parent of college-bound children, Tuition.io will help you find ways to save and pay for their education.

**Start your journey by setting up an account at [deaconess.tuition.io](https://deaconess.tuition.io)  
Contact TUTION.IO at 855-353-9395 with questions.**



# DEACONESS BENEFITS

Explore the opportunities at Deaconess, and learn how to advance your career.



## WHAT IS EDUCATIONAL ASSISTANCE/TUITION REIMBURSEMENT?

- All full-time and part-time employees authorized to work at least 40 hours per pay period are eligible to receive \$5,250 per calendar year while enrolled in undergraduate or graduate level classes.
- Employees pay for classes up front and are reimbursed when they complete the class with the required grade.
- Employees must upload his/her final grade(s) AND an itemized bill showing the semester's charges in Tuition.io. The employee will receive payment as a nontaxable earning on his/her regular payroll check within six weeks of submission of the documentation.
- The amount of tuition assistance received by employees is considered by the hospital to be an interest-free loan and is to be repaid through continued active employment.

**Go to [Tuition.io](https://Tuition.io) or call 855-353-9395 for more information. You can also email questions to: [\\_HRTuitionReimbursement@deaconess.com](mailto:_HRTuitionReimbursement@deaconess.com)**

## WHAT IS THE STEP-UP PROGRAM? WHO QUALIFIES FOR STEP-UP?

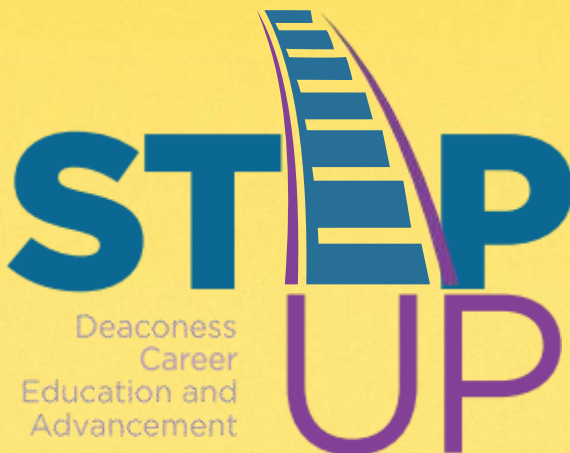
Employees can apply for Step-Up and, if selected, will be paid their normal wages for the time spent in enrolled class hours/clinical hours up to a maximum of 18 hours per week. Prior to participation in the program, employees must be accepted and enrolled into an accredited program as defined by Deaconess and agree to pursue course work designed to achieve the necessary licensure or accreditation.

**You can find more information and the Step-Up Application on D-Web. For more information you can email: [\\_HRStepUpProgram@deaconess.com](mailto:_HRStepUpProgram@deaconess.com)**

**The Step-Up Program is open to employees enrolled in the following programs:**

- Certified Medical Assisting/Registered Medical Assisting (please contact HR regarding qualified programs)
- Licensed Practical Nurse
- Certified Surgical Technologist
- Respiratory Therapy
- Registered Nurse
- Echo Sonography
- Rad Tech
- Certified Coding Specialist
- Paramedic
- Medical Technologist
- Nuclear Medicine Technologist
- Diagnostic Medical Sonography

Managers will try to reasonably accommodate each employee's schedule so the employee may attend his/her enrolled class/clinical hours each week. The employee will continue working at Deaconess for the balance of his/her authorized hours. Upon completion of course requirements, the employee must achieve the necessary license or certification and be in good standing in order to be placed in an available position. The employee must agree to repay the program costs by remaining employed full-time at Deaconess for three years after the licensure or accreditation is obtained.



# STUDENT LOAN FORGIVENESS PROGRAM



## HELPING DEACONESS EMPLOYEES WITH STUDENT LOANS

**Deaconess is pleased to offer its employees a special student loan forgiveness program. This program, along with other educational assistance programs, can help Deaconess employees reduce their student loan burden.**

- Full-time employees receive \$100/month (those working at least 30 hours per week).
- Part-time employees receive \$50/month (those working at least 20 hours per week).
- At this time, only student loans taken out as part of an undergraduate program are eligible for this program.
- New hires are eligible the month following completion of the Tuition.io enrollment process.
- Payments are made directly to your student loans through the Tuition.io site. A notification is sent to you each time a payment is made by Deaconess.
- Employees are eligible for payments until loans are paid off (or a maximum of 10 years).
- This program is based on current employment status and requires a commitment of three years from the first payment. For example, if you participate but then leave Deaconess within three years, the payback plan is as follows:
  - <1 year = 100% payback
  - >1 year but <2 years = 67% payback
  - >2 years but <3 years = 33% payback
- Payments stop if the employee moves to an ineligible position within the health system, but the employee will not have to pay back funds if they remain at Deaconess.
- Employees are ineligible for loan forgiveness payments for six months following any warning notice.
- Deaconess employees within the following professions may be eligible for student loan repayment.
  - Medical Technologists and other Laboratory Professionals
  - Medical Imaging Professionals
  - Radiation Therapy
  - Inpatient/Bedside Registered Nurses
  - Certified Surgical Techs
  - Pharmacists
  - Respiratory Therapists

**Next step for eligible employees:** Please register with Tuition.io at <https://deaconess.tuition.io/> register. Enter your current student loan information. Once this process is complete, payments will begin the following month.

**If you have questions, please call Deaconess Human Resources – Benefits Department at 812-450-2025 or email [BenefitQuestions1@deaconess.com](mailto:BenefitQuestions1@deaconess.com)**



Updated 02-2023

For more information or to apply, please scan the QR code or visit us online at [deaconess.com/careers](https://deaconess.com/careers).

# Regulatory Information

## Newborns' & Mothers' Health Protection Act

Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Plans may not require providers to obtain authorization from the plan for prescribing the stay. In addition, plans may not deny a stay within the 48-hour (or 96-hour) period because the plan's utilization reviewer does not think such a stay is medically necessary.

The plan must eliminate this preauthorization requirement with respect to hospital stays in connection with childbirth for the first 48 hours (or 96 hours in the case of a cesarean section). The plan may impose such an authorization requirement for hospital stays beyond this period. In addition, the plan may impose a requirement on the mother to give notice of a pregnancy in order to obtain a certain level of cost-sharing or to use certain medical facilities. However, the type of preauthorization required by this plan (within the 48/96 hour period and based on medical necessity) must be eliminated.

## Women's Health & Cancer Rights Act of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998 health plan covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetric appearance.
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

## HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits Office at 812-450-2025.

## Deaconess Health System, Inc. Employee Health Benefit Plan

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**OUR RESPONSIBILITIES:** Deaconess Health System provides for a variety of employee health benefits including medical options, prescription drug benefits, dental coverage, a vision plan, employee assistance program coverage, and a health care expense account. These benefits are referred to in this document as “the Plan.” Deaconess Health System is the “Sponsor” of the Plan. It has entered into contractual arrangements with various benefit management entities to provide for the daily operations of the Plan. These entities will be identified in this document as the Third Party Administrators or “TPAs”. The Health Insurance Portability and Accountability Act requires the Plan to maintain your privacy and to provide you with this Notice of Privacy Practices describing our legal duties and privacy practices. The Plan is required to abide by the terms of the Notice that is currently in effect. **This Notice does not apply to the Paramount Dental Plan or VSP. Enrollees in these plans will receive a separate Notice applicable to those plans.**

**HOW THE PLAN MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:** Certain employees within the Deaconess Health System (most notably the Human Resources Benefit Section, Finance Department, Acute Care Case Managers, certain staff in Deaconess Health Plan and certain Health System Administrators) may perform various functions either on behalf of the Plan or on behalf of the Plan Sponsor that may require to the use or disclose your protected health information. In all cases, these individuals will receive, use or disclose only the information essential to the performance of Plan or Sponsor functions.

The following categories and associated examples describe different ways that the Plan may use and/or disclose health information.

- To The Plan Sponsor.** The Plan/TPAs may disclose your information to the Plan Sponsor (your employer) in certain situations. The plan documents and federal regulations that regulate the Plan restrict how the Plan Sponsor uses and discloses your information. For example, the Plan may not disclose your information to the Plan Sponsor for the purpose of employment-related actions or decisions or in connection with any other employee benefit plan of the Plan Sponsor. The Plan may:
  - o Disclose information about you that does not identify you any more specifically than a zip code when obtaining premium bids
  - o Disclose to the Plan Sponsor whether you are participating in the Plan
  - o Disclose information as necessary for the Plan Sponsor to carry out administrative functions
- For Treatment.** The plan itself does not provide treatment but it may share information with your doctors, dentists, pharmacies and other providers who are treating you.
- For Payment.** The Plan/TPAs may use and disclose your health information for various activities related to your enrollment and the payment of your health care services such as:
  - o Obtaining premiums
  - o Processing your claims and coordinating benefits
  - o Obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance)
  - o Performing utilization review activities including precertification or pre-authorization
  - o Reviewing health care services for medical necessity;
  - o Collections activities
  - o Disclosing to consumer reporting agencies any of the following protected health information:
    - name and address;
    - date of birth;
    - social security number;
    - payment history;
    - account number; and
    - name and address of any relevant health care provider and/or health plan.
  - o Disclosing to another Covered Entity for its payment activities. (A Covered Entity is a person, agency or organization subject to HIPAA.)
- For Health Care Operations.** The Plan/TPAs may use and disclose your health information for health care operations such as:
  - o Case management and care coordination
  - o Conducting quality assessment and improvement activities, outcomes evaluation and development of clinical guidelines;
  - o Population-based activities relating to improving health or reducing health care costs;
  - o Reviewing the competence or qualifications of health care professionals;
  - o Evaluating practitioner and provider performance, and Plan performance;

- o Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
- o Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
- o Business management and general administrative activities of the Plan, including, but not limited to:
  - management activities relating to implementation of and compliance with the requirements of the HIPAA regulations;
  - customer service;
  - resolution of internal grievances; and
  - consistent with the applicable requirements of the HIPAA regulations, creating de-identified health information, or a limited data set.
  - to another Covered Entity for certain operational purposes of the other Covered Entity
- **To Your Legal Personal Representative.** The Plan/TPAs may disclose information about you to your legal personal representative.
- **To Your Family or Others Designated by You.** Provided you have been given an opportunity to agree or object, the Plan/TPAs may disclose limited information about you to a member of your family or others that you designate who are involved in the payment for your care.
- **As Required By Law.** The Plan/TPAs will disclose your health information when required to do so by federal, state or local law.
- **Marketing.** The Plan/TPAs may use or disclose your information to market its products or services or benefits, as well as to describe its network or details of the Plan. If health-related products or services add value to the Plan's benefits, but are not part of it, and are available only to an enrollee of the Plan, the Plan may use or disclose your information to describe such products or services. In addition, the Plan may use or disclose your information for marketing if communications are made face-to-face or if they are in the form of a promotional gift of little value.
- **Health Oversight Activities.** The Plan/TPAs may disclose your health information to a state or federal health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial Purposes.** The Plan/TPAs may disclose your health information in response to a court or administrative order. The Plan/TPAs may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **National Security and Intelligence Activities.** The Plan/TPAs may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Treatment Alternatives and Health-Related Benefits.** The Plan/TPAs may use and disclose your health information to tell you about or recommend possible health-related benefits or services that may be of interest to you.
- **Individuals Involved in Payment for Your Care.** The Plan/TPAs may release health information about you to your responsible party, friend or family member who is involved with payment for your care.
- **Third Parties.** The Plan will disclose your information to a third party (known as a Business Associate) that performs services on behalf of the Plan, but only if the third party signs a contract agreeing to protect your information. The Plan utilizes third party administrators (TPAs) and independent utilization reviewers to handle the day-to-day plan activities. These TPAs hold the detailed records related to the management and payment of your claims. The TPAs may, in turn, subcontract certain functions to other parties but only if the other parties agree contractually to the protection of your information.
- **Whistleblowers.** Your health information may be released by members of the workforce to appropriate authorities in support of their belief that the Plan/TPAs have engaged in unlawful conduct.
- **Incidental Uses and Disclosures.** The Plan/TPAs takes reasonable safeguards to prevent improper uses or disclosures of your health information. Despite this, it can happen that in the course of a permitted use or disclosure, your information is accidentally seen or heard by an unintended recipient. For example, despite reasonable precautions, a conversation between members of the Plan regarding the processing of your claim could be overheard by another party uninvolved in this action.

**GENETIC INFORMATION:** The Plan will not use or disclose your genetic information for underwriting purposes. Underwriting purposes include, but are not limited to, activities such as determination of eligibility or benefits or computation of contribution amounts or premiums. Genetic information includes the results of genetic testing as well as portions of your or your family medical history that indicate the presence of a genetic condition.

**OTHER USES OF HEALTH INFORMATION:** Other uses and disclosures of health information not covered by this Notice or the laws that apply to the Plan, Sponsor or TPAs will be made only with your written authorization. If you provide an authorization to use or disclose your health information, you may revoke that authorization at any time by submitting your request in writing as described below. If you revoke your authorization, the authorized party will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that the authorized party is unable to take back any disclosures it has already made prior to your revocation.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:** You have the following rights regarding health information maintained by the Plan/TPAs about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information that the Plan/TPAs use or disclose about you for payment or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care. **The Plan is not required to agree to your request.** If the Plan does agree, it will comply with your request unless the information is needed to provide you emergency treatment.

You may request that **providers** release no information about you to the Plan/TPAs regarding services rendered to you provided that you have made such request in accordance with the provider's policy and pay in full out-of-pocket for the services rendered.

To request restrictions, you must make your request in writing. In your request, you must describe:

- What information you want to limit
- Whether you want to limit the use, disclosure or both
- To whom you want the limits to apply

- **Right to Request Confidential Communications.** If you think that disclosure of your health information to you by the usual means could endanger you in some way, the Plan/TPAs will accommodate reasonable requests to share information with you by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan/TPAs must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

- **Right to Inspect and Copy.** You have the right to inspect and copy information regarding enrollment, payment, claims adjudication, and case or medical management records maintained by the Plan/TPAs. You can request that this information be provided electronically. Please note that your enrollment information is available from the Plan Sponsor while the remainder of this information is maintained by the various TPAs hired by the Plan Sponsor to manage the daily activities of the Plan.

To inspect and copy this information, you can submit your request in writing. If you request a copy of the information, the record holder may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** You have the right to ask the Plan to amend your health and/or billing information for as long as the information is kept by the Plan.

To request an amendment, your request must be made in writing and must include a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, it may deny your request if you ask to amend information that:

- Was not created by the Plan (For example, the Plan/TPA will not amend the information submitted to it by your provider unless the provider first amends the information.)
- Is not part of the health information kept by or for the Plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that the Plan/TPAs have made of your health information. The Plan is not required to provide an accounting of disclosures made for the following purposes:

- For treatment, payment or health care operations
- Incidental to other permitted or required disclosures;

- o To you or in response to your signed Authorization
- o To family members or friends involved in your care (where disclosure is permitted without authorization);
- o For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances;  
or
- o As part of a "limited data set" (health information that excludes certain identifying information).

To request a list of disclosures, you must submit your request in writing. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**How to Submit Your Written Request:** In all instances described above, your written request should be directed to the Agent or Administrators who administer the Plan on behalf of the Plan Sponsor. The Human Resources Benefit Manager can provide you with forms to submit your request and with address information. Alternatively, you may wish to contact the Administrators directly as described below.

SIHO	SIHO is the Third Party Administrator for the medical service claims for the medical options of the Deaconess Employee Health Benefit Plan. For claims issues and privacy issues, please contact the Senior Director of Project Management at 812 378-7947
Optum Rx (Drug Coverage)	Optum Rx is the Third Party Administrator for prescription drug claims for the medical options of the Deaconess Employee Health Benefit Plan. For privacy issues, please contact Optum Rx at 800-506-4605.
Deaconess EAP	The Deaconess Employee Assistance Program can be contacted at 812 471-4611.
Deaconess Health System	Enrollment information can be obtained directly from the Plan Sponsor, which is Deaconess Health System. Contact Human Resources Benefits Office at 812-450-2025.
Paramount Dental	Paramount Dental provides dental insurance. For claim issues and privacy issues, contact Customer Service 800-727-1444.
VSP	VSP is the fully insured vision plan offered by Deaconess. For claim issues or privacy issues contact 916-851-4607.
Employee Benefits Corporation	Employee Benefits Corporation (EBC) is the third party administrator for the Flexible Spending Accounts (FSA) and Health Reimbursement Account (HRA). For claim issues or privacy issues contact EBC at 800-346-2126 x108.
Life Insurance, Disability, Leave Administration and Voluntary Products	The Hartford is the third party administrator for the Life Insurance, Disability, Leave Administration, and Voluntary Products. For privacy questions or concerns, you may contact The Hartford at <a href="mailto:consumerprivacyinquiresmailbox@thehartford.com">consumerprivacyinquiresmailbox@thehartford.com</a> .
Pet Insurance	Nationwide is the third party administrator for the Pet Insurance. For privacy questions or concerns, you may contact Nation at <a href="mailto:privacy@nationwide.com">privacy@nationwide.com</a> or 800-882-2822.

You may also direct privacy related questions to the Deaconess Health System Privacy Officer.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice even if you have previously received an electronic copy. To obtain a paper copy of this Notice, contact the Benefits Section of the Human Resources Department of Deaconess Hospital, Inc. You may obtain a copy of this Notice from the Forms and Plan Documents section in the Health and Welfare Service Engine, which is accessed through MyADP.

**CHANGES TO THIS NOTICE:** We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise the Notice, and you are still a participant of the Plan, then you will be offered a copy of the current Notice in effect.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Director of Human Resources or the Deaconess Health System Privacy Officer at 600 Mary Street, Evansville, IN 47747. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

**CONTACT:** For more information on the Plan's privacy policies or your rights under HIPAA, contact the Human Resources Benefits Office at (812) 450-2025 or the Deaconess Health System Privacy Officer at (812) 450-7223.

Employer Name:	DEACONESS HEALTH SYSTEM
Employer State of Situs:	INDIANA
Plan Year:	2023-2024

**Ten (10) Essential Health Benefit (EHB) Categories:**

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	N
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Y
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	N
4	Durable Medical Equipment	Ambulatory	Pg. 13	Y
5	Hospice	Ambulatory	Pg. 28	Y
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Y
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Y
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Y
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	N
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Y
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Y
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	N
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Y
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Y
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Y
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Y
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Y
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Y
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Y
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Y (travel and lodging are not covered)
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Y
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Y
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Y
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Y
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Y
26	Tele-Psychiatry	MH/SUD	Pg. 11	Y
27	Topical Anti-inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Y (prior authorization required)
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	N
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Y
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Y
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Y
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Y
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Y
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Y
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Y
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Y
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Y
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Y
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Y
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Y
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Y
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Y

*Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.*



## **Important Notice from the Deaconess Health System About Your Prescription Drug Coverage and Medicare**

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

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

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Deaconess OneCare has determined that the prescription drug coverage offered by the Deaconess Health System 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.**

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### **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<sup>th</sup> through December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**A description of your current prescription drug benefits can be found in the Deaconess Health System Summary Plan Document or ask your HR Department for more information.**

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

**Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.**

### **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 **Deaconess Health System** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

**For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the **Deaconess Health System** changes. You also may request a copy of this notice at any time.

**For More Information about Your Options under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://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:	August 11, 2022
Name of Entity/Sender:	Deaconess Health System
Contact--Position/Office:	Sheri Brown – HR Manager
Address:	600 Mary Street, Evansville, IN 47747
Phone Number:	1-812-450-2025

**CMS Form 10182-CC Updated April 1, 2011** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dhs.vt.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)





**Deaconess**

