



**Deaconess
Illinois**

2025-2026

EMPLOYEE BENEFITS GUIDE

October 1, 2025 – September 30, 2026

IMPORTANT BENEFITS INFORMATION INSIDE

3	Contacts
4	Total Rewards Program Eligibility
8	Benefit Eligibility & Mid-Year Changes
10	Medical Benefits
16	Pharmacy Benefits
18	Wellness Solutions
20	Deaconess Immediate Care Options
21	Deaconess OneCare Member Portal
22	Employee Assistance Program (EAP)
24	Dental Insurance
26	Vision Insurance
28	Flexible Spending Accounts (FSA) & Health Reimbursement Accounts (HRA)
30	Life/AD&D, Short-Term Disability, Long-Term Disability
32	Hospital Indemnity, Accident, Critical Illness
33	Pet Insurance & Payactiv
34	401(k) Employee Benefits
35	Deaconess Employee Services
36	Educational Assistance
38	Important Notices

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 38 for more details.



Contacts

Deaconess Illinois Human Resources



Deaconess
Employee Assistance Program (EAP)



The Hartford

Fidelity NetBenefits®



Guild

UKG People Assist

Select "Get HR Assistance" at the bottom of the **UKG Pro** main page or "[HR Help](#)" on the left side menu.

Benefits Section

Heartland: (618) 998-7775 | Crossroads: (618) 241-8762
Red Bud: (618) 282-5100 | Union: (618) 833-4511 x4297
BenefitQuestions1@deaconess.com
Office Hours: 7:00 am to 4:00 pm

Leave of Absence

(812) 450-8258 | HRLOA@deaconess.com
Office Hours: 7:00 am to 3:00 pm

Deaconess OneCare

(844) 378-7103 | deaconessonecare.com
OneCare Provider Directory: onecarecollaborative.com

Optum Rx

(800) 506-4605 | optumrx.com

Deaconess Wellness Department

(812) 450-1FIT(1348) | wellness@deaconess.com
MyWellness Portal Help Desk
(800) 581-9910

Deaconess EAP (812) 471-4611 or (800) 874-7104
deaconess.com/EAP

SupportLinc by CuraLinc (EAP)

(888) 881-LINC (5462) | supportlinc.com
Group Code: deaconess

HRI Dental & Vision

(800) 727-1444 | insuringsmiles.com

VSP Vision Care

(800) 877-7195 | vsp.com

Employee Benefits Corporation

Flexible Spending (FSA), Dependent Care (DCAP), Health Reimbursement (HRA)
(800) 346-2126 | ebcflex.com

The Hartford Policy # 402724

Life and Accidental Death & Dismemberment

(888) 563-1124

Short-Term Disability, Long-Term Disability, FMLA

(888) 277-4767

thehartford.com/employee-benefits/employees

Critical Illness, Accident & Hospital Indemnity

(866) 547-4205

myhealthhub.app/thehartford

Fidelity

(800) 343-0860 | fidelity.com/atwork

Nationwide Pet Insurance (800) 540-2016

benefits.petinsurance.com/deaconess

Guild

(800) 985-4027 | deaconess.guildeducation.com

DEACONESS ILLINOIS | TOTAL REWARDS PROGRAM

Deaconess Illinois 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 2nd, coverage will begin on October 1st).

***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
Medical Insurance 2 Plans (Pre-Tax)	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
Medical Premium Assistance Program (MPA)	The Medical Premium Assistance Program provides financial assistance to Deaconess full-time employees by providing those who qualify with a 20% savings on their medical premiums.	Deaconess
Dental Insurance 2 Plans (Pre-Tax)	Coverage for employees (and dependents) authorized to work at least 40 hours per two-week pay period.	Deaconess And Employee
Vision Insurance 2 Plans (Pre-Tax)	Coverage for employees (and dependents) authorized to work at least 40 hours per two-week pay period.	Employee
Short Term Disability	Receive 60% of base weekly income when disabled for more than 8 days for employees authorized to work at least 40 hours per two-week period. 90 day waiting period from hire date.	Deaconess
Long Term Disability	Receive 60% of base monthly income when disabled for more than 180 days for employees authorized to work at least 40 hours per two-week period. 90 day waiting period from hire date.	Deaconess
Basic Life Insurance	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
Short Term Disability Buy-Up	Receive an additional 10% of base weekly income when disabled for more than 8 days for employees authorized to work at least 40 hours per two-week pay period. 90 day waiting period from hire date.	Employee
Optional Life Insurance	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
Dependent Life Insurance	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
Health Care Flexible Spending Account (Pre-Tax)	Employee may elect to direct an annual minimum of \$100 to annual maximum of \$3,300 into a non-taxable reimbursement account for eligible medical expenses. Debit Card available.	Employee
Dependent Care Flexible Spending Account (Pre-Tax)	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
Health Reimbursement Account	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
Voluntary Benefits	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

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OTHER BENEFITS		
Benefit	Features and Eligibility	Who Pays
*Deaconess Employee Assistance Program	Free short-term counseling and referral for employees and member of their household.	Deaconess
*Continuing Education	Several courses and conferences offered with CE available.	Deaconess
*Health Services	Pre-employment physical exam, health screenings, immunizations, and Wellness Program	Deaconess
*Leave of Absence	Available for Medical, Family, Military, and Educational purposes.	Deaconess
Military 2-Week Leave	Difference in military pay and regular base rate if authorized 60-80 hours in a two-week pay period.	Deaconess
*Pay Check Deposit	Pay checks are automatically deposited in a checking or savings account as authorized. The first check will be mailed to the employee's address for all new hires or following a change in banking institution; with subsequent checks being direct deposited.	Deaconess
*Payactiv	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
*Rest Period	Fifteen-minute rest period during each shift of at least 8 hours.	Deaconess
*Social Security	Monthly retirement/disability benefits	Deaconess and Employee
*Retirement Savings Plan	Employees may direct salary up to the federal maximum contribution limits into 401(k). Deaconess will match 100% of the first 1% of contributions plus 50% of the next 5% of contributions after 12 months of service.	Deaconess and Employee
*Transfer	Opportunity for advancement after introductory period of six months.	Deaconess
Educational Assistance	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
Step-Up Program	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
*Guild Student Loan Wellness Program	Guild offers access to a full suite of tools to help manage student loans and education expenses for employees and their families.	Deaconess
*Unemployment Compensation	Coverage as determined by the State for loss of income when out of work.	Deaconess
*Uniforms	Uniforms furnished for designated departments.	Deaconess
*Worker's Compensation	On-the-job accident/illness coverage for loss of income and medical expenses according to State Law.	Deaconess

ADDITIONAL SERVICES AND BENEFITS		
Benefit	Features and Eligibility	
*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.	
On-Demand Urgent Care Video Visits	Convenient video visits for minor illnesses if enrolled in the Deaconess Health Plan. Go to www.deaconess.com/urgentcare or your MyChart to schedule an appointment. Available 24 hours a day, 7 days a week in all 50 states.	

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COMPENSATION																															
Benefit	Features and Eligibility			Who Pays																											
Bereavement Pay	An excused paid absence of up to 24 hours may be granted to full time employees, authorized 40-80 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.			Deaconess																											
Jury Duty	Difference in jury pay and regular base pay if authorized 40-80 hours per two-week pay period.			Deaconess																											
Paid Time Off (PTO)	Full Time and Part time (non-DSS) 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. PTO is ONLY paid out upon separation if any one of the following criteria are met: • Seniority date prior to 10/1/2022 • At least two years of seniority • Employed in the state of Illinois An employee reducing authorized hours from Full time (>60 hours) to Part time will be paid out available PTO in excess of their part time annual authorized hours accrual. See chart below.			Deaconess																											
	<table><tr><td>Years of Service:</td><td>0-4 years</td><td>4-14 years</td><td>14+ years</td></tr><tr><td>Accrual Rate Per Hour:</td><td>.0692</td><td>.0885</td><td>.1078</td></tr><tr><td>Max. Bank Accrual:</td><td>288</td><td>368</td><td>448</td></tr><tr><td>Paid Hours ↓</td><td colspan="3">Accrual per Pay Period* (Annual Accrual)</td></tr><tr><td></td><td>↓</td><td>↓</td><td>↓</td></tr><tr><td>80</td><td>5.54 (144)</td><td>7.08 (184)</td><td>8.62 (224)</td></tr><tr><td>40</td><td>2.77 (72)</td><td>3.54 (92)</td><td>4.31 (112)</td></tr></table>			Years of Service:	0-4 years	4-14 years	14+ years	Accrual Rate Per Hour:	.0692	.0885	.1078	Max. Bank Accrual:	288	368	448	Paid Hours ↓	Accrual per Pay Period* (Annual Accrual)				↓	↓	↓	80	5.54 (144)	7.08 (184)	8.62 (224)	40	2.77 (72)	3.54 (92)	4.31 (112)
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<i>*Hours worked less than 80 are pro-rated on hours worked</i>																															
<i>*All days are figured on an 8-hour day</i>																															
Illinois Paid Leave (IPL)	All employees (full time, part time and DSS) accrue IPL based on hours worked. Hours are not available until an employee has met a 90-day waiting period and accrued at least 2 hours. IPL may be used for a scheduled or non-scheduled absence. IPL is NOT paid out at separation of employment. Employees accrue 1 hour of IPL for every 40 hours worked to a maximum of 40 hours per calendar year. Up to 40 hours of IPL can be carried over but only 40 hours can be used in any calendar year. Hours in excess of 80 in IPL bank on 12/31 will be forfeited.																														





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.
- Annual 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 Annual 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)

Eligible Dependents

Spouse	Someone you are currently, legally married to in accordance with state law recognized in Indiana. It does not 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

Making Mid-Year Changes to Benefits

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

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

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

TYPES OF REQUIRED DOCUMENTS	
SPOUSE	
You will need to submit the item from List A and one item from List B. The document from List B must be dated within the last 6 months & have the dependent's name on it.	
List A	List B
Marriage Certificate	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
CHILD	
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	

Employee Benefits Corporation will notify the dependent regarding the Consolidated Omnibus Budget Reconciliation Act. Under COBRA, coverage may be continued for dependent children up to 36 months if they no longer qualify as the employee's dependent under the insurance plan.

How to submit a Life Event: To begin your enrollment, you will need to access the benefits section in UKG, 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 on primary residence of the employee; all dependents need to have the address they generally reside written under their information in UKG.
- 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.
- 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.
- **Any change in coverage elections shall be effective as of the date of the change in status, change in coverage, or change in cost; unless otherwise required by law.**

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

Medical Insurance

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. 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.

Deaconess offers two options of in-network coverage. The first option is the Preferred Network, Deaconess OneCare which includes IUH and Vanderbilt. The Preferred Network (tier 1) provides members the highest level of coverage allowing less out of pocket expenses. The secondary in-network option (depending on your home address) is UHC Options PPO or Encore Combined (tier2). This option allows coverage outside the preferred network, Deaconess OneCare, and involves higher out of pocket expenses. Should you require care from a non-OneCare network provider due to not having coverage available based on specialty or other factors, your services could be paid at the preferred network level (tier 1). However, those non-OneCare services must be pre-approved.

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.

Definitions:

Copay: a fixed amount you pay for a covered health service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible: the dollar amount (for individual or family) a Participant is responsible to pay each year before the Plan begins to pay for certain services.

Co-insurance: the percentage of the cost of covered expenses a Participant must pay after meeting any applicable deductible.

Out-of-pocket maximum: the maximum amount a participant pays for covered medical expenses (including expenses for covered dependents, if applicable) in a Benefit Period. When the out-of-pocket maximum is reached, the Plan pays 100% of eligible covered expenses for the rest of the Benefit Period.





Which Medical Network Do YOU Have Access To?

Networks are based on the Employee's Residence

	Employee Home Address	Tier 1 Network(s) ^{1, 2}	Tier 2 Network(s)	Travel Network
Employees Residing outside the OneCare Service Area (see Medical Plan Summary on Page 14)	Employees residing in Illinois or Kentucky (except Henderson & Union County)	Deaconess OneCare Network	United Healthcare Options PPO	United Healthcare Options PPO
Employees Residing outside the OneCare Service Area (see Medical Plan Summary on Page 14)	Employees residing outside Indiana, Illinois & Kentucky	Deaconess OneCare Network	United Healthcare Options PPO	United Healthcare Options PPO
Employees residing within the OneCare & Patoka Valley Service Area (see Medical Plan Summary on Page 14)	<u>Indiana Counties:</u> Crawford, Daviess, Dubois, Martin, Orange, Perry, Pike, Spencer	Deaconess OneCare Network & Patoka Valley Healthcare Cooperative	Encore Combined	United Healthcare Options PPO
Employees Residing outside the OneCare Service Area (see Medical Plan Summary on Page 14)	<u>Indiana:</u> All Other Counties	Deaconess OneCare Network	Encore Combined	United Healthcare Options PPO
Employees residing within the OneCare Service Area (see Medical Plan Summary on Page 15)	<u>Indiana Counties:</u> Warrick, Gibson, Vanderburgh, Posey <u>Kentucky Counties:</u> Henderson & Union	Deaconess OneCare Network		United Healthcare Options PPO

¹ Tier 1 Network also includes access to [Indiana University \(IU\) Health Network](#) & [Vanderbilt University Medical Center \(VUMC\) Network Providers](#).

² Deaconess Members accessing the Patoka Valley Health Care Cooperative are not required to obtain a referral. In addition, the following facilities will NOT be considered in-network for Deaconess members.

- Ascension Health St. Vincent – Evansville/Warrick Indiana
- Daviess Community hospital – Washington Indiana
- Digestive Care Center – Evansville/Warrick/Jasper Indiana

How to Find a Provider in Your Network:



onecarecollaborative.com

Phone: 1.812.426.9402

1. Go to 'For Patients'
2. Select 'Find a Provider/Facility'
3. Start your search

For Patients ▾

Find a Provider/Facility



Indiana University Health

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

Find Providers

Search by city, condition, or name

Example: Primary Care in Avon

[View all providers](#)



VANDERBILT
HEALTH

vanderbilthealth.com

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



Find a Doctor



encoreconnect.com/provider-search

Phone: 1.888.574.8180

1. Select the 'Encore Combined' tile,
2. Select the 'Deaconess Health System'
3. Start your search



Patoka Valley Health
Care Cooperative

pvcooperative.com/Directory.html

Select the 'Choose an Option' to find the Kind of Doctor you are searching for.

UnitedHealthcare[®]
Options PPO Network

whyuhc.com/strategicalliance

1. Select the 'Search the Provider Network' tile,
2. Search for Providers and Services or Find Care by Category.

Medical & Pharmacy Plan Premiums

Full Time Employees

Authorized to work 60+ hours per pay period

	Advantage Plan Bi-Weekly Rates (26)	Standard Plan Bi-Weekly Rates (26)
Employee	\$123.42	\$76.00
Employee + Spouse	\$277.20	\$170.99
Employee + Child(ren)	\$197.46	\$121.59
Family	\$370.24	\$227.99

Part Time Employees

Authorized to work 40-59 hours per pay period

	Advantage Plan Bi-Weekly Rates (26)	Standard Plan Bi-Weekly Rates (26)
Employee	\$158.03	\$115.37
Employee + Spouse	\$355.57	\$259.56
Employee + Child(ren)	\$256.05	\$192.08
Family	\$474.12	\$346.06

Wellness Incentives (see below)

	Bi-Weekly Earning (26) to offset Medical/Pharmacy Premiums
Employee Incentive	\$33.93
Spouse Incentive	\$11.30

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.

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 continue receiving the Wellness Incentive for the plan year beginning October 1, 2026 the following must be completed AND submitted by August 1, 2026:

- **Annual Wellness Visit with your Primary Care Provider** (August 2, 2025 – August 1, 2026)
 - *Must contain height, weight, blood pressure, cholesterol, and glucose for all; and A1C for those who have diabetes.*

For more information, visit your **MyWellness portal** or contact the Wellness Department at wellness@deaconess.com or **812-450-1FIT (1348)**.

Medical Premium Assistance (MPA)

The Medical Premium Assistance Program provides financial assistance to Full-Time employees by providing those who qualify with a **20% savings on their medical premiums**.

Family income less than **400% of 2024 Federal Poverty Guidelines**:

Family Size*	1	2	3	4	5	6
Max Income	\$60,240	\$81,760	\$103,280	\$124,800	\$146,320	\$167,840

**As determined by number of dependents and income on your 2024 federal tax return*

Full-Time employees (authorized 60+ hours/pay period) will be eligible to apply during enrollment (Annual Enrollment, New Hire Enrollment, Life Event Enrollment, and Authorized Hours Changes Part Time to Full Time).

For more information on the **Medical Premium Assistance Program**

Call: **1.812.450.2025** or email: MedicalPremiumAssistanceProgram@deaconess.com.

Medical Plan Summary

Subscribers Residing **outside** the **OneCare Service Area**
(and their Dependents)

Summary	Advantage Plan			Standard Plan		
	OneCare	Options PPO / Encore Combined	Out-of- Network	OneCare	Options PPO / Encore Combined	Out-of- Network
Annual Deductible						
Per Covered Person	\$800		Not Covered	\$1,200		Not Covered
Family Limit	\$1,600			\$2,400		
Out-of-Pocket Maximum						
Per Covered Person	\$3,000	\$5,100	Not Covered	\$3,500	\$5,100	Not Covered
Family Limit	\$6,000	\$10,200		\$7,000	\$10,200	
Office Visit						
Primary Care (PCP) Office Visit	\$20 Copay	\$40 Copay	Not Covered ¹	25%*	35%*	Not Covered ¹
Primary Care Services (Diagnostic & Procedures)	20%	30%				
Specialist (SPC) Office Visit	\$35 Copay	\$55 Copay				
Specialist Services (Diagnostic & Procedures)	20%	30%				
Urgent Care Office Visit	\$35 Copay	30%*				
Urgent Care Services (Diagnostic & Procedures)	20%	30%*				
Preventive Health Benefits (PHB)						
Wellness Benefit (PHB Guidelines)	Covered in Full		Not Covered	Covered in Full		Not Covered
Routine Eye Exam	Covered in Full			Covered in Full		
Inpatient/Outpatient Services						
Emergency Room Services (True Emergency)	20%*			25%*		
Ambulance	20%*			25%*		
Emergency Room Services (Non-Emergent)	\$300 Copay +20%* Coins.	\$300 Copay +30%* Coins.	Not Covered	\$300 Copay +25%* Coins.	\$300 Copay +35%* Coins	Not Covered
Inpatient Hospital / Facility / Physician Services	20%*	30%*	Not Covered	25%*	35%*	Not Covered
Outpatient Hospital / Facility Services	20%					
Outpatient Physician Services	20%*					
Therapy Services						
Occupational Therapy^ ^Benefit Period Maximum: 30 Visits per Condition.	20%*	30%*	Not Covered	25%*	35%*	Not Covered
Physical Therapy^ ^Benefit Period Maximum: 30 Visits per Condition.						
Speech Therapy^ ^Benefit Period Maximum: 30 Visits per Condition.						
Chiropractic Office Visit & Manipulation* *Benefit Period Maximum: 20 Visits.						
Mental Health/Substance Abuse						
Office Visit	\$20 Copay	\$20 Copay	Not Covered	25%*	25%*	Not Covered
Intensive Outpatient (IOP)	20%	20%				
Inpatient	20%*	20%*				
Other Services						
Infertility Treatment (Lifetime Maximum: \$10,000. Treatment does not apply to the Out-of-Pocket Maximum)	50%	50%	Not Covered	50%	50%	Not Covered
Durable Medical Equipment (DME); Prosthetics; Orthotics; Home Health Care	20%*	20%*		25%*	35%*	
Diabetes Training Program* (Copayment is waived if part of a Deaconess Wellness Care Plan.)	\$35 Copay	Not Covered		\$20 Copay	Not Covered	

* After Deductible

¹ Urgent Care Center services are covered at the Other UHC Options PPO or Encore Combined benefit level for required Urgent Care while traveling in an area where there is not a OneCare Provider, UHC Options PPO, or an Encore Combined Network Provider.

Medical Plan Summary

Subscribers Residing within the **OneCare Service Area**
(and their Dependents)

Summary	Advantage Plan		Standard Plan	
	OneCare	Out-of-Network	OneCare	Out-of-Network
Annual Deductible				
Per Covered Person	\$800	Not Covered	\$1,200	Not Covered
Family Limit	\$1,600		\$2,400	
Out-of-Pocket Maximum				
Per Covered Person	\$3,000	Not Covered	\$3,500	Not Covered
Family Limit	\$6,000		\$7,000	
Office Visit				
Primary Care (PCP) Office Visit	\$20 Copay	Not Covered ¹	25%*	Not Covered ¹
Primary Care Services (Diagnostic & Procedures)	20%			
Specialist (SPC) Office Visit	\$35 Copay			
Specialist Services (Diagnostic & Procedures)	20%			
Urgent Care Office Visit	\$35 Copay			
Urgent Care Services (Diagnostic & Procedures)	20%			
Preventive Health Benefits (PHB)				
Wellness Benefit (PHB Guidelines)	Covered in Full	Not Covered	Covered in Full	Not Covered
Routine Eye Exam	Covered in Full		Covered in Full	
Inpatient/Outpatient Services				
Emergency Room Services (True Emergency)	20%*		25%*	
Ambulance	20%*		25%*	
Emergency Room Services (Non-Emergent)	\$300 Copay +20%* Coins.	Not Covered	\$300 Copay +25%* Coins.	Not Covered
Inpatient Hospital / Facility / Physician Services	20%*		25%*	
Outpatient Hospital / Facility Services	20%			
Outpatient Physician Services	20%*			
Therapy Services				
Occupational Therapy^ ^Benefit Period Maximum: 30 Visits per Condition.	20%*	Not Covered	25%*	Not Covered
Physical Therapy^ ^Benefit Period Maximum: 30 Visits per Condition.				
Speech Therapy^ ^Benefit Period Maximum: 30 Visits per Condition.				
Chiropractic Office Visit & Manipulation* *Benefit Period Maximum: 20 Visits.				
Mental Health/Substance Abuse				
Office Visit	\$20 Copay	Not Covered	25%*	Not Covered
Intensive Outpatient (IOP)	20%			
Inpatient	20%*			
Other Services				
Infertility Treatment (Lifetime Maximum: \$10,000. Treatment does not apply to the Out-of-Pocket Maximum)	50%	Not Covered	50%	Not Covered
Durable Medical Equipment (DME); Prosthetics; Orthotics; Home Health Care	20%*		25%*	
Diabetes Training Program (Copayment is waived if part of a Deaconess Wellness Care Plan.)	\$35 Copay		\$20 Copay	

* After Deductible

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

October 1, 2025 – September 30, 2026

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

¹ 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.

² Fills of designated Specialty Medications will only be covered by the Plan if filled by the Deaconess Specialty 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 Specialty Pharmacy member cost-sharing applied, if filled through Optum Specialty pharmacy.

³ 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.

⁴ 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.

⁵ Walgreens is excluded from the Deaconess network.

OptumRx Website

You may find additional information about your prescription benefit at 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:

<u>Deaconess Family Pharmacy Midtown</u> 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.	<u>Pharmacy Hours for Midtown:</u> Monday-Friday 7:00 AM – 7:30 PM Saturday 10:00 AM – 4:00 PM Sunday Closed
<u>Deaconess Family Pharmacy Gateway</u> Located at 4209 Gateway Boulevard, Newburgh, on the first floor or Gateway MOB2. Drive-thru service is available.	<u>Pharmacy Hours for Gateway:</u> Monday-Friday 7:00 AM – 7:30 PM Saturday 10:00 AM – 4:00 PM Sunday Closed
<u>Deaconess Family Pharmacy Henderson</u> Located on the ground floor of the South Tower inside Deaconess Hospital Henderson at 1305 N. Elm Street, Henderson, KY.	<u>Pharmacy Hours for Henderson:</u> 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>

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

Mail Order, 90-Day Supplies

Mail service for 90-day supplies is available from Optum Home Delivery (phone 800-506-4605) or the Deaconess Family Pharmacy at Deaconess Midtown Hospital. If supplied by DFP, 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 Deaconess Pharmacy staff for more information.

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 change to Deaconess Specialty Pharmacy (phone 833-412-5323) or Optum Specialty Pharmacy (phone 855-427-4682). Effective March 20, 2023, you must participate in the manufacturer's copay support program that applies to your medication. The amount covered by the copay card will not count towards your deductible or OOP maximum. Only your OOP cost will be applied to your deductible and OOP maximum.

Important Notes

- 90-day supplies are available via mail order only.
- Excluded (non-formulary) drugs approved via clinical override will process at 100% member responsibility.
- 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.

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. *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

You must complete an annual visit with your Primary Care Physician (must include all tests listed below) between August 2, 2025 to August 1, 2026 (Visit your **MyWellness portal** at deaconess.ezonlineregistration.net and click on the Wellness Incentive tab for a detailed description for incentive completion).

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 & opportunities to obtain HRA credit, please go to your MyWellness Portal.

Wellness Screenings through PCP - What to Expect

1. 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 consisting of total cholesterol, HDL, LDL, triglycerides, and blood glucose levels
- *Additionally, an A1C must be completed if you are diabetic*

2. Results entered for incentive

After your PCP appointment, visit the **MyWellness portal**, Wellness Incentive tab for the next steps. Once submitted 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 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 with blood work during the current benefit year. Recommended to be before or after the baby, not while pregnant. **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 an 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?

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 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 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

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.

Deaconess Clinic

On-Demand Video Visits

Deaconess Clinic On-Demand Video Visits provide consultation, diagnosis and/or treatment for patients ages 0 and older.

Patients receive the same level of care as they would at an in-person visit at a walk-in clinic. During an On-Demand Video Visit, a patient can be at home, in their office or anywhere else and receive on-demand, quality, telehealth services, via the internet using their computer, tablet or smartphone.

Providers are available to treat and diagnose non-emergency medical issues 24/7 in all 50 United States. And if prescriptions are necessary, they can be sent right to your pharmacy of choice.

You will communicate directly with a KeyCare provider by secure, live and interactive video conference. This is a convenient option to diagnose and treat minor illnesses from anywhere in the United States.

This service is free for employees/families enrolled in the Deaconess employee health plan.

Symptoms/Conditions to use On-Demand Video Visits

- | | | |
|------------------------|----------------------------|----------------------------|
| ✓ Allergies | ✓ Coughs & Flu | ✓ Sinus Infection |
| ✓ Back Pain | ✓ Fevers | ✓ Sore Throat |
| ✓ Bites or Stings | ✓ Headaches | ✓ Sprains and Strains |
| ✓ Bumps, Cuts & Scraps | ✓ Nausea | ✓ Tooth Pain |
| ✓ Burns - Minor | ✓ Minor Allergic Reactions | ✓ Urinary Tract Infections |
| ✓ Colds | ✓ Pink Eye | ✓ Vomiting |
| ✓ Constipation | ✓ Rash | |

On-Demand Video Visits are available 24 hours a day, 7 days a week, in all 50 states.

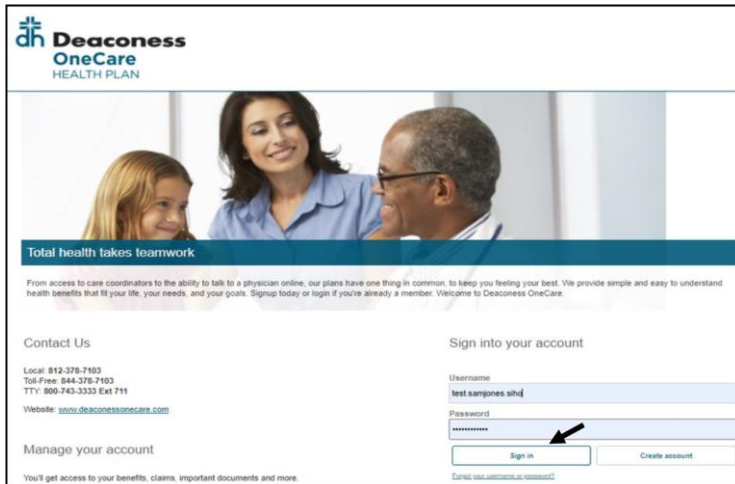
Start a Deaconess Clinic On-Demand Video Visit here: deaconess.com/urgentcare or in your MyChart Account.



Deaconess Clinic
On-Demand Video Visits
deaconess.com/urgentcare



Accessing Your Member Portal



Visit deaconessonecare.com to access the member portal.

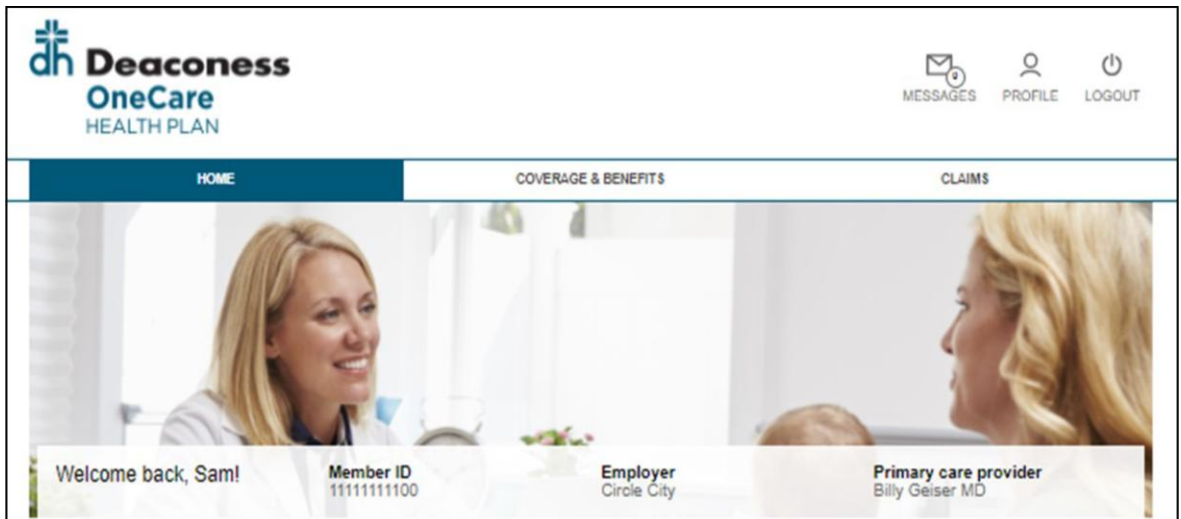
Existing users, click “Sign in”. If you are a new user, click “Create account”.

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

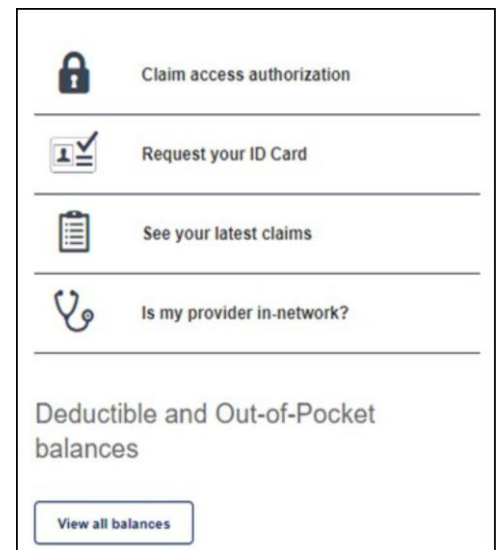
View up-to-date information on Deductibles, Out-of-Pocket Limits & Preventive Health Benefits usage.

Provider Lookup

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

Plan Documents

Verify benefits related to your current plan.





How to Access:

Deaconess EAP counselors are available when you need them.

For your convenience, day and evening appointments may be arranged.

In an emergency, you can reach an EAP counselor 24-hours a day, 7 days a week.

Call: **1.812.471.4611** or **1.800.874.7104**.

Click Here to schedule an appointment:

[Schedule your appointment online](#)



Deaconess EAP Video Visit:

Schedule a confidential video visit appointment with a licensed therapist by a secure, live and interactive video conference. This convenient option offers day and evening appointments, and can be used in any U.S. location.

Click here to Schedule an EAP Video Visit:

[EAP VIDEO VISIT >](#)



Available to:

All employees and members of their households.



Cost:

The services of Deaconess EAP are an employee benefit at no cost to you.

If you and your counselor decide that additional services are required by an outside resource, you will be responsible for any costs not covered by insurance.

Deaconess Employee Assistance Program (EAP)

Deaconess EAP is an employee assistance program offering assessment, short-term counseling, referral (if necessary) and follow-up services to employees and members of their household who want help dealing with life changes or personal problems.

Often, the stress caused by life changes, conflict or trouble at home or at work may make it difficult for you to do your job or to be happy in other areas of your life. When this happens, it is best to seek assistance.

Many times, short-term counseling is all you need to get back on the right track. That's why we offer Deaconess EAP. The service can help you deal with problems before they become too large for you to handle and before your personal life and/or your job performance begin to suffer.

EAP counselors are trained to deal with a wide variety of employee problems. They will offer you professional support and direction toward resolving the problem.

Those wanting to use EAP are allowed **five (5) sessions** per topic addressed.

Although Deaconess EAP can help you through a crisis, it is primarily designed to help you manage the life changes we all experience in such areas as:

- Family or marital relationships
- Legal or financial problems
- Death in the family
- Alcohol or drug problems
- Emotional or psychological adjustment
- Depression
- Stress
- Parenting
- Anxiety
- Retirement

For more information visit the EAP page on [D-Web](#).



SupportLinc | Employee Assistance Program

In addition to the Deaconess Employee Assistance Program, Employees will soon have access to additional emotional wellbeing and work-life balance resources from **SupportLinc**.

SupportLinc offers expert guidance to help address and resolve everyday issues

In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.

Short-term counseling

Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work related pressures, or substance abuse.

Web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Legal consultation

By phone or in-person with a local attorney.

Financial expertise

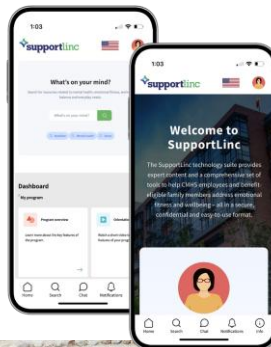
Planning and consultation with a licensed financial counselor.

Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

Confidentiality

SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.



Convenient, on-the-go support

- **Textcoach®** Personalized coaching with a licensed counselor on mobile or desktop
- **Animo** Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect** Moderated group therapy sessions on an anonymous, chat-based platform



How to Access:

All assistance is available 24 hours a day, seven days a week with confidential support, guidance, and resources.

Call (888) 881-LINC (5462) or Visit supportlinc.com (Group Code: **deaconess**).

Download the SupportLinc eConnect® App.



Available to:

All Deaconess Illinois employees and their family members.



Cost:

Calling our EAP is **Free**, including **up to six (6) counseling sessions and access to online content**.

Occasionally, services beyond those covered by the EAP will have a cost, and any costs associated with a service will be fully explained.

Dental Insurance

Using the Plan

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

HRI 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.

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

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.

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 HRI Dental plan, additional charges will be excluded. This includes benefits received from employers outside of Deaconess.*



Learn more about
HRI Dental Benefits



DENTAL – HRI Dental & Vision
Phone: 1.800.727.1444
www.insuringsmiles.com

Dental Insurance

Plan Annual Maximum Benefit

Diagnostic & Preventive

	Prime Plan (DHO 4)		Basic Plan (DHO 6)	
	\$2,000		\$1,000	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
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%
Sealants	100%	100%	100%	100%

Restorative & Prosthodontics

	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Core build ups	80%	80%	50%	50%
Crowns (porcelain, ceramic, stainless steel)	80%	80%	50%	50%
Filings (silver or white) <i>anterior and posterior teeth</i>	80%	80%	50%	50%
Protective restorations	80%	80%	50%	50%
Removable dentures	50%	50%	50%	50%

Endodontics & Periodontics

	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Root canal therapy (anterior, posterior)	80%	80%	50%	50%
Root canal therapy (retreatment)	80%	80%	50%	50%
Scaling and root planning	80%	80%	50%	50%
Full mouth debridement	50%	50%	50%	50%
Periodontal maintenance	50%	50%	50%	50%

Oral Surgery

	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Frenectomy	80%	80%	50%	50%
Simple extractions	80%	80%	50%	50%
Impactions	80%	80%	50%	50%
Surgical extractions	80%	80%	50%	50%

Miscellaneous

	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Emergency palliative treatment	50%	50%	50%	50%
Anesthesia (general and IV sedation)	50%	50%	50%	50%
Athletic mouth guards	50%	50%	50%	50%

Orthodontia

	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Lifetime Orthodontic benefit (adult/dependent)	Included (\$2,000 Lifetime Maximum)		Not Included	

View your benefit summary for a list of complete benefits.

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

Procedures listed herein are payable up to the lifetime maximum benefit, not to exceed the maximum monthly installment. To receive maximum benefit, the patient must be in active orthodontic treatment a minimum of two years while covered by the Plan. Once an individual has exhausted his/her lifetime maximum benefit under any Plan, additional charges will be excluded.

*In-network dentists have agreed to accept discounts on covered dental services which allows for your benefit dollars to go further. Whereas out-of-network dentists are under no obligation to accept contracted fees. If there is a difference between the allowed reimbursement and the amount the dentist charges for the service, you are responsible for this difference. Therefore, your coinsurance may vary from the figures outlined above.

Your Employer will sponsor your plan and select your individual annual maximum dollar level, of which the benefit accumulation period is the Plan year. Your employer will also collect your portion of the premiums via payroll deduction and define eligibility requirements. You may not add, drop or change coverage during each contract period unless a qualifying event occurs. If a statement in this summary conflicts with a statement in the Certificate, the terms of the Certificate will control. All plans are issued subject to certain exclusions, limitations and restrictions such as frequency and age limitations. These exclusions, limitations and restrictions, and a listing of all covered services by ADA code, are described in your Certificate, which is available on our website or by calling HRI at 800-727-1444.

Cost Per Paycheck (Bi-Weekly)

	Prime Plan (DHO 4)	Basic Plan (DHO 6)
Employee	\$8.91	\$6.87
Employee + Spouse	\$19.42	\$15.00
Employee + Children	\$19.42	\$15.00
Family	\$29.21	\$22.57

Vision Insurance

Using the Plan

Deaconess Illinois provides Vision coverage through the **VSP Choice network**. Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

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.

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.

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.

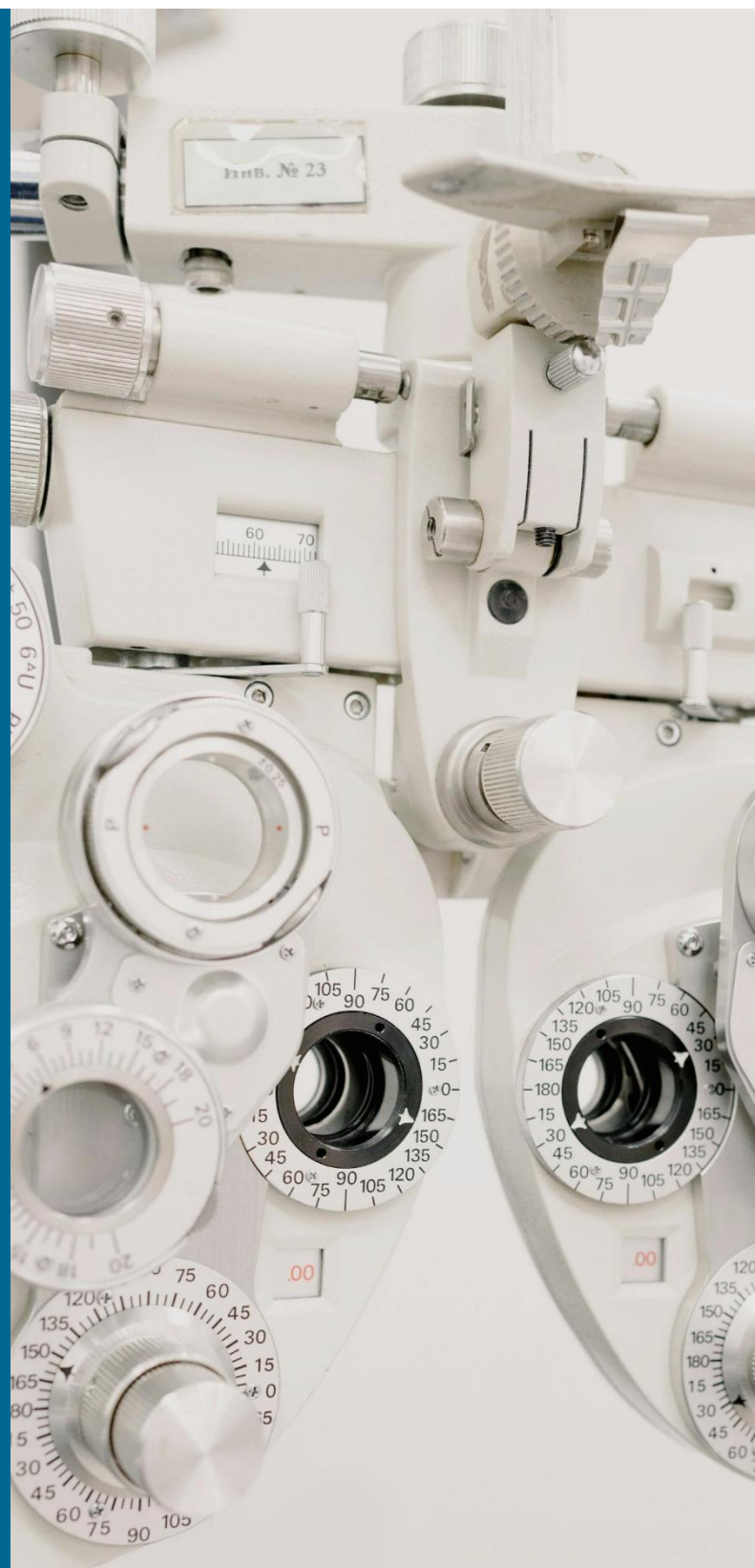
TruHearing Hearing Aid Discount Program

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.

Contact TruHearing. Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call **877.396.7194** with questions.

Cost Per Paycheck (Bi-Weekly)

	Premier	Base
Employee	\$5.31	\$2.66
Employee + Spouse	\$10.61	\$5.31
Employee + Children	\$11.35	\$5.69
Family	\$18.15	\$9.09



VISION - VSP
Phone: 1.800.877.7195
Website: www.vsp.com

vsp
vision care

Vision Insurance

Premier Plan

with a VSP Choice Network Provider

Benefit	Description	Copay
WellVision Exam®	- Focuses on your eyes and overall wellness - Every plan year*	\$10
Prescription Glasses		\$25
Frame*	\$150 frame allowance \$200 featured frame brands allowance 20% savings on the amount over your allowance \$80 Walmart®/Sam's Club®/Costco® frame allowance - Every plan year*	Included in Prescription Glasses
Lenses	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children - Every plan year*	Included in Prescription Glasses
Lens Enhancements	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements - Every plan year*	\$0 \$95-\$105 \$150-\$175
Contacts (Instead of Glasses)	\$130 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation) - Every plan year*	Up to \$60
Essential Medical Eye Care	- Retinal screening for members with Diabetes - 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. - Coordination with your medical coverage may apply. Ask your VSP doctor for details. - Available as Needed	\$0 per screening \$20 per exam
VSP EasyOptions (members can choose one of these upgrades)	- Additional \$100 frame allowance, or - Progressive lenses, or - Light-reactive lenses, or - Anti-glare coating, or - Additional \$70 contact lens allowance. - Every plan year*	

Base Plan

with a VSP Choice Network Provider

Benefit	Description	Copay
WellVision Exam®	- Focuses on your eyes and overall wellness - Every plan year*	\$10
Prescription Glasses		\$25
Frame*	\$150 frame allowance \$200 featured frame brands allowance 20% savings on the amount over your allowance \$80 Walmart®/Sam's Club®/Costco® frame allowance - Every <u>other</u> plan year*	Included in Prescription Glasses
Lenses	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children - Every plan year*	Included in Prescription Glasses
Lens Enhancements	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements - Every plan year*	\$0 \$95-\$105 \$150-\$175
Contacts (Instead of Glasses)	\$130 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation) - Every plan year*	Up to \$60
Essential Medical Eye Care	- Retinal screening for members with Diabetes - 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. - Coordination with your medical coverage may apply. Ask your VSP doctor for details. - Available as Needed	\$0 per screening \$20 per exam

vsp
vision care

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
• Frameup to \$70	• Lined Trifocal Lenses up to \$65	• Contacts up to \$105
• Single Vision Lensesup to \$30		

*Plan year begins annually on October 1st

Flexible Spending Accounts (FSA)

A flexible spending account (FSA) is a spending account that lets you set aside money on a pre-tax basis to pay for qualified expenses. With an FSA, a portion of your paycheck is deposited in one or more account on a pre-tax basis. You can then use these funds to pay for out-of-pocket eligible expenses.



FSA/HRA - Employee Benefits Corporation
Phone: 1.800.346.2126
Website: www.ebcflex.com

Health Care FSA

- Used for healthcare expenses not covered by insurance.
- The annual minimum election is \$100 and the plan maximum \$3,300.
- 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.

Eligible FSA Expenses can be found at ebcflex.com/eligibleexpenses

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.

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.

Get to know your EBC HRASM and your BESTflex PlanSM

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 Website: ebcflex.com, link in UKG Benefits portal. The UKG Benefits login page can be found on 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, D-Web and 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 Annual Enrollment in August.

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.

EBC Mobile: Your Benefits, Anytime, Anywhere

Download EBC Mobile in the App Store or Google Play for on-the-go access to everything you need to manage your EBC administered benefit accounts, all in one place.



Life and AD&D Insurance

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

Deaconess Illinois provides, at no cost to you, basic life insurance and accidental death and dismemberment (AD&D) insurance.

The AD&D benefit provides a payment in the same amount as the employee's basic life coverage if there is loss of life in an accident. It also provides a benefit for a debilitating injury due to a covered accident.

	Life Coverage	AD&D Coverage
Benefit ²	1 times your annual earnings Maximum \$500,000 (Rounded to the next higher \$1,000)	AD&D; Included

² Percentage by which original amount of coverage will be reduced 35% at age 70; 45% at age 80

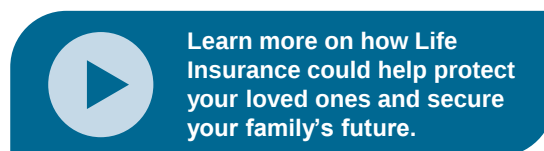
Optional Employee Life and Accidental Death and Dismemberment (AD&D) and Dependent Life Insurance

	Life Coverage	AD&D Coverage
Employee	Benefit ² : 1, 2 or 3 times Your annual Earnings Maximum: The lesser of 3x earnings or \$500,000 (Rounded to the next higher \$1,000)	AD&D; Included
Spouse	Benefit ² : Increments of \$5,000 Maximum: The lesser of 50% of Employee Basic & Supplemental coverage or \$50,000	AD&D; Included
Child(ren)	Benefit: \$10,000	AD&D; Included

² Percentage by which original amount of coverage will be reduced 35% at age 70; 45% at age 80

Optional Life & AD&D Rates Per \$1,000 (26 pay periods)

EE Age (Oct 1 st)	Employee	Spouse
<25	\$0.022	\$0.038
25-29	\$0.022	\$0.038
30-34	\$0.026	\$0.048
35-39	\$0.035	\$0.064
40-44	\$0.048	\$0.091
45-49	\$0.073	\$0.139
50-54	\$0.106	\$0.219
55-59	\$0.150	\$0.333
60-64	\$0.258	\$0.438
65-69	\$0.402	\$0.697
70-74	\$0.666	\$1.217
75+	\$1.174	\$2.206
Child(ren)	\$0.29 / pay period regardless of the number of children covered. Children are covered to age 26.	



LIFE and AD&D INSURANCE – The Hartford
 Phone: 1.888.563.1124
 Policy #: 402724
 Website: thehartford.com/employee-benefits/employees

Short & Long-Term Disability

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.**

**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.



SHORT-TERM DISABILITY & LONG-TERM DISABILITY – The Hartford
 Phone: 1.888.277.4767
 Policy #: 402724
 Website: thehartford.com/employee-benefits/employees

Short-Term Disability (STD)

In the event of a short-term disability (STD), you have financial protection paid for by Deaconess Illinois. Our Short-term disability benefit provides 60% of base weekly income starting on the 8th day after your injury or sickness. You are automatically enrolled in Basic STD coverage at no cost to you. You can choose more STD coverage with the Buy-up STD plan that's paid by you through payroll deductions.

STD Coverage Level	Benefit Percentage (Percent of your earnings)	Maximum	Sickness Benefit Starts	Injury Benefit Starts	Benefit Duration
Core	60%	\$1,500	On the 8 th day	On the 8 th day	26 weeks
Buy-Up	70%	\$2,500	On the 8 th day	On the 8 th day	26 weeks

Long Disability (LTD)

Long-term disability benefit provides 60% of base monthly income when disabled more than 180 days.

Benefit Percentage (Percent of your earnings)	Maximum	Minimum (Based on Monthly income loss before the deduction of other income benefits)	Benefit Starts	Benefit Duration
60%	\$10,000	The greater of \$100 or 10% of the benefit	After 180 days disabled	Disabled before: Age 63 <u>Benefit Duration:</u> as long as you are disabled <u>Benefit Duration maximum:</u> The greater of your Social Security normal retirement age or 3.5 years

Additional Coverage

Optional benefits available for purchase

Hospital indemnity insurance pays a benefit when you are hospitalized to pay out-of-pocket expenses and extra bills. The benefit is paid directly to you in a lump sum based on the length and level of care needed. Read full benefits highlights located on the D-Web or [here](#).

Hospital Indemnity Cost Per Paycheck (Bi-Weekly)	High	Low
Employee	\$9.35	\$6.17
Employee + Spouse	\$17.78	\$11.27
Employee + Children	\$14.31	\$9.59
Family	\$23.42	\$14.78



Hospital Indemnity can help you pay for everyday expenses along your road to recovery.

Accident insurance pays specific amounts for expenses related to nonwork-related accidents and injuries. Hospitalization, physical therapy, intensive care, transportation and lodging are some of the out-of-pocket expenses covered. Read full benefits highlights located on the D-Web or [here](#).

High	Low	Accident Insurance Cost Per Paycheck (Bi-Weekly)
\$5.09	\$2.98	Employee
\$8.01	\$4.66	Employee + Spouse
\$8.18	\$5.00	Employee + Children
\$13.01	\$7.85	Family



See how this Accident Insurance coverage can help when you need it most.

Critical illness insurance works with medical insurance by helping you pay the direct and indirect costs of a critical illness or event. Conditions covered include heart attack, stroke, major organ transplant, end stage renal failure, paralysis and some types of cancer. The premiums will be determined by a number of factors including demographics and the amount of coverage. Read full benefits highlights located on the D-Web or [here](#).



You never know if a serious illness might happen. Protect your future finances with Critical Illness Insurance.



CRITICAL ILLNESS, ACCIDENT & HOSPITAL INDEMNITY – The Hartford
Phone: 1.866.547.4205
Policy #: 402724
Website: myhealthhub.app/thehartford



Pet Insurance

Nationwide[®] pet insurance

My Pet Protection[®] coverage highlights: My Pet Protection offers 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
- Hereditary and congenital conditions
- Dental diseases
- Rx therapeutic diets and supplements
- Illnesses
- Cancer
- Behavioral treatments
- And more

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

- Lost pet advertising and reward
- Emergency boarding and kenneling fees
- Lost pet due to theft
- Mortality benefit

Included with every policy

VetHelpline[®]

- Unlimited, 24/7 virtual pet care in an app
- Advice from licensed veterinary professionals
- Support for any pet health concern

PetRxExpressSM

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



Get a fast, no-obligation quote today.

PET INSURANCE – Nationwide

Phone: 1.877.738.7874

Website: benefits.petinsurance.com/deaconess

Payactiv

Work today, Get paid tomorrow

Access Anytime

- Get up to 50% of earned wages
- Transfer to your bank or card
- Get cash at Walmart[®] 1
- Use Uber[®] rides, Amazon Cash[®]
- 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[®] 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[®] Prepaid Card issued by Central Bank of Kansas City, Member FDIC, pursuant to a license from Visa[®] U.S.A. Inc.

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

The Payactiv Visa[®] 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.



Scan QR code to learn more at bit.ly/payactiv-deaconess-health

payactiv

EARNED WAGE ACCESS – Payactiv

Phone: 1.877.937.6966

Website: bit.ly/payactiv-deaconess-health

Download the Payactiv app



Deaconess Illinois

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 50% of the employee's first 6% of contributions. You are eligible to receive the matching contribution when you have completed 12 months of continuous employment and you have been credited with 1,000 hours of service during the plan year (January 1 to December 31).

Employer Match Deposits

Employer contributions are deposited into accounts annually in the spring after the end of the calendar year. Full vesting occurs after completing three years of service (at least 1,000 hours worked per calendar year). If you terminate employment before you are fully vested, you forfeit all of the employer money that is in your account. Employee is 100% vested after three years of employment.

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 IRS limit. 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.

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 UKG 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
email: tony.davis@fmr.com
Phone: 1.502.322.0806

Fidelity Investments
website: www.fidelity.com/atwork
Phone: 1.800.343.0860

Important Notices:

*For full plan details, reference the Deaconess Illinois 401(k) Plan Summary Plan Description.
Last Reviewed: 1/9/2025 KS

Deaconess Illinois Employee Services

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 **1.812.450.2319** 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.

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 **1.812.450.7681** or **1.800.967.6795**.



DEACONESS EMPLOYEE WELLNESS

The employee wellness department offers online education and HRA credit.

Please call **1.812.450.1348** and press #2 if you have any questions.

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 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.



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, **1.812.842.3789**, for more information.

Employees not on Deaconess medical insurance, please check with your insurance provider.



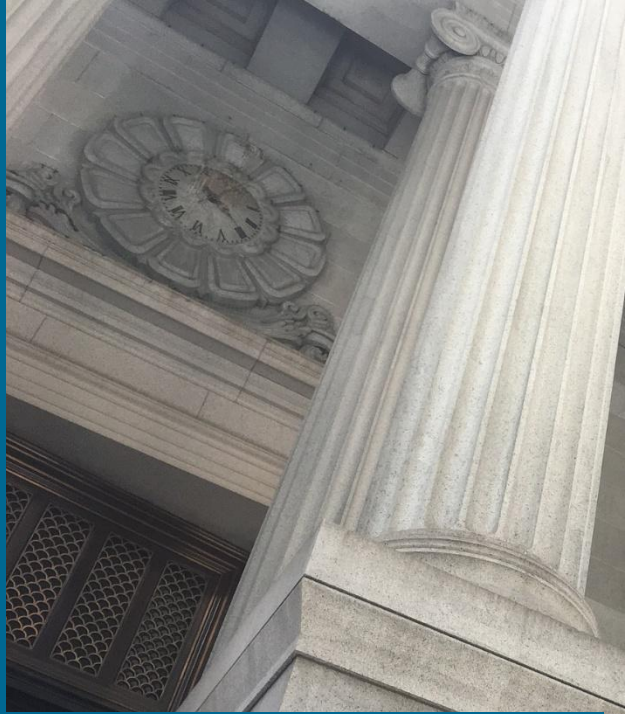
Educational Assistance

Student Loan Wellness Program

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 Deaconess provides a **Student Loan Wellness Program** from deaconess.guildededucation.com.

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



EDUCATIONAL ASSISTANCE - Guild
Phone: 1.800.985.4027
Website: deaconess.guildededucation.com

When you sign up with Guild, 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, Guild will help you find ways to save and pay for their education.

Start your journey by setting up an account at deaconess.guildededucation.com. Contact **Guild** at **1.800.985.4027** with questions.

Student Loan Forgiveness

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.

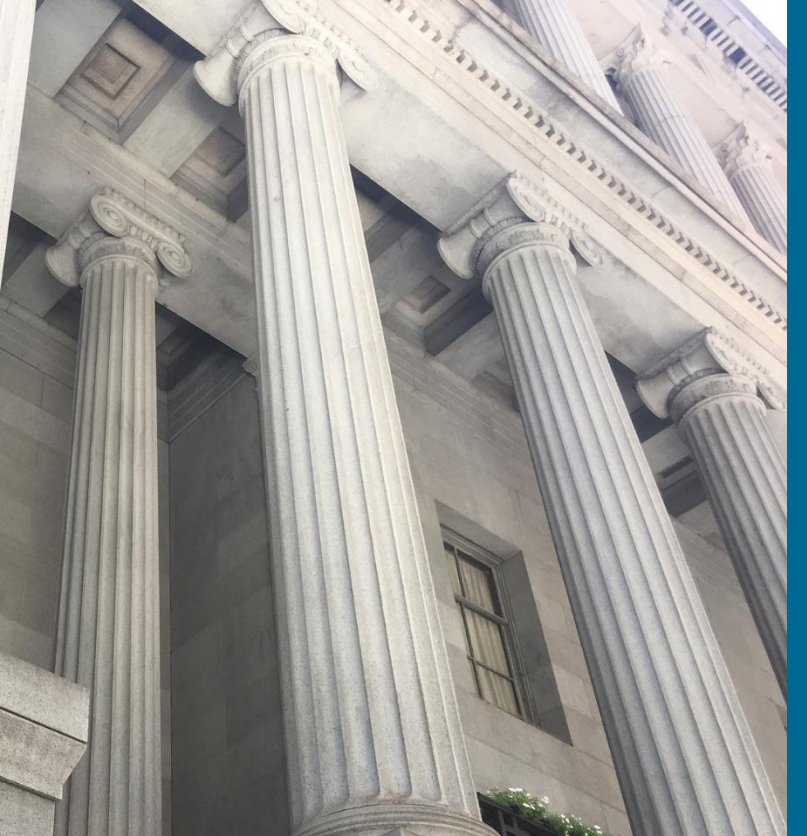
- Full-time employees receive \$100/month (those working at least 30 hours per week).
- Part-time employees receive \$50/month (those working at least 20 hours per week).
- At this time, only student loans taken out as part of an undergraduate program are eligible for this program.
- New hires are eligible the month following completion of the Guild enrollment process.
- Payments are made directly to your student loans through the Guild 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.
- 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

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

Next step for eligible employees: Please register with Guild at deaconess.guildededucation.com. 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



Educational Assistance

Tuition Reimbursement

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

- 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 Guild. 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 [Guild](#) or call **1.800.985.4027** for more information.

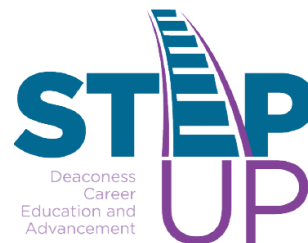
You can also email questions to:

_HRTuitionReimbursement@deaconess.com

Step-Up Program

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.

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



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

You can find more information and the Step-Up Application on D-Web.

For more information you can email: _HRStepUpProgram@deaconess.com

Important Notice from Deaconess Health System, Inc. 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, Inc. 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, Inc. is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. 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, Inc. 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, Inc. 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 Deaconess Health System, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: September 4, 2024

Name of Entity/Sender: Deaconess Health System, Inc.

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.

Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage 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).

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother of her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information

Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as

specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator.

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator.

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA)

sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site:

<http://www.dol.gov/vets/programs/userra/main.htm>

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site:

<http://www.dol.gov/vets>

An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>

Hospital/Fixed Indemnity Plan Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance; it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit Healthcare.gov or call 1-800-318-2596 (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments". If you have this policy through your job, or a family member's job, contact the employer.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

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

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

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

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either - submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description contact the HR Service Center at askhrservicecenter@perdoceod.com.

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Deaconess Health System, Inc.		4. Employer Identification Number (EIN) 35-1532889
5. Employer address 600 Mary Street		6. Employer phone number (812) 450-2025
7. City Evansville	8. State IN	9. Zip Code 47710
10. Who can we contact about health coverage at this job? Human Resources		
11. Phone number (if different from above)	12. Email address BenefitQuestions1@deaconess.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All Employees. Eligible Employees are:
 - ☒ Some employees. Eligible employees are: [Employees authorized to work 40 or more hours per pay period]
 - With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are: [Spouses include someone you are currently, legally married to in accordance with state law recognized in Indiana. Children include Natural born children, stepchildren, legally adopted children and children for whom you are a legal guardian up to age 26]
 - ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends this coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, STORED, DISCLOSED, OR TRANSMITTED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how protected health information and/or electronic protected health information (“ePHI”) (collectively, “PHI”) may be used, stored, disclosed, or transmitted by us or your Group Health Plan to carry out payment, health care operations, and for other purposes that are permitted or required by law. This Notice also sets out our legal obligations concerning your PHI, and describes your rights to access, amend, manage, or transmit your PHI.

PHI is individually identifiable health information, including demographic information, collected from you or stored, created, received, or transmitted by a health care provider, a health plan, your employer (when functioning on behalf of the Group Health Plan), or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you. The above-referenced entities may also be referred to as covered entities.

In addition to the above-listed entities, their business associates and contractors must comply with HIPAA standards regarding their handling of PHI. A business associate is any person or group that generates, stores, receives or transmits PHI on behalf of a covered entity with which they are affiliated. In order for the business associates and contractors to remain compliant, they must be vigilant about consistency and evaluating and modifying its HIPAA security and compliance strategy. Prior to performing a service related to the use, storage, disclosure, or transmittal of PHI, a business associate must sign a Business Associate Agreement. The business associates may be subject to the same penalties and fines as a covered entity in the event that they are not in compliance with HIPAA regulations. Business Associate Agreements must comply with HIPAA Omnibus Rule.

Sufficient training should be held to inform staff of the definitions and procedure changes as a result of the HIPAA Omnibus Rule. Business associates are required to implement training for their employees and all instructional efforts must be documented.

This Notice of Privacy Practices had been drafted to be consistent with what is known as the “HIPAA Privacy Rule,” and any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Rule.

If you have any questions or want additional information about this Notice or the policies and procedures described in this Notice, please contact Member Services by mail at Deaconess OneCare Health Plan, P.O. Box 407, Columbus, IN 47202-0407, or by phone toll-free at (844) 378-7103, or if local, at (812) 378-7103.

EFFECTIVE DATE

This Notice of Privacy Practices becomes effective on January 1, 2021.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your PHI. We are obligated to: provide you with a copy of this Notice of our legal duties and of our privacy practices related to your PHI; abide by the terms of the Notice that is currently in effect; and notify you in the event of a breach of your unsecured PHI. We reserve the right to change the provisions of our Notice and make the new provisions effective for all PHI that we maintain. If we make a material change to our Notice, we will make the revised Notice available by posting on our website at www.deaconessonecare.com.

PERMISSIBLE USES AND DISCLOSURES OF PHI

The following is a description of how we are most likely to use and/or disclose your PHI.

TPO (Treatment, Payment, and Health Care Operations) Uses

To avoid interfering with an individual's access to quality health care or the efficient payment for such health care, we have the right to use, store, disclose, and transmit your PHI for all activities that are included within the definitions of “treatment”, “payment”, and “health care operations” as set out in 45 C.F.R. § 164.501 (this provision is a part of the HIPAA Privacy Rule). We have not listed in this Notice all of the activities included within these definitions, so please refer to 45 C.F.R. § 164.501 for a complete list.

- *Treatment*: Treatment generally means the provision, coordination, or management of health care and related services among health care providers, or by a health care provider with a third-party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.
- *Payment*: We will use or disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill our responsibilities for coverage and providing benefits. For example, we may disclose your PHI when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary.
- *Health Care Operations*: We will use or disclose your PHI to support the Plan's business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, stop-loss underwriting, business planning, and business development. For example, we may use or disclose your PHI: (i) to provide you with information about a disease management program; (ii) to respond to a customer service inquiry from you; or (iii) in connection with fraud and abuse detection and compliance programs.

De-Identified Health Information

There are no restrictions on the use or disclosure of de-identified health information. De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information, either: (1) a formal determination by a qualified statistician; or (2) the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.

OTHER PERMISSIBLE USES AND DISCLOSURES OF PHI

The following is a description of other possible ways in which we may (and are permitted to) use and/or disclose your PHI.

Required by Law

We may use or disclose your PHI to the extent the law requires the use or disclosure. When used in this Notice, “required by law” is defined as it is in the HIPAA Privacy Rule. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

Public Health Activities

We may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or we may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. We also may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

Abuse or Neglect

We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence when required by law.

Legal Proceedings

We may disclose your PHI: (i) in the course of any judicial or administrative proceeding; (ii) in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized); and (iii) in response to a subpoena, a discovery request, or other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule. For example, we may disclose your PHI in response to a subpoena for such information, but only after we first meet certain conditions required by the HIPAA Privacy Rule.

Law Enforcement

Under certain conditions, we also may disclose your PHI to law enforcement officials. For example, some of the reasons for such a disclosure may include, but not be limited to: (i) it is required by law or some other legal process; (ii) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (iii) it is necessary to provide evidence of a crime that occurred on our premises.

Coroners, Medical Examiners, Funeral Directors; Organ Donation Organizations

We may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

Research

We may disclose your PHI to researchers when an institutional review board or privacy board has: (i) reviewed the research proposal and established protocols to ensure the privacy of the information; and (ii) approved the research.

To Prevent a Serious Threat to Health or Safety

Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security, Protective Services

Under certain conditions, we may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, we may disclose, in certain circumstances, your information to the foreign military authority. We also may disclose your PHI to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

Inmates

If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or to a law enforcement official for: (i) the institution to provide health care to you; (ii) your health and safety and the health and safety of others; or (iii) the safety and security of the correctional institution.

Workers' Compensation

We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Emergency Situations

We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will disclose only the PHI that is directly relevant to the person's involvement in your care.

Fundraising Activities

We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance its activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.

Group Health Plan Disclosures

We may disclose your PHI to a sponsor of the Group Health Plan – such as an employer or other entity – that is providing a health care program to you. We can disclose your PHI to that entity if that entity has contracted with us to administer your health care program on its behalf.

Underwriting Purposes

We may use or disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing in the underwriting process your PHI that is genetic information.

Others Involved in Your Health Care

Using our best judgment, we may make your PHI known to a family member, other relative, close personal friend or other personal representative that you identify. Such a use will be based on how involved the person is in your care, or payment that relates to your care. We may release information to parents or guardians, if allowed by law. If you are not present or able to agree to these disclosures of your PHI, then, using our professional judgment, we may determine whether the disclosure is in your best interest.

USES AND DISCLOSURES OF YOUR PHI THAT REQUIRE YOUR AUTHORIZATION

Sale of PHI

We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

Marketing

We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

Psychotherapy Notes

We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or health care operation functions.

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

REQUIRED DISCLOSURES OF YOUR PHI

The following is a description of disclosures that we are required by law to make.

Disclosures to the Secretary of the U.S. Department of Health and Human Services

We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

Disclosures to You

We are required to disclose to you most of your PHI in a “designated record set” when you request access to this information. Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. We also are required to provide, upon your request, an accounting of most disclosures of your PHI that are for reasons other than payment and health care operations and are not disclosed through a signed authorization. We will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant state law. However, before we will disclose PHI to such a person, you must submit a written notice of his/her designation, along with the documentation that supports his/her qualification (such as a power of attorney). Even if you designate a personal representative, the HIPAA Privacy Rule permits us to elect not to treat the person as your personal representative if we have a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) we determine, in the exercise of our professional judgment, that it is not in your best interest to treat the person as your personal representative.

Business Associates

We contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these functions or to provide the services, our Business Associates will receive, create, maintain, use, or disclose PHI, but only after we require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information. For example, we may disclose your PHI to a Business Associate to administer claims or to provide member service support, utilization management, subrogation, or pharmacy benefit management. Examples of our business associates would be our Third Party Administrator, SIHO Insurance Services, which will be handling many of the functions in connection with the operation of our Group Health Plan; the retail pharmacy; and the mail order pharmacy.

Other Covered Entities

We may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, we may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and we may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that we may disclose or share your PHI with other insurance carriers in order to coordinate benefits, if you or your family members have coverage through another carrier.

Plan Sponsor

We may disclose your PHI to the plan sponsor of the Group Health Plan for purposes of plan administration or pursuant to an authorization request signed by you.

POTENTIAL IMPACT OF STATE LAW

The HIPAA Privacy Rule regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule regulations, might impose a privacy standard under which we will be required to operate. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of PHI concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

YOUR RIGHTS

The following is a description of your rights with respect to your PHI.

Right to Request a Restriction

You have the right to request a restriction on the PHI we use or disclose about you for payment or health care operations. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you. You may request a restriction by contacting the designated contact listed on the first page of this Notice. It is important that you direct your request for restriction to the designated contact so that we can begin to process your request. Requests sent to persons or offices other than the designated contact might delay processing the request.

We will want to receive this information in writing and will instruct you where to send your request when you call. In your request, please tell us: (1) the information whose disclosure you want to limit; and (2) how you want to limit our use and/or disclosure of the information.

Right to Request Confidential Communications

If you believe that a disclosure of all or part of your PHI may endanger you, you may request that we communicate with you regarding your information in an alternative manner or at an alternative location. For example, you may ask that we only contact you at your work address or via your work e-mail. You may make such a request by contacting the designated contact listed on the first page of this Notice. It is important that you direct your request for confidential communications to the designated contact so that we can begin to process your request. Requests sent to persons or offices other than the one indicated might delay processing the request.

We will want to receive this information in writing and will instruct you where to send your written request when you call. In your request, please tell us: (1) that you want us to communicate your PHI with you in an alternative manner or at an alternative location; and (2) that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger.

We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your PHI could endanger you. As permitted by the HIPAA Privacy Rule, “reasonableness” will (and is permitted to) include, when appropriate, making alternate arrangements regarding payment.

Accordingly, as a condition of granting your request, you will be required to provide us information concerning how payment will be handled. For example, if you submit a claim for payment, state or federal law (or our own contractual obligations) may require that we disclose certain financial claim information to the plan participant (e.g., an Explanation of Benefits, or “EOB”). Unless you have made other payment arrangements, the EOB (in which your PHI might be included) will be released to the plan participant.

Once we receive all of the information for such a request (along with the instructions for handling future communications), the request will be processed promptly, usually within two business days.

Prior to receiving the information necessary for this request, or during the time it takes to process it, PHI might be disclosed (such as through an EOB). Therefore, it is extremely important that you contact the designated contact listed on the first page of this Notice as soon as you determine that you need to restrict disclosures of your PHI.

If you terminate your request for confidential communications, the restriction will be removed for all your PHI that we hold, including PHI that was previously protected. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your PHI will endanger you.

Right to Inspect and Copy

You have the right to inspect and copy your PHI that is contained in a “designated record set.” Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy your PHI that is contained in a designated record set, you must submit your request to the designated contact listed on the first page of this Notice. It is important that you contact the designated contact to request an inspection and copying so that we can begin to process your request. Requests sent to persons, offices, other than the designated contact might delay processing the request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. To request a review, you must contact the designated contact listed on the first page of this Notice. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

Right to Amend

If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. You may request that we amend your information by contacting the designated contact listed on the first page of this Notice. Additionally, your request should include the reason the amendment is necessary. It is important that you direct your request for amendment to the designated contact so that we can begin to process your request. Requests sent to persons or offices, other than the designated contact might delay processing the request.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the information you want to amend is not maintained by us, but by another entity. If we deny your request, you have the right to file a statement of disagreement with us. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right of an Accounting

You have a right to an accounting of certain disclosures of your PHI that are for reasons other than treatment, payment, or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by you or your personal representative. You should know that most disclosures of PHI will be for purposes of payment or health care operations, and, therefore, will not be subject to your right to an accounting. There also are other exceptions to this right.

An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by submitting your request in writing to the designated contact listed on the first page of this Notice. It is important that you direct your request for an accounting to the designated contact so that we can begin to process your request. Requests sent to persons or offices other than the designated contact might delay processing the request.

Your request may be for disclosures made up to 6 years before the date of your request. The first list you request within a 12-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 the time before any costs are incurred.

Right to a Copy of This Notice

You have the right to request a copy of this Notice at any time by contacting the designated contact listed on the first page of this Notice. If you receive this Notice on our Website or by electronic mail, you also are entitled to request a paper copy of this Notice.

COMPLAINTS

You may complain to us if you believe that we have violated your privacy rights. You may file a complaint with us by calling us at the number listed on the first page of this Notice. A copy of a complaint form is available from this contact office. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem. We will not penalize or any other way retaliate against you for filing a complaint with the Secretary or with us.

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.

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

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

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

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ 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: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPI.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

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 and reference the OMB Control Number 1210-0137.

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

Illinois Consumer Coverage Disclosure Act

Employer Name:		DEACONESS HEALTH SYSTEM, INC		
Employer State of Situs:		INDIANA		
Plan Year:		2025-2026		
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)				
2020-2025 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.				

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This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.