Employee Benefits Guide

October 1, 2026 – September 30, 2027

2026-2027

Deaconess Illinois

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This guide is intended to provide a general overview of your benefits. In the event of any conflict between this guide and the official plan documents, the plan documents will govern.

Contacts

	Contact Information
Deaconess Illinois Human Resources	
ServiceNow	Dweb: Resources menu > ServiceNow > Human Resources > Ask HR a Question
Benefits Team	(812) 450-2025 | **BenefitQuestions1@deaconess.com** Office Hours: 7:00 am to 4:30 pm
Leave of Absence	(812) 450-8258 | **HRLOA@deaconess.com** Office Hours: 8:00 am to 4:30 pm
Deaconess OneCare	
Medical	Group # DHSHSP | (844) 378-7103 | **deaconessonecare.com** OneCare Provider Directory: **deaconessonecare.com/ProviderDirectory.aspx**
Liviniti	
Prescription Drugs	(833) 946-3818 | **liviniti.com**
Deaconess Wellness Department	
Employee Wellness	(812) 450-1FIT(1348) | **wellness@deaconess.com**
MyWellness Portal Help Desk	
Applied Health Analytics	(855) 581-9910
Deaconess EAP	
Employee Assistance Program (EAP)	(812) 471-4611 or (800) 874-7104 | **deaconess.com/EAP**
SupportLinc by CuraLinc (EAP)	
Employee Assistance Program (EAP)	(888) 881-LINC (5462) | **supportlinc.com** Group Code: deaconess
HRI Dental & Vision	
Dental	(800) 727-1444 | **insuringsmiles.com**
VSP Vision Care	
Vision	Group #40154411 | (800) 877-7195 | **vsp.com**
Employee Benefits Corporation	
Health Savings Account (HSA) Flexible Spending Account (FSA) Dependent care (DCAP) Health Reimbursement (HRA)	(800) 346-2126 | **ebcflex.com**
The Hartford	
Life and Accidental Death & Dismemberment	Policy # 402724 | (888) 563-1124
Short-Term Disability, Long-Term Disability, FMLA	Policy # 402724 | (888) 277-4767 **thehartford.com/employee-benefits/employees**
Critical Illness, Accident & Hospital Indemnity	Policy # 402724 | (866) 547-4205 **myhealthhub.app/thehartford**
Fidelity Investments	
Retirement Plan	(800) 343-0860 | **fidelity.com/atwork**
Nationwide	
Pet Insurance	(800) 540-2016 | **benefits.petinsurance.com/deaconess**
Guild	
Educational Assistance	(800) 985-4027 | **deaconess.guildeducation.com**

Total Rewards Program | Eligibility

Deaconess Illinois | Total Rewards Program

Below is a summary of the rewards currently offered to **NON-SUPERVISORY EMPLOYEES**. Coverage for benefits begin on the first of the month, following one full calendar month from the Hire Date or Benefit Eligibility Effective Date, unless otherwise noted (for example, an employee becomes benefit eligible on August 2nd; coverage will begin on October 1st). Hire Date or Benefit Eligibility Effective Date is defined as the first day that you physically perform work.

***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.**

	Features and Eligibility	Who Pays
Benefits		
Medical Insurance 3 Plans (Pre-Tax)	Coverage for employees (and dependents) authorized to work at least 40 hours per two-week pay period. If enrolled in either the Advantage or Standard Plan; A Health Reimbursement Account (HRA) and biweekly incentives can also be received through our Wellness program to offset medical plan costs. If enrolled in the HDHP plan, a Health Savings Account (HSA) will be available to you.	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 to a max of $1,500 a week 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**. Able to port to individual policy.	Deaconess
Long Term Disability	Receive 60% of base monthly salary up to $10,000 a month 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**. Able to port to individual policy.	Deaconess
Basic Life Insurance	One times annual base salary (rounded to the nearest $1,000) with a $20,000 minimum up to certain limits for employees authorized to work at least 40 hours per two-week pay period. Able to port to individual policy.	Deaconess
Short Term Disability Buy-Up	Receive an additional 10% of base weekly income (70% base weekly income up to $2,500 a week) 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
Voluntary Term Life Insurance	Additional coverage available at 1x, 2x or 3x annual base salary up to $500,000 maximum for employees authorized to work at least 40 hours per two-week pay period. Benefit reduces at age 70. Able to port to individual policy.	Employee

Total Rewards Program | Eligibility

	Features and Eligibility	Who Pays
Benefits		
Voluntary Dependent Term 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 $3,400 into a non-taxable reimbursement account for eligible medical expenses. Debit Card available. The Health FSA Debit Card is enabled to pay for Dental, Vision, Rx and approved FSA Over-The- Counter items at point of sale. The FSA Debit Card is disabled to work for any Medical expenses, such as co-pays, coinsurance, deductibles and max out of pockets. These medical expenses, if enrolled in a Deaconess Medical Plan, are automatically substantiated and reimbursed out of participants flexible spending account. Participants not enrolled in a Deaconess Medical Plan will need to submit manual claim forms to Employee Benefits Corporation (EBC) to receive reimbursement.	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	If enrolled in any Deaconess Medical Plan, the 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.	Deaconess
Health Savings Account	In 2026, employees can contribute up to $4,400 if you are covered by a high-deductible health plan just for yourself, or $8,750 if you have coverage for your family.	Employee
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
*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 40-80 hours in a two-week pay period.	Deaconess
*Pay Check Deposit	Pay checks are automatically deposited in a checking or savings account as authorized.	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

Total Rewards Program | Eligibility

	Features and Eligibility	Who Pays
Benefits		
*Social Security	Monthly retirement/disability benefits	Deaconess and employee
*Retirement Savings Plan	Employees may direct salary up to the federal annual maximum contribution limits into 401(k). Deaconess will match 50% up to 6% of contributions after 12 months of employment. Match is calculated on a per pay basis.	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 and $1,000 for certifications 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

	Features and Eligibility	Who Pays
Additional Services and Benefits		
*Deaconess Employee Assistance Program	Free short-term counseling and referral for employees and member of their household.	Deaconess
*Wellness Program	Variety of online activities	Deaconess and employee
*Continuing Education	Several courses and conferences offered with CE available.	Deaconess
*Deaconess RN OnCall:	For questions regarding an acute illness or injury, call (812) 450-7681 or (800) 967-6795, 24 hours a day, 365 days a year, to speak with an RN.	Deaconess
On-Demand Urgent Care Video Visits	Convenient video visits for minor illnesses if enrolled in the Deaconess Health Plan. This is free for anyone covered under the Deaconess Health Advantage & Standard Plans and after deductible is met for the Deaconess HDHP 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.	Deaconess

Total Rewards Program | Eligibility

	Features and Eligibility	Who Pays
Compensation		
Bereavement Pay	An excused paid absence of up to 24 hours may be granted to 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)

DEACONESS PAID BENEFIT

Full Time and Part time (non-DSS) Employees accrue PTO based on hours paid and seniority. 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.

	Accrual per Pay Period* (Annual Accrual)		
Years of Seniority	**0-3 years**	**4-13 years**	**14+ years**
Accrual rate per hour	0.0692	0.0885	0.1078
Maximum bank accrual	216	276	336
Paid Hours			
80	5.54 (144)	7.08 (184)	8.62 (224)
40	2.77 (72)	3.54 (92)	4.31 (112)

**Hours will vary based on actual hours worked/paid*

	Breakdown of Hours Worked at Full Time 80 Hours		
Hours	**0-3 years**	**4-13 years**	**14+ years**
Holiday time	6 days (48hrs)	6 days (48hrs)	6 days (48hrs)
Personal | sick | vacation time	12 days (16hrs)	17 days (16hrs)	22 days (16hrs)
Totals			
Per year	**18 days** (144hrs)	**23 days** (184hrs)	**28 days** (224hrs)

**Hours worked less 80 are pro-rated on hours worked*

All days are figured on an 8-hour day

Illinois Paid Leave (IPL)

Illinois employees (full time, part time and DSS) accrue IPL based on hours worked.

- IPL hours are not available until an employee has met a 90-day waiting period from hire and accrued at least 2 hours.
- IPL may be used for a scheduled or non-scheduled absence.
- Must take minimum of 2 hours of IPL time.
- Employees accrue 1 hour of IPL for every 40 hours Regular hours worked (.025 accrual rate).
- Maximum accrual is 40 hours per calendar year.
- Up to 40 hours of IPL can be carried over at year end.
- Only 40 hours can be used in any calendar year.
- IPL is NOT paid out at separation of employment.

Benefit Eligibility Information

The Deaconess Employee benefits program offers you the flexibility to choose the options that best suit you and your families' 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 calendar month of employment or status change to benefit eligible position.
- Annual Open Enrollment is in August each year. Employees are able to add, remove, or make changes to their benefit plans/elections as well as dependents covered. Effective date for Open Enrollment submission is October 1.

Which benefit programs am I eligible for?

Work Authorization	
Employees authorized to work 40 or more hours per pay period are eligible for:	Medical, dental, vision, basic life/AD&D, voluntary term life/AD&D for employee and dependents, EAP, 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), EAP
Employees authorized to work DSS and Temporary are eligible for:	401(k), EAP

Who qualifies as an eligible dependent?

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 the end of the month in which they turn 26 regardless of student, marital or job status

Making Mid-Year Changes to Benefits

Outside of your initial benefit enrollment and the Annual Open Enrollment event period, you may make changes to your benefit package within 30-days of qualified life 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 DWeb under Human Resources, in Benefits.

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 in which the change needs to be effective, usually the day after the event 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. Proof of the life event is required. Should include names of who's been impacted, benefits involved and effective dates are needed on documentation. If it is adding coverage due to loss in coverage a Certificate of Credible Coverage will be requested which is a fancy word for proof of loss document. Adding coverage cold be for various reasons, loss of coverage, birth/adoption, divorce or marriage.

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 Medical Insurance Provider Network is based on the county of primary residence of the employee. If dependents have a different primary address from employee, please list their address within their dependent profile and notify the Benefits Office to then notify OneCare.
- Once benefits enrollment is submitted, the Benefits Office recommends that a copy of the summary confirmation page be saved for your personal records.
- Wellness Incentive will be automatically granted for medical enrollments that occur prior to April 1st due to new hire, life event or status change. Annual physical and labs will be needed by August 1st of current plan year to continue to receive incentive for future plan years. Hired, life events or status change on or after April 1st will automatically receive incentive and not have to submit annual physical and labs until August of the following year in which they were hired, life event or status change occurred.
- If you are unable to enroll online, please contact the Benefits Office at (812) 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. If effective date has passed when changes are approved, any back premiums owed will be collected on employees next paycheck along with their regular per pay deductions.

Documentation is required within 30 days of the family status change. Employee Benefits Corporation will notify the dependent regarding the Consolidated Omnibus Act (COBRA) requirements.

Dependent Verification Documents

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

- Marriage certificate

List B

- Bank or credit card statement with a common address
- Mortgage or lease statement with a common address
- Motor and vehicle statement with a common address
- Current federal tax return with 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 Act (COBRA) requirements. 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.

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.

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.

Helpful 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 member is responsible to pay each year before the Plan begins to pay for certain services.

COINSURANCE

The percentage of the cost of covered expenses a member must pay after meeting any applicable deductible.

OUT-OF-POCKET MAXIMUM

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

Network Access

Which Medical Network Do YOU Have Access To?

Networks are based on the Employee's Residence

	Employee Home Address	Tier 1 Network(s)[1,2,3]	Tier 2 Network(s)	Travel Network
Area of Residence				
Employees Residing **outside** the **OneCare Service Area**	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**	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**	**Indiana Counties:** 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**	**Indiana:** All Other Counties	Deaconess OneCare Network	Encore Combined	United Healthcare Options PPO
Employees residing within the **OneCare Service Area**	**Indiana Counties:** Warrick, Gibson, Vanderburgh, Posey **Kentucky Counties:** Henderson & Union	Deaconess OneCare Network	N/A	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*

3 Employees of Jennie Stuart or BHD Madisonville have temporary exception allowing use of UHC Options PPO as Tier 1.

How to Find an In-Network Provider

	How to Find a Provider in Your Network
OneCare	
deaconessonecare.com/ProviderDirectory.aspx Phone: (812) 426-9402	1. Go to '**For Patients**' 2. Select '**Find a Provider/Facility**' 3. Start your search
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
Vanderbilt Health	
vanderbilthealth.com	1. Select '**Find a Doctor**' 2. 2. Start your search
Encore Combined	
encoreconnect.com/provider-search Phone: (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

	Advantage Plan Bi-Weekly Rates (26)	Standard Plan Bi-Weekly Rates (26)	HDHP Plan Bi-Weekly Rates (26)
Full Time Employees	Authorized to work 60+ hours per pay period		
Employee	$125.54	$77.08	$77.08
Employee + Spouse	$281.54	$173.54	$173.54
Employee + Child(ren)	$200.31	$123.69	$123.69
Family	$376.15	$231.69	$231.69
Part Time Employees	Authorized to work 40-59 hours per pay period		
Employee	$160.74	$117.01	$117.01
Employee + Spouse	$361.14	$263.44	$263.44
Employee + Child(ren)	$259.74	$195.40	$195.40
Family	$481.68	$351.68	$351.68
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, 2027 THE FOLLOWING MUST BE COMPLETED AND SUBMITTED BY AUGUST 1, 2027:

- **Annual Wellness Visit with your Primary Care Provider** (August 2, 2026 – August 1, 2027)
- 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 & Pharmacy Plan Premiums

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 2025 Federal Poverty Guidelines:

Family Size*	1	2	3	4	5	6
Max income	$62,600	$84,600	$106,600	$128,600	$150,600	$172,600

**As determined by number of dependents and income on your 2025 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).

HOW TO COMPLETE AND SUBMIT APPLICATION ELECTRONICALLY IN UKG:

- From UKG home screen, scroll down and click HR Help.
- Under Categories (right-hand side) click Benefits & Perks.
- Under Request Forms click Medical Premium Assistance Program.
- Select radio button Indiana:
  - All Locations (except those listed below)
- Select radio button Illinois:
  - Red Bud, Regional IL, IL Crossroads, IL Un County & Transcare
- Complete remaining part of application along with uploading 1040 tax document.
- Click Send Request.

MPA: (812) 450-2025 | **MedicalPremiumAssistanceProgram@deaconess.com**.

Medical Plan Summary

Subscribers Residing outside the OneCare Service Area - Advantage and Standard Options

(AND THEIR DEPENDENTS)

	Advantage Plan		Standard Plan	
	OneCare / PVHCC[1]	Encore Combined / Options PPO[2]	OneCare / PVHCC[1]	Encore Combined / Options PPO[2]
Annual Deductible				
Per Covered Person	$800		$1,200	
Family Limit	$1,600		$2,400	
Out-of-Pocket Maximum				
Per Covered Person	$3,500	$5,600	$4,000	$5,600
Family Limit	$7,000	$11,200	$8,000	$11,200
Office Visit[3]				
Primary Care (PCP) Office Visit	$20 copay	$40 copay	25%*	35%*
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		Covered in full	
Routine Eye Exam	Covered in full		Covered in full	
Inpatient/Outpatient Services				
Emergency Room Services (True Emergency)	20%*		25%*	
Ambulance	20%*		25%*	

Please Note

Yellow boxes in the medical plan chart indicate out-of-network coverage that matches the in-network amount. All other plan features are not covered out-of-network.

** After Deductible*

[1] Employees residing within Patoka Valley Service Area may access PVHCC Providers at Tier 1 Benefit Level.

[2] For employees residing in Indiana, the Encore Combined network applies. For employees residing outside of Indiana, the UHC Options PPO network applies.

[3] Urgent Care Center services are covered at the Encore Combined or Options PPO benefit level for required Urgent Care while traveling in an area where there is not a OneCare Provider or an Encore Combined Provider (those residing in Indiana) or an Options PPO Provider (those residing outside Indiana).

[4] Infertility Treatment benefits excluded for Deaconess Memorial Employees

Medical Plan Summary

Subscribers Residing outside the OneCare Service Area - Advantage and Standard Options

(AND THEIR DEPENDENTS)

	Advantage Plan		Standard Plan	
	OneCare / PVHCC[1]	Encore Combined / Options PPO[2]	OneCare / PVHCC[1]	Encore Combined / Options PPO[2]
Inpatient/Outpatient Services				
Emergency Room Services (Non-Emergent)	$300 Copay + 20%* Coinsurance	$300 Copay + 30%* Coinsurance	$300 Copay + 25%* Coinsurance	$300 Copay + 35%* Coinsurance
Inpatient Hospital / Facility / Physician Services	20%*	30%*	25%*	35%*
Outpatient Hospital / Facility Services	20%			
Outpatient Physician Services	20%*			
Therapy Sessions				
Occupational Therapy *Benefit Period Maximum: 30 Visits per Condition.*	20%*	30%*	25%*	35%*
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.*	$35 copay	$55 copay		
Mental Health/Substance Abuse				
Office Visit	$20 copay		25%*	
Intensive Outpatient (IOP)	20%			
Inpatient	20%*			
Other Services				
Infertility Treatment[4] *(Lifetime Maximum: $10,000. Treatment does not apply to the Out-of-Pocket Maximum)*	50%		50%	
Durable Medical Equipment (DME); Prosthetics; Orthotics; Home Health Care	20%*	30%*	25%*	35%*
Diabetes Training Program *(Copayment is waived if part of a Deaconess Wellness Care Plan.)*	$20 copay	Not covered	$20 copay	Not covered

** After Deductible*

[1] Employees residing within Patoka Valley Service Area may access PVHCC Providers at Tier 1 Benefit Level.

[2] For employees residing in Indiana, the Encore Combined network applies. For employees residing outside of Indiana, the UHC Options PPO network applies.

[3] Urgent Care Center services are covered at the Encore Combined or Options PPO benefit level for required Urgent Care while traveling in an area where there is not a OneCare Provider or an Encore Combined Provider (those residing in Indiana) or an Options PPO Provider (those residing outside Indiana).

[4] Infertility Treatment benefits excluded for Deaconess Memorial Employees

Medical Plan Summary

Subscribers Residing outside the OneCare Service Area - HDHP Option

(AND THEIR DEPENDENTS)

	HDHP Plan	
	OneCare / PVHCC[1]	Encore Combined / Options PPO[2]
Annual Deductible		
Per Covered Person	$3,400	
Family Limit	$6,800	
Out-of-Pocket Maximum		
Per Covered Person	$6,000	$7,600
Family Limit	$12,000	$15,200
Office Visit[3]		
Primary Care (PCP) Office Visit Primary Care Services (Diagnostic & Procedures) Specialist (SPC) Office Visit Specialist Services (Diagnostic & Procedures) Urgent Care Office Visit Urgent Care Services (Diagnostic & Procedures)	25%*	35%*
Preventive Health Benefits (PHB)		
Wellness Benefit (**PHB Guidelines**)	Covered in full	
Routine Eye Exam	Covered in full	
Inpatient/Outpatient Services		
Emergency Room Services (True Emergency)	25%*	
Ambulance	25%*	
Emergency Room Services (Non-Emergent)	25%*	
Inpatient Hospital / Facility / Physician Services Outpatient Hospital / Facility Services Outpatient Physician Services	25%*	35%*

Please Note

Yellow boxes in the medical plan chart indicate out-of-network coverage that matches the in-network amount. All other plan features are not covered out-of-network.

** After Deductible*

[1] Employees residing within Patoka Valley Service Area may access PVHCC Providers at Tier 1 Benefit Level.

[2] For employees residing in Indiana, the Encore Combined network applies. For employees residing outside of Indiana, the UHC Options PPO network applies.

[3] Urgent Care Center services are covered at the Encore Combined or Options PPO benefit level for required Urgent Care while traveling in an area where there is not a OneCare Provider or an Encore Combined Provider (those residing in Indiana) or an Options PPO Provider (those residing outside Indiana).

[4] Infertility Treatment benefits excluded for Deaconess Memorial Employees

Medical Plan Summary

Subscribers Residing outside the OneCare Service Area - HDHP Option

(AND THEIR DEPENDENTS)

	HDHP Plan	
	OneCare / PVHCC[1]	Encore Combined / Options PPO[2]
Therapy Sessions		
Occupational Therapy *Benefit Period Maximum: 30 Visits per Condition.* 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.*	25%*	35%*
Mental Health/Substance Abuse		
Office Visit Intensive Outpatient (IOP) Inpatient	25%*	
Other Services		
Infertility Treatment[4] *(Lifetime Maximum: $10,000. Treatment does not apply to the Out-of-Pocket Maximum)*	50%*	
Durable Medical Equipment (DME); Prosthetics; Orthotics; Home Health Care	25%*	35%*
Diabetes Training Program *(Copayment is waived if part of a Deaconess Wellness Care Plan.)*		Not covered

** After Deductible*

[1] Employees residing within Patoka Valley Service Area may access PVHCC Providers at Tier 1 Benefit Level.

[2] For employees residing in Indiana, the Encore Combined network applies. For employees residing outside of Indiana, the UHC Options PPO network applies.

[3] Urgent Care Center services are covered at the Encore Combined or Options PPO benefit level for required Urgent Care while traveling in an area where there is not a OneCare Provider or an Encore Combined Provider (those residing in Indiana) or an Options PPO Provider (those residing outside Indiana).

[4] Infertility Treatment benefits excluded for Deaconess Memorial Employees

Medical Plan Summary

Subscribers Residing within the OneCare Service Area

(AND THEIR DEPENDENTS)

	Advantage Plan OneCare	Standard Plan OneCare	HDHP Plan OneCare/PVHCC[1]
Annual Deductible			
Per Covered Person	$800	$1,200	$3,400
Family Limit	$1,600	$2,400	$6,800
Out-of-Pocket Maximum			
Per Covered Person	$3,500	$4,000	$6,000
Family Limit	$7,000	$8,000	$12,000
Office Visit[1]			
Primary Care (PCP) Office Visit	$20 copay	25%*	25%*
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	Covered in full	Covered in full
Routine Eye Exam	Covered in full	Covered in full	Covered in full
Inpatient/Outpatient Services			
Emergency Room Services (True Emergency) Ambulance	20%*	25%*	25%*
Emergency Room Services (Non-Emergent)	$300 Copay + 20%* Coinsurance	$300 Copay + 25%* Coinsurance	25%*
Inpatient Hospital / Facility / Physician Services	20%*	25%*	
Outpatient Hospital / Facility Services	20%		
Outpatient Physician Services	20%*		

Please Note

Yellow boxes in the medical plan chart indicate out-of-network coverage that matches the in-network amount. All other plan features are not covered out-of-network.

** 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.

[2] Infertility Treatment benefits excluded for Deaconess Memorial Employees

Medical Plan Summary

Subscribers Residing within the OneCare Service Area

(AND THEIR DEPENDENTS)

	Advantage Plan OneCare	Standard Plan OneCare	HDHP Plan OneCare/PVHCC[1]
Therapy Sessions			
Occupational Therapy *Benefit Period Maximum: 30 Visits per Condition.*	20%*	25%*	25%*
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.*	$35 copay		
Mental Health/Substance Abuse			
Office Visit	$20 copay	25%*	25%*
Intensive Outpatient (IOP)	20%		
Inpatient	20%*		
Other Services			
Infertility Treatment[2] *(Lifetime Maximum: $10,000. Treatment does not apply to the Out-of-Pocket Maximum)*	50%	50%	50%*
Durable Medical Equipment (DME); Prosthetics; Orthotics; Home Health Care	20%*	25%*	25%*
Diabetes Training Program *(Copayment is waived if part of a Deaconess Wellness Care Plan.)*	$20 copay	$20 copay	25%*

** 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.

[2] Infertility Treatment benefits excluded for Deaconess Memorial Employees

Prescription Drug Benefits

Prescription Drug Benefits — Advantage and Standard Medical Options

OCTOBER 1, 2026 – SEPTEMBER 30, 2027

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

	Deaconess Family Pharmacy & Deaconess Specialty Pharmacy	Livinity Network Pharmacy[6]	Livinity Home Delivery/Specialty
Maximum Out-of-Pocket	$2,200 Per Covered Person $4,400 Family Limit	$2,200 Per Covered Person $4,400 Family Limit	$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 Livinity 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 Livinity network pharmacy
Contraceptives[1, 5]	$0	$0	
Infertility Medication[4, 5]	50% - subject to annual max	Not covered	
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, 5]	$0		$0
Infertility Medication[4, 5]	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 Livinity 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 Specialty Pharmacy's service area, fills of designated Specialty Medications will be covered, with the Deaconess Specialty Pharmacy member cost-sharing applied, if filled through Livinity 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] Contraceptives & Infertility Medication excluded for Deaconess Memorial Employees

[6] Walgreens is excluded from the Livinity network.

Prescription Drug Benefits

Prescription Drug Benefits — HDHP Medical Option

OCTOBER 1, 2026 – SEPTEMBER 30, 2027

The Prescription Drug benefits which follow apply to the HDHP option.

Member is responsible for full cost of drug until Deductible is met.

	Deaconess Family Pharmacy & Deaconess Specialty Pharmacy	Livinity Network Pharmacy[6]	Livinity Home Delivery/Specialty
Maximum Out-of-Pocket	Combined with medical		
30 Day Supply or Less			
Generic	Deductible then 10%: $7 min to $35 max	Deductible then 20%: $15 min to $50 max	Use Livinity network pharmacy
Preferred Brand[1]	Deductible then 20%: $45 min to $60 max	Deductible then 30%: $60 min to $80 max	
Non-Preferred Brand[1]	Deductible then 25%: $70 min to $85 max	Deductible then 30%: $95 min to $120 max	
Generic Specialty Medication	Deductible then 25%: $175 max	Not Covered[2]	Deductible then 25%: $175 max
Branded Specialty Medication	Deductible then 25%: $275 max	Not Covered[2]	Deductible then 25%: $275 max
Smoking Cessation Medications[1, 3]	$0	$0	Use Livinity network pharmacy
Contraceptives[1, 5]	$0	$0	
Infertility Medication[4, 5]	Deductible then 50% - subject to annual max	Not Covered	
Over 30 Day, Up to 90 Day Supply			
Generic	10% after deductible: $20 min to $75 max	Not covered — you pay 100%	10% after deductible: $20 min to $75 max
Preferred Brand[1]	20% after deductible: $110 min to $150 max		20% after deductible: $110 min to $150 max
Non-Preferred Brand[1]	25% after deductible: $175 min to $210 max		25% after deductible: $175 min to $210 max
Specialty Medication	Not covered		Not covered
Smoking Cessation Medications[1, 3]	$0		$0
Contraceptives[1, 5]	$0		$0
Infertility Medication[4, 5]	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 Livinity 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 Specialty Pharmacy's service area, fills of designated Specialty Medications will be covered, with the Deaconess Specialty Pharmacy member cost-sharing applied, if filled through Livinity 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 Contraceptives & Infertility Medication excluded for Deaconess Memorial Employees

6 Walgreens is excluded from the Livinity network.

Prescription Drug Benefits

Liviniti Member Portal

The Liviniti **Member Center** is your one-stop hub for all the information you need to maximize your pharmacy benefits.

The **Member Portal** is loaded with information about your pharmacy benefits and prescriptions. After you create your account and confirm your registration, you can login to the Member Portal from the Member Center.

ON THE MEMBER PORTAL YOU CAN:

- View benefit details, including out-of-pocket and deductible information for you and your family
- Review your prescription history and share it with your physician
- Search for a nearby pharmacy based on your zip code
- Find and compare drug prices to find the best price at any network pharmacy in a few easy steps
- Search for medications by name and view formulary tier, whether it is a specialty or over-the-counter (OTC) drug, and any special programs such as prior authorization or quantity limits that apply to the medication
- Check the history or status of any prior authorization
- Locate the mail order pharmacy used by your plan
- Download a digital ID card

ACTIVATE YOUR MEMBER PORTAL:

1. Visit liviniti.com/members
2. Under Member Portal Login, select "Create Account"
    - Refer to your ID card for your credentials
    - Choose a password
    - Click "Register"

3. You will receive an email to confirm your registration before you can login

Questions?

Support is available 24/7/365. Call **(833) 946-3818** or **email support@liviniti.com**.

Liviniti Mobile App

For fast, on-the-go questions about your pharmacy benefits, the answers can fit in the palm of your hand with the Liviniti mobile app.

The mobile app has all the information and resources you would expect, in one convenient place. Use your smartphone to track and manage your prescriptions whenever you want. The free mobile app is a one-stop resource that keeps your pharmacy benefits always within your reach.

- Digital ID card
- Prescription history
- Drug price check
- Drug formulary search
- Pharmacy locator
- Variable copay enrollment
- Prior authorization reviews
- Plus more

APP FEATURES

- Drug formulary search
- Variable copay enrollment
- Prior authorization reviews
- Drug price checks
- Chat with a representative

DOWNLOAD THE APP

Search for Liviniti in the app store. You'll need your group and ID numbers from your ID card to enroll.

If you don't have access to your ID card or need help, please call Member Services at (833) 946-3818.

APP STORE

GOOGLE PLAY STORE

Deaconess Family Pharmacy Quick Facts

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

Deaconess Family Pharmacy Midtown 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.	**Pharmacy Hours for Midtown:** Monday-Friday 7:00 AM – 7:30 PM Saturday 10:00 AM – 4:00 PM Sunday Closed
Deaconess Family Pharmacy Gateway Located at 4209 Gateway Boulevard, Newburgh, on the first floor or Gateway MOB2. Drive-thru service is available.	**Pharmacy Hours for Gateway:** Monday-Friday 7:00 AM – 7:30 PM Saturday 10:00 AM – 4:00 PM Sunday Closed
Deaconess Family Pharmacy Henderson Located on the ground floor of the South Tower inside Deaconess Hospital Henderson at 1305 N. Elm Street, Henderson, KY.	**Pharmacy Hours for Henderson:** Monday to Friday 6:00 AM – 6:00 PM Saturday 10:00 AM – 4:00 PM Sunday Closed Prescription processing is Monday through Friday 8:00 AM – 4:30 PM
Deaconess Family Pharmacy Memorial Located within Deaconess Memorial Medical Center 800 W. 9th Street Jasper	**Pharmacy Hours for Memorial:** Monday-Friday 7:00 AM to 6:00 PM Saturday & Sunday Closed
Jennie Stuart Satellite Pharmacy Located within Jennie Stuart Medical Center, at 1724 Kenton St, Suite 1E, Hopkinsville Enter by Emergency near the green umbrella for closest access to the Pharmacy.	**Pharmacy Hours for Satellite Pharmacy:** Monday-Friday9:00 AM 5:00 PM Closed for lunch from 12:30-1:30 PM Saturday& Sunday Closed
You may contact Deaconess Family Pharmacy at (812) 450-DRUG (450-3784.) Follow the prompts to select the desired pharmacy location.	

MAIL ORDER

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

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.

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.

If you are taking a specialty medication, you must fill your prescription with Deaconess Specialty Pharmacy (phone 833-412-5323) or Liviniti Specialty Pharmacy (phone 833-946-3818).

Effective October 1, 2020, you must participate in the manufacturer's copay support program that applies to your medication.

Deaconess Wellness Program

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, 2026 to August 1, 2027 (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** at **deaconess.ezonlineregistration.net**.

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
   - Obtain your comprehensive panel consisting of your blood glucose levels
   - Additionally, an A1C must 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 2-3 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 best results this is recommended but not required, 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. 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 Virtual Video Visits

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 nonemergency 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.

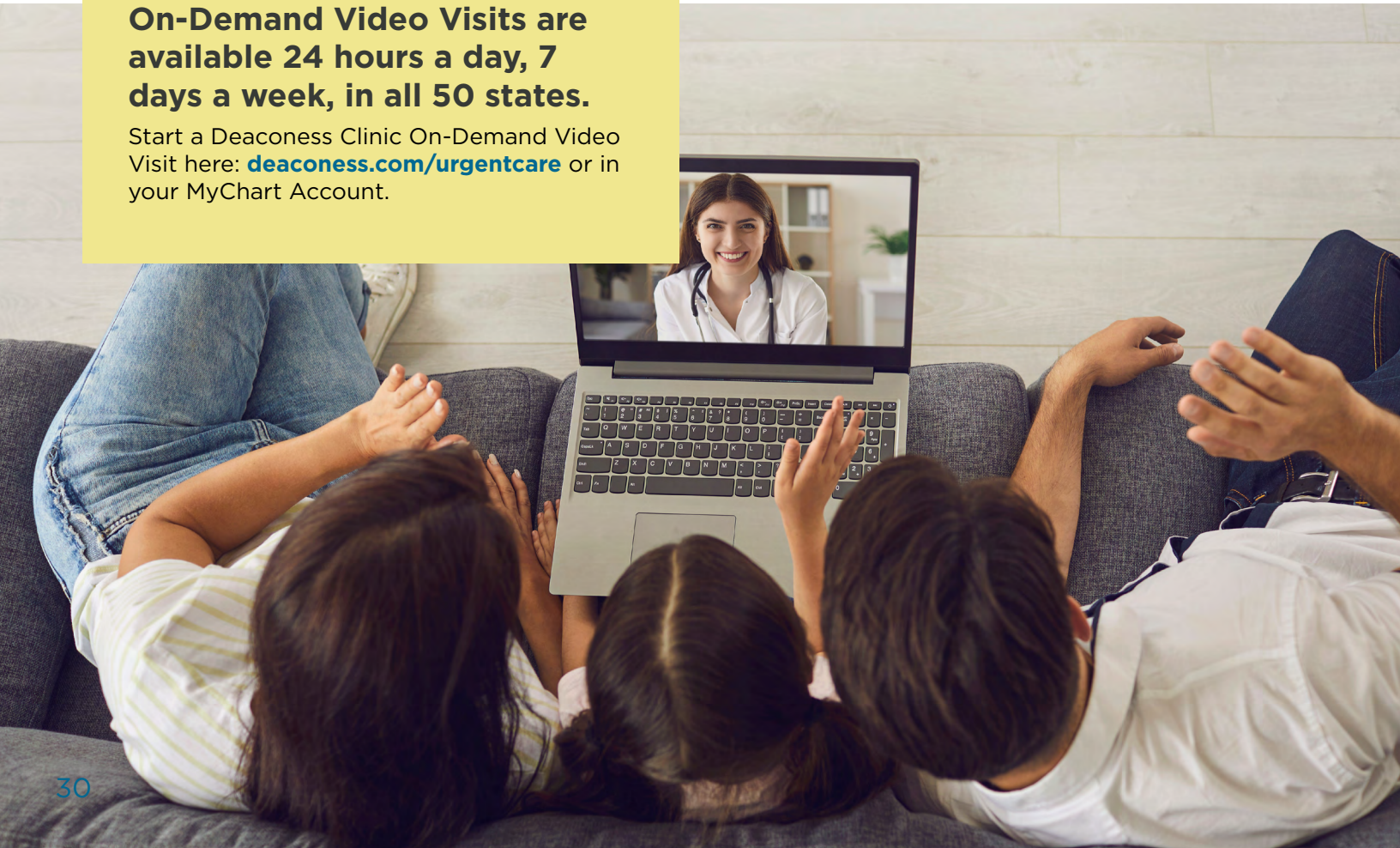
This service is free for employees/families enrolled in the Deaconess employee health plan.

SYMPTOMS/CONDITIONS TO USE ON-DEMAND VIDEO VISITS

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

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.



Accessing Your Medical 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 will need your Member ID from insurance card.

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.

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.

Member Services: (844) 378-7103 | Member.Services@DeaconessOnecare.com

SupportLink | EAP

SupportLink 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.

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.

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.

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

AVAILABLE TO:

All Deaconess Illinois employees and their family members (including spouses and children, up to age 26).

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.

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.

GET IT ON Google Play

Download on the App Store

Employee Assistance Program (EAP)

Deaconess Memorial Counseling Center EAP

Memorial Counseling Center EAP provides employees and eligible family members with a comprehensive EAP to help with a variety of personal and work life matters. The EAP is a free and confidential resource available 24/7.

Each eligible family member may receive up to 8 hours of free counseling.

If counseling continues beyond 8 hours, claims would be filed with the caregivers medical insurance. Please follow all guidelines from the medical plan in regard to finding in-network counselors, referrals, etc.

Memorial Counseling provides services for individuals, married couples, and families for a variety of situations. Common situations included, but are not limited to:

- Anxiety Depression
- Stress
- Life Changes / Adjustments
- Marital / Family Issues
- Grief Loss
- Interpersonal / Communication Issues

HOW TO ACCESS:

Memorial Counseling Center Medical Arts Building

721 West 13 Street, Suite 121 Jasper, IN 47546

- Monday-Thursday 8am-5pm
- Friday 8am-4pm

Call (812) 996-5780 (option 1) to set up an initial assessment.

Be sure to let them know that you are a caregiver at Memorial Hospital & Health Care Center and you are interested in utilizing your EAP Benefit.

If you or your family members are already involved in treatment with another provider or have questions about the use of Memorial Counseling Center for EAP Services, please contact Human Resources.

Deaconess EAP

Deaconess EAP is also available as an alternative 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.

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

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: (812) 471-4611 or (800) 874-7104.

Click/scan the QR code to schedule an appointment:

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:

- $50 deductible up to $150
- 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 the end of the month in which they turn 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

HRI Dental: (800) 727-1444 | **www.insuringsmiles.com**

Dental Insurance

	Prime Plan (DHO 4)		Basic Plan (DHO 6)	
Annual Maximum Benefit	$2,000		$1,000	
Annual Deductible				
Individual | Family	$50 | $150		$50 | $150	
Diagnostic & Preventive (deductible does not apply)	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				
Core build ups	80%	80%	50%	50%
Crowns (porcelain, ceramic, stainless steel)	80%	80%	50%	50%
Filings (silver or white) anterior and posterior teeth	80%	80%	50%	50%
Protective restorations	80%	80%	50%	50%
Removable dentures	50%	50%	50%	50%
Endodontics & Periodontics				
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				
Frenectomy	80%	80%	50%	50%
Simple extractions	80%	80%	50%	50%
Impactions	80%	80%	50%	50%
Surgical extractions	80%	80%	50%	50%
Miscellaneous				
Emergency palliative treatment	50%	50%	50%	50%
Anesthesia (general and IV sedation)	50%	50%	50%	50%
Athletic mouth guards	50%	50%	50%	50%
Orthodontia				
Lifetime Orthodontic benefit (adult/dependent)	Included ($2,000 Lifetime Maximum)		Not Included	

	Prime Plan (DHO 4)	Basic Plan (DHO 6)
Bi-Weekly Cost Per Paycheck		
Employee	$9.42	$7.26
Employee + Spouse	$20.53	$15.85
Employee + Children	$20.53	$15.85
Family	$30.87	$23.85

View your benefit summary for a list of complete benefits.

**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.*

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.

	Premier	Base
Bi-Weekly Cost Per Paycheck		
Employee	$5.31	$2.66
Employee + Spouse	$10.61	$5.31
Employee + Children	$11.35	$5.69
Family	$18.15	$9.09

VSP: (800) 877-7195 | **www.vsp.com** | Group #: 30059653

Vision Insurance

The chart below outlines the Premier plan and Base plan with a **VSP Choice Network** Provider.

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

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 trifocal lenses	Up to $65
Frame	Up to $70	Progressive lenses	Up to $50
Single vision lenses	Up to $30	Contacts	Up to $105
Lined bifocal lenses	Up to $50		

Plan year begins annually on October 1st

Flexible Spending Account (FSA) & Health Reimbursement Account (HRA)

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.

LIMITED HEALTH FSA (USED WITH HDHP)

- Used to pay for eligible vision and dental expenses that are not covered by another health plan.
- The annual minimum election is $100 and the plan maximum $3,400.

HEALTH CARE FSA (USED WITH STANDARD & ADVANTAGE PLANS)

- Used for healthcare expenses not covered by insurance.
- The annual minimum election is $100 and the plan maximum $3,400.
- 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**.

FSA/HRA - Employee Benefits Corporation: (800) 346-2126 | **www.ebcflex.com**

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.

If enrolled in either the Standard or Advantage plans, 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.

If enrolled in the HDHP plan, an individual covered on the health plan incurs $1,700 in medical expenses including copayments, deductible and coinsurance, reimbursement will occur. Families will also receive reimbursement if their combined medical expenses exceed $3,400.

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 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 non-medical 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.

Flexible Spending Account (FSA) & Health Reimbursement Account (HRA)

Get to know your EBC HRA℠ and your BESTflex Plan℠

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 meet required 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 (800) 346-2126. You cannot stop automatic payments from coming out of the HRA.

If you're enrolled in the High-Deductible Health Plan (HDHP) and want to contribute to or receive contributions to a Health Savings Account (HSA), you may enroll in the **Limited FSA**. The Limited FSA is HSA-compatible and can be used only for eligible **dental and vision expenses**. Your HSA can be used to help pay your out-of-pocket medical expenses under the HDHP. Under the HDHP HRA plan design, you are responsible for the first **$1,700 (single coverage) or $3,400 (family coverage)** in eligible deductible expenses. Once you have incurred those amounts, the HRA can begin reimbursing additional eligible deductible expenses according to the plan's terms.

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 (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.

Health Savings Account (HSA)

Health Savings Account (HSA)

A health savings account (HSA) is a savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses and/or future health care expenses like those incurred in retirement. With an HSA, you save approximately 30%* on your eligible expenses, making a $1,000 expense cost you about $700. You get these savings because the contributions you make to your HSA are exempt from Federal, State, and FICA payroll taxes.

**This tax example is a broad approximation of tax liability. Your specific savings depend on your tax bracket. Further, your contributions may be subject to state income tax in some states. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all pre-tax payment and contribution matters and are subject to change.*

HSA OPTIONS

HSAs offer flexibility and planning beyond what you get with other benefits. Spend your HSA dollars when you need them, save your HSA dollars when you don't have an immediate need, and invest some of your savings as your balance grows to see your money grow even faster.

- **Spend:** Use funds on a tax-free basis to pay for **eligible purchases** as they come up. For more information on where you can spend your HSA funds, visit **ebcflex.com/WheretoShop**
- **Save:** Put funds away for future expenses. Take advantage of a **high-yield HSA**, which gives you the potential of a higher interest rate.
- **Invest:** Help support your financial wellness by **investing funds** for health emergencies or health costs incurred during retirement.

NEXT STEPS

1. **Consider Your Interest Options**
   At EBC, there are two interest options for your HSA—a traditional interest option or a high-yield interest option. You can change your interest option preference anytime through your online account. Learn more about **interest options**.
2. **Learn More About Investing**
   Once your HSA reaches a $1,000 cash balance, you can start investing your HSA funds. Whether you're new to investing and are looking for a guided experience or are a seasoned investor looking to research and trade stocks and ETFs, you can choose an investment model that best fits your needs. Learn more about your **investment options**.
3. **View Eligible Expenses**
   Consider which eligible expenses you can use your HSA funds on to help inform your contribution amount. For a full list of eligible HSA expenses, visit **ebcflex.com/eligibleexpenses**. For more information on where you can spend your HSA funds, visit **ebcflex.com/WheretoShop**.
4. **Choose Your Contribution Amount**
   After considering the eligible expenses, decide how much you would like to contribute to the HSA. For 2026, you can elect to contribute up to the established limit:

	Amount
HSA Contribution Limits	
Self-only health plan	$4,400
Family health plan	$8,750
Catch-up contribution (55+)	$1,000

**Limits are based on the assumption that an individual is HSA eligible for the full plan year. Limits may be prorated based on the duration of HSA eligibility.*

5. **Complete the Enrollment Process**
   After determining that an HSA is right for you, if you are eligible for an HSA, and determining your election amount, you should now have a better understanding of your available options and be prepared to complete the enrollment process.

** HSA Elections can be changed at any time during the year by logging on to UKG Benefits Portal*

Health Savings Account (HSA)

From FSA to HSA: HSA Eligibility

HOW TO AVOID DISQUALIFYING COVERAGE

To be eligible to make and/or receive contributions to an HSA, you must meet the following criteria:

- Be enrolled in an HSA-qualified high deductible health plan (HDHP)
- Not be another individual's tax dependent
- Not be enrolled in Medicare
- Not be covered by any disqualifying coverage

Disqualifying coverage refers to any benefit coverage that reimburses you for general medical expenses before an HDHP minimum deductible is met. A standard health FSA is considered disqualifying coverage, meaning that you cannot be enrolled in both a standard health FSA and an HSA in the same plan year. Because of this, standard health FSAs with a grace period or rollover can delay or prevent a you from being HSA eligible in their upcoming plan year.

SETTING UP FOR SUCCESS —THE EBC WAY

Download the Employee Benefits Corporation (EBC) mobile app to help you stay on top of your account. The app allows you to track the status of claims and make sure all of your funds have been used prior to the end of the plan year.

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*		
	1 times your annual earnings | **Maximum** $500,000 (Rounded to the next higher $1,000)	AD&D; Included

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

	Life Coverage	AD&D Coverage
Employee	**Benefit** *: 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***: Increments of $5,000 **Maximum**: The lesser of 50% of Employee Basic & Supplemental coverage or $50,000	
Child(ren)	**Benefit**: $10,000	

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

	Employee	Spouse
EE Age (Oct 1st)		
<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.	

Learn more on how Life Insurance could help protect your loved ones and secure your family's future.

Life and AD&D Insurance - The Hartford:

(888) 563-1124

thehartford.com/employee-benefits/employees

Policy #: 402724

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

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

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.

**Manager and physician disability benefits are outlined in the Income Continuation Guidelines or physician contract.*

Contact the Benefits Office with any questions regarding manager or physician disability benefits.

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	
	Core	Buy-Up
Benefit percentage (percent of your earnings)	60%	70%
Maximum	$1,500	$2,500
Sickness benefit starts	On the 8th day	On the 8th day
Injury benefit starts	On the 8th day	On the 8th day
Benefit duration	26 weeks	26 weeks

Long Disability (LTD)

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

	LTD Coverage
Benefit percentage (percent of your earnings)	60%
Maximum	$10,000
Minimum (Based on monthly income loss before the deduction of other income benefits)	The greater of $100 or 10% of the benefit
Benefit starts	After 180 days disabled
Benefit duration	**Disabled before**: Age 63 **Benefit Duration**: as long as you are disabled **Benefit Duration maximum**: The greater of your Social Security normal retirement age or 3.5 years

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

Short-Term Disability & Long-Term Disability - The Hartford:
(888) 277-4767 | **thehartford.com/employee-benefits/employees** | Policy #: 402724

Additional Coverage

Optional Benefits Available for Purchase

HOSPITAL INDEMNITY INSURANCE

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	
Bi-Weekly Cost Per Paycheck	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

Accident insurance pays specific amounts for expenses related to non-work-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**.

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

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

CRITICAL ILLNESS INSURANCE

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:

(866) 547-4205

myhealthhub.app/thehartford

Policy #: 402724

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

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

- Lost pet advertising and reward
- 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

PetRxExpress℠

- 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: (877) 738-7874 | **benefits.petinsurance.com/deaconess**

Payactiv

Your Payday, Reimagined

DECIDE WHEN AND HOW YOU GET PAID

Earned Wage Access (EWA) gets you paid before payday. Work your shift, and we'll make a portion of that money available, giving you more control over when and how you want to use it. The funds you access simply get deducted from your next paycheck. No gimmicks, no hoops– just your money, in your hands[2].

- Transfer to Payactiv Visa® Card*[1]
- Transfer to your bank or debit card[1]
- Pick up cash at Walmart1
- Transfer to your Venmo or PayPal
- Apply towards an Uber ride
- Schedule bill payments
- Load to Amazon Cash

BUILD BETTER FINANCIAL HABITS

Get access to free financial planning tools and exclusive discounts. With Payactiv, you can know what's safe to spend and save, bringing you one step closer to reaching your goals.

- Financial Counseling
- Financial Learning
- Saving Tools
- Exclusive discounts

Earned Wage Access

HOW IT WORKS

1. Download the Payactiv app
2. Create a Payactiv account
3. Access your earned wages

The money you access through the Payactiv app is deducted from your next paycheck.

YOUR MONEY WHEN YOU NEED IT

- Access earned wages in real time
- Transfer to your bank, card, Venmo and PayPal, or pick up as cash
- Free unlimited transfers to Payactiv Visa® Card* with direct deposit

** 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**. *If you have questions regarding the Card or such fees, terms, and conditions, you can contact us toll-free at 877-747-5862, 24 hours a day, 7 days a week.*

Central Bank of Kansas City is the issuer of the Payactiv Visa Prepaid Card only and does not administer nor is liable for the Payactiv App or Earned Wage Access.

1 Fees may apply. Visit payactiv.com/program-pricing for details.

2 Central Bank of Kansas City is the issuer of the Payactiv Visa Prepaid Card only and does not administer, endorse, nor is liable for the Payactiv App.

Fee Schedule for Payment

Disbursement Type	Speed	Total Fees
Payactiv Visa Card **WITH** Direct Deposit	Real-time	$0
Payactiv Visa Card **WITHOUT** Direct Deposit	Real-time	$2.49
Other debit or payroll cards or Walmart cash pickup	Real-time	$3.49
Bank transfer	1-3 business days	$0
Transfer (within minutes) to Visa+ Wallet, including Venmo and PayPal	Real-time	$3.49

Earned Wage Access - Payactiv:

(877) 937-6966

payactiv.com/a/dh/

Scan the QR code to learn more and download the Payactiv app

401K Retirement Plan

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 Roth 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 at 10 days into the 401(k) plan at a 3% pretax contribution into the appropriate target date fund. If you do not wish to participant 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.

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%.

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.

EMPLOYER MATCH DEPOSITS

Employer contributions are deposited into accounts per pay period. Full vesting occurs after completing three years of service. 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.

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

(502) 322-0806

Email: **tony.davis@fmr.com**

Fidelity Investments

(800) 343-0860

Website: **www.fidelity.com/atwork**

Important Notices:

**For full plan details, reference the Deaconess Illinois 401(k) Plan Summary Plan Description on D-Web (Departments/ Human Resources/Benefits). Last Reviewed: 1/9/2025*

Deaconess Employee Services

DEACONESS FAMILY PHARMACY

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

MEDICATION ASSISTANCE PROGRAM

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

GLUCOMETER

If you have health insurance through Deaconess, you or your eligible dependents who are diabetic can receive a Contour Next One blood glucose meter at no cost. Simply call **(800) 348-8100** or visit **ascensiadiabetes.com/meters-and-strips-savings/free-contour-next-one-meter**.

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.

DEACONESS RN ON CALL

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

FREE BREAST PUMPS

Each breastfeeding mother qualifies for one Medela or Spectra breast pump per plan year covered at 100%! Call Deaconess Home Medical Equipment at Gateway, **(812) 4500-4673**, select **option #3**, for more information. Employees not on Deaconess medical insurance, please check with your insurance provider.

Education 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.guildeducation.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

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.guildeducation.com**. Contact Guild at (800) 985-4027 with questions.

Educational Assistance - Guild: (800) 985-4027 | **deaconess.guildeducation.com**

Education Assistance

Student Loan Repayment

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

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

- 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. For example, if you participate but then leave Deaconess within three years, the payback plan is as follows:
  - <1 year = 100% payback
  - >1 year but <2 years = 67% payback
  - >2 years but <3 years = 33% payback
- Payments stop if the employee moves to an ineligible position within the health system, but the employee will not have to pay back funds if they remain at Deaconess.
- Employees are ineligible for loan repayment payments for six months following any warning notice.

Next step for eligible employees: Please register with Guild at **deaconess.guildeducation.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**.

Education 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 and $1,000 for certifications 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 (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
- Medical Assisting (please contact HR regarding qualified programs)
- Licensed Practical Nurse
- Certified Surgical Technologist
- Respiratory Therapy
- Registered Nurse
- Echo Sonography
- Rad Tech
- Certified Coding Specialist
- Paramedic
- Medical Technologist
- Nuclear Medicine Technologist
- Diagnostic Medical Sonography

Managers will try to reasonably accommodate each employee's schedule so the employee may attend his/her enrolled class/clinical hours each week. The employee will continue working at Deaconess for the balance of his/her authorized hours.

Upon completion of course requirements, the employee must achieve the necessary license or certification and be in good standing in order to be placed in an available position. The employee must agree to repay the program costs by remaining employed full-time at Deaconess for three years after the licensure or accreditation is obtained.

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

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

Deaconess Illinois