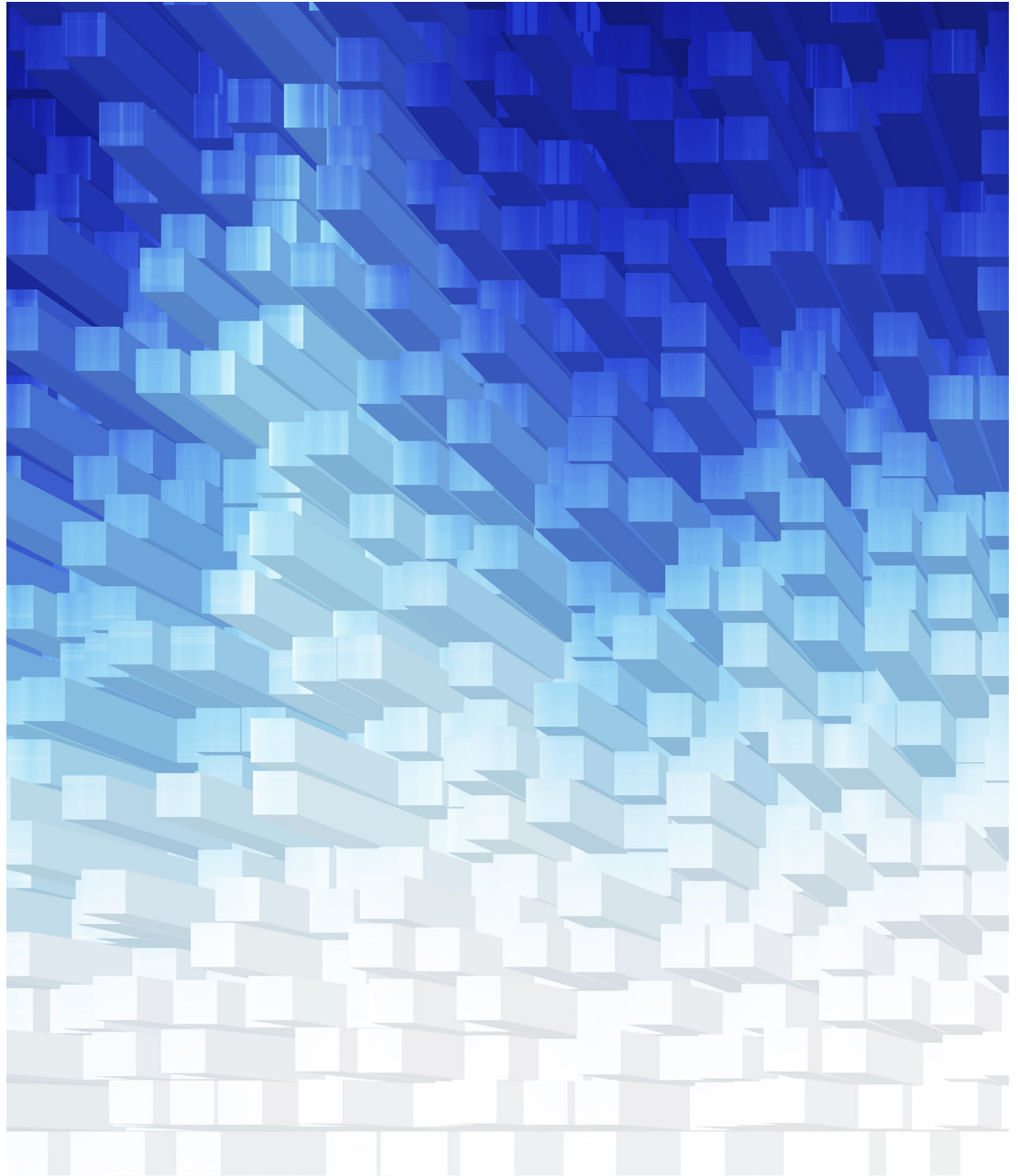


SOUTHERN ILLINOIS HEALTHCARE 2018 BENEFITS AT A GLANCE



This publication contains important information about your employee benefit program.

Please read thoroughly.





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Please read this guide before you make your benefit selections. SIH benefit plans are governed by plan documents and Summary Plan Descriptions (SPDs). If there is any discrepancy between this guide and any of the plan documents, the plan documents will govern. This guide and the SPDs are also available via Infolink on the Lawson Dashboards and at benefits.sih.net.

Medical Pricing

For SIH full-time employees who work 72 hours or more per pay period, SIH part-time employees who work 40–71 hours per pay period, and PRN employees who average 30 hours per week of actual time worked after a 12 month look-back.

	Total Monthly Rate	SIH Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
<\$40,000 Annual Salary				
Employee Only	\$799.75	\$744.75	\$55.00	\$27.50
Employee + Spouse	\$1,679.47	\$1,374.47	\$305.00	\$152.50
Employee + Child(ren)	\$1,439.55	\$1,239.55	\$200.00	\$100.00
Employee + Family	\$2,559.19	\$2,159.19	\$400.00	\$200.00
\$40,000–\$69,999 Annual Salary				
Employee Only	\$799.75	\$734.75	\$65.00	\$32.50
Employee + Spouse	\$1,679.47	\$1,339.47	\$340.00	\$170.00
Employee + Child(ren)	\$1,439.55	\$1,199.55	\$240.00	\$120.00
Employee + Family	\$2,559.19	\$2,134.19	\$425.00	\$212.50
\$70,000–\$99,999 Annual Salary				
Employee Only	\$799.75	\$719.75	\$80.00	\$40.00
Employee + Spouse	\$1,679.47	\$1,289.47	\$390.00	\$195.00
Employee + Child(ren)	\$1,439.55	\$1,159.55	\$280.00	\$140.00
Employee + Family	\$2,559.19	\$2,109.19	\$450.00	\$225.00
\$100,000 + Annual Salary				
Employee Only	\$799.75	\$709.75	\$90.00	\$45.00
Employee + Spouse	\$1,679.47	\$1,239.47	\$440.00	\$220.00
Employee + Child(ren)	\$1,439.55	\$1,119.55	\$320.00	\$160.00
Employee + Family	\$2,559.19	\$2,079.19	\$480.00	\$240.00

For part-time employees working 40–71 hours per pay period.

	Total Monthly Rate	SIH Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$799.75	\$239.75	\$560.00	\$280.00
Employee + Spouse	\$1,679.47	\$429.47	\$1,250.00	\$625.00
Employee + Child(ren)	\$1,439.55	\$441.55	\$998.00	\$499.00
Employee + Family	\$2,559.19	\$881.19	\$1,678.00	\$839.00

Dental and Vision Pricing

	Total Monthly Rate	Employee Monthly Contribution	Employee Cost Per Pay Period
High Option			
Employee Only	\$35.35	\$35.35	\$17.68
Employee + Spouse	\$77.41	\$77.41	\$38.71
Employee + Child(ren)	\$61.95	\$61.95	\$30.98
Employee + Family	\$103.94	\$103.94	\$51.97
Low Option			
Employee Only	\$21.78	\$21.78	\$10.89
Employee + Spouse	\$47.69	\$47.69	\$23.85
Employee + Child(ren)	\$38.17	\$38.17	\$19.09
Employee + Family	\$64.04	\$64.04	\$32.02
Vision			
Employee Only	\$5.68	\$5.68	\$2.84
Employee + Spouse	\$10.72	\$10.72	\$5.36
Employee + Child(ren)	\$11.27	\$11.27	\$5.64
Employee + Family	\$16.53	\$16.53	\$8.27

Medical Plan Design

Medical coverage is offered to SIH full-time employees who work 72 hours or more per pay period, SIH part-time employees who work 40–71 hours per pay period, and PRN employees who average 30 hours per week of actual time worked after a 12 month look-back. Here is a summary of our plan and network coverage.

	QHP* Network Providers	Collaborative Partner Network Providers	Cigna Network Providers	Out-of-Network Providers
Deductible (single/family)	\$500/\$1,500	\$1,500/\$4,500	\$2,500/\$7,500	\$4,000/\$12,000
Out-of-Pocket Maximum (Single/Family)				
Medical Out-of-Pocket Maximum (single/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	Unlimited
Pharmacy Out-of-Pocket maximum (single/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Copays/Coinsurance				
Hospital Inpatient	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Outpatient Hospital Surgery	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Other Hospital Outpatient	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Hospice	0% no charge	0% no charge	0% no charge	50% after deductible
Home Healthcare	5% after deductible	10% after deductible	30% after deductible	50% after deductible
Rehabilitative Therapy (up to 60 combined visits per year)	\$20 copay	\$30 copay	30% after deductible	50% after deductible
PCP Office Visit	\$20 copay	\$30 copay	\$40 copay	50% after deductible
Specialist Office Visit	\$30 copay	\$40 copay	\$50 copay	50% after deductible
Other Physician Services (lab, diagnostic)	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Preventive Care	0% no charge	0% no charge	0% no charge	50% after deductible
Durable Medical Equipment (DME)**	5% after deductible**	Not applicable	30% after deductible	50% after deductible
Walk-In Clinics/Prompt Care***	\$20 copay	\$30 copay	\$40 copay	50% after deductible
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency Room (true emergency)	\$250 copay	\$250 copay	\$250 copay	\$250 copay
Other ER Care (not true emergency)	20% after deductible	30% after deductible	30% after deductible	50% after deductible
Spinal Manipulation (\$500 maximum)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Mental Health Services	\$20	\$20	\$20	50% coinsurance deductible waived, not subject to MEE

* To find QHP providers, go to askallegiance.com/SIH

** DME goods fulfilled by CareCentrix follow the QHP network provider rate; call [844.457.9810](tel:844.457.9810); see definition of DME below

***What you will pay for SIH prompt care

Durable Medical Equipment (DME) means equipment which is:

1. Able to withstand repeated use, e.g., could normally be rented, and used by successive patients; and
2. Primarily and customarily used to serve a medical purpose; and
3. Not generally useful to a person in the absence of illness or injury

The medical summary plan document is available online by visiting Employee Self Service and Benefits Plans & Coverage under the Home tab on the Lawson Dashboards and at benefits.sih.net. If you do not have access to a computer, printed copies are available upon request from Human Resources.

QHP stands for Quality Health Partners. The formal name of the PHO for SIH is Quality Health Partners of Southern Illinois.

Note: deductibles and out-of-pocket maximums cross accumulate between the QHP, Collaborative Partner, and Cigna networks.

Dental and Vision Plan Design

Dental

SIH Dental Coverage	High Option (A)	Low Option (B)
Annual Deductible (per covered person for basic services)	\$50	\$100
Preventive Service (cleanings, fluoride, routine exams, x-rays)	100% coverage/ no deductible	100% coverage/ no deductible
Basic Services (fillings, extractions, root canal, etc.)	80% coverage after deductible	60% coverage after deductible
Major Services (bridges, dentures, inlays, crowns, etc.)	50% coverage after deductible	50% coverage after deductible
Annual Maximum Benefit (excluding orthodontic treatment)	\$1,500	\$1,250
Orthodontics (lifetime maximum benefit)	\$1,500	\$1,250

Vision

SIH Vision Coverage	Eyemed Network Provider (Member Cost)	All Other Providers (Maximum Reimbursement)
Exam With Refraction and Dilation as Necessary		
Once Every 12 Months	\$10 copay	Up to \$35
Contacts Fit and Follow Up		
Once Every 12 Months	<ul style="list-style-type: none"> ■ Standard, up to \$55 ■ Premium, up to 10% off retail 	N/A
Frames		
Once Every 24 Months	20% of cost over \$120	Up to \$50
Lenses (standard plastic, once every 12 months)		
Single Vision/Bifocal/Trifocal	\$25 copay	Up to \$25/\$40/\$55
Standard Progressive	\$90 copay	Up to \$40
Premium Progressive	\$90 plus 20% of cost over \$120	Up to \$40
Contact Lenses (Materials Only)		
Conventional	15% of cost over \$120	Up to \$92
Disposable	100% of cost over \$120	Up to \$92
Medically Necessary	\$0	Up to \$200

Matrix Absence Management (Matrix)

SIH partners with Matrix Absence Management (Matrix), a division of Reliance Standard Life Insurance Company, for administration of our Family Medical Leave (FMLA), Short Term Disability (STD), and Long Term Disability (LTD) programs.

Reliance Standard Life Insurance Company (Reliance Standard) is a leading insurance carrier specializing in innovative and flexible employee benefits solutions including disability income and group term life insurance, a suite of voluntary (employee paid) coverage options and fully integrated absence management. Reliance Standard is rated A+ (Superior) by A.M. Best and A (Excellent) Standard & Poor's, Reliance Standard began its centennial year in 2006.

Their sister company, Matrix Absence Management, Inc., is a nationwide company partnering with employers to provide customized management of Disability and Family Leave programs. Matrix is a leader in Absence Management.

We are excited to improve our programs and customer service with our Reliance Standard and Matrix partnership.

How to File a Short Term Disability or FMLA Claim

Southern Illinois Healthcare's leave policy requires that all employees file leave and report within three (3) days of the leave start date for continuous leaves and 24 hours on intermittent leaves.

To file a claim, download the Matrix eServices Mobile App by searching Matrix eServices Mobile on your smartphone or tablet's app store (iOS or Android). You can also go to matrixabsence.com or if you don't have Internet access, you can call 877.202.0055. Notify your supervisor and the Leave Specialist in the Benefits Department. You do not need to discuss private health issues when providing this information.

Information You Will Need to Report a Leave of Absence

Depending on the type of leave, you will be asked to provide some basic information. Having the following information readily available when you report your absence to Matrix will speed up the process:

- **Personal Information:** Name, address, telephone number, and the last four digits of your Social Security Number
- **Job Information:** Job title, job description, workplace location and address, work schedule, supervisor's name and telephone number, date of hire, and last day worked
- **Illness/Injury Information:** Nature of the illness, how, when, and, if applicable, where the injury occurred, the date your disability began and when the disability commenced
- **Provider Information:** Name, address, telephone number, and fax number for each treating provider

SIH Partnership Contact Information

Southern Illinois Healthcare

Human Resources
1239 East Main St.
618.457.5200 ext. 67806, 67807, 67808, 67810,
67850 or 67853
Fax: 618.529.0574



WorkWell Employee Wellness Program
618.457.5200 ext 67828 or email
wellness@sih.net
www.sihwellness.com

Benefit Enrollment/COBRA

Businessolver, Inc.
PO Box 310552
Des Moines, IA 50331-0552

Benefit Service Center
(to enroll or make changes)
844.386.2375



Dependent Verification Fax
(to fax dependent documentation)
515.343.2246

benefits.sih.net
(to enroll or make changes)

COBRA
877.547.6257

Medical/Health—Allegiance

Comprehensive medical coverage offered
through Allegiance, a Cigna Company
855.999.1052
Refer to askallegiance.com/SIH to locate
providers, confirm provider network status,
access your online account, or find an EOB



DME—CareCentrix

Durable medical equipment fulfilled by
CareCentrix follow the QHP network provider
rate
844.457.9810

Prescriptions—EnvisionRx Options

Prescription drug coverage offered through
EnvisionRx Options
800.361.4542
www.envisionrx.com



Dental/DPPO—Cigna

Dental insurance offered through Cigna
800.244.6224
www.cigna.com



Vision—Eyemed

Vision insurance offered through Eyemed Vision
Care
866.9EYEMED
www.eyemed.com

Flexible Spending Account Program including Healthcare and Dependent Care—Allegiance



Flexible spending account program offered
through Allegiance, a Cigna Company
855.999.1052
www.AllegianceFlexAdvantage.com

Life and Accidental Death and Dismemberment (AD&D)—Reliance



Life Claims
800.351.7500 Option 6

Family Medical Leave (FMLA)/Short Term Disability (STD)/Long Term Disability (LTD)—Matrix



Leave management and disability insurance
administered by Matrix Absence Management,
a division of Reliance Standard Life Insurance
Company
877.202.0055
matrixabsence.com

Voluntary Benefits—Allstate



Voluntary insurance coverage including Group
Critical Illness, Group Hospital Indemnity, Group
Accident, and Group Term to Age 100 Life
Insurance offered through Allstate Benefits
800.521.3535
www.allstatebenefits.com/mybenefits

401(k)/Roth Contribution—Wells Fargo



Retirement planning and 401(k) offered through
Wells Fargo
800.728.3123
www.wellsfargo.com

Steps To Enroll in Benefits

1. Go to benefits.sih.net to enroll and log in using your SIH computer username and password from work or home
2. Review your current benefit elections by clicking your name and then “Benefits Summary”
3. Once logged in, click “Start Here” and follow the instructions provided
4. Make your elections by clicking “Select” on the plan(s) you choose
5. Review, edit, and approve your personal information, elections and total cost
6. Click “Approve” once you have reviewed and finalized your elections
7. Confirm your choices to officially complete the enrollment by clicking “I Agree”; ensure you receive a confirmation number
8. You are able to print your election information for your records or your elections will be saved on this site to review at anytime throughout the year
9. If you are choosing to enroll dependents please see the following page with more details about dependent enrollment instructions and required documentation

Want to Review your Current Plan Information?

You have year-round access to your benefit summary and specific benefit elections at benefits.sih.net.

1. Click your name and then benefit summary
2. Review your current plans

Year Round Resources Available at benefits.sih.net

Take time to read, watch, and learn from the resources about your 2018 Benefits provided by Southern Illinois Healthcare. Once logged in to benefits.sih.net, select from any of the following tabs:

- Your Health—includes details about our medical and prescription drug program
- Your Life—includes details about our life and disability options available
- Voluntary Benefits—includes information about the voluntary benefits available through Allstate
- SIH WorkWell—includes details about our Wellness program
- Your Finances—includes details about our 401(k) program
- Enrolling/Changing Benefits—includes hints and tips regarding what to do if experiencing a life event during the year
- Benefit Videos—includes videos recorded by Pam Henderson, VP of Human Resources, about topics specific to SIH's benefit program
- Resources—includes links to rates, Benefit Guides, Summary Plan Documents and further details about our plans

Enrolling Dependent(s)

Information You Need

The following information is required if you are adding dependents.

1. Social Security Numbers, dates of birth, and addresses for dependents.
2. Qualified documents to enroll dependents:

Documents to Enroll Your Legal Spouse

- Government-issued marriage certificate showing date of marriage
- A copy of previous year's tax return or a document dated within the last 60 days showing current relationship status (examples: recurring monthly household bill or statement of account); the documents must list your spouse's name, date, and current mailing address; if adding a spouse for the first time due to marriage, only the marriage certificate is required

Documents to Enroll Your Children Under 26 Years

- **Your child**—government-issued birth certificate naming you as parent, or if under 6 months of age **only**, hospital documentation reflecting the child's birth, naming you as parent
- **Stepchild**—government-issued birth certificate naming your spouse as parent and government-issued marriage certificate showing your marriage to the child's parent
- **Adopted child, foster child, or guardianship**—adoption certificate or court papers showing adoption or placement for adoption, guardianship, or foster parent relationship

Documents to Enroll Your Child Age 26 and Older

- **Disabled child**—if your child is over age 26 but should remain on the plan due to disability status, your physician will need to confirm disabled status; to obtain the physician statement form, please contact Allegiance at [855.999.1052](tel:855.999.1052) in addition to providing the above documentation

3. Upload these documents into the enrollment portal at benefits.sih.net or fax to [515.343.2246](tel:515.343.2246).
4. Your dependents will not be added to your plan until these documents are uploaded and verified; check your message center for confirmation documentation has been received for verification.
5. If documentation is not supplied within 31 days from your event, including from when you become newly eligible, your dependent(s) will not be covered.

Benefit Eligibility

Regular full-time employees who work 72 hours or more per pay period are eligible for all employee and employer paid benefit plan options.

Regular part-time employees who work 40–71 hours per pay period are eligible for all employee paid benefit plan options, but will pay a higher rate for medical/health insurance.

Per diem employees who average 30 hours or more per week of actual time worked after a 12-month look-back period are eligible for medical coverage only. Per diem employees who meet the eligibility criteria for medical benefits after the 12-month look back will be notified and will have an opportunity to participate in a special enrollment period. Per diem employees are not eligible for any voluntary or supplemental benefits, such as dental, vision, supplemental life, or Allstate products.

Affordable Care Act (ACA) regulations require employers to offer medical coverage to all employees who work 30 hours or more per week of actual time worked. This hourly requirement will be monitored regularly. Therefore, any per diem or part-time employees who are scheduled to work 30 hours or less per week but who average 30 hours or more hours per week of actual time worked over the defined measurement period will be offered medical coverage at the full-time rate.

Your Benefit Options

You and your eligible dependents can choose from the following options:

- Medical, which includes prescription drug coverage
- Dental
- Vision
- Supplemental employee life and accidental death and dismemberment (AD&D) insurance
- Dependent life insurance
- Voluntary plans including Group Critical Illness, Group Hospital Indemnity, Group Accident, and Group Term to Age 100 Life Insurance coverage
- Short term disability insurance (STD) offered after one year of full-time service
- Long term disability insurance (LTD) offered after one year of full-time service
- Flexible spending accounts (FSAs)—healthcare FSA or dependent care FSA

Enrolling Family Members

Please make sure your dependents meet the applicable plan's definition of eligibility.

- Your spouse—an individual whom you marry in a legally recognized ceremony and with whom you receive a government issued marriage certificate
- Children through the end of the month of 26th birthday
- Your permanently and totally disabled, unmarried child aged 26 or older, provided the disability began before he or she reached the limiting age for coverage under the plans; if the child does not have the same principal address of abode as you, he or she must receive over half of his or her support from you
- The term “child” means your natural child, stepchild, legally adopted child, foster child, or any child for whom you have legal guardianship

Note: if you and your spouse are both eligible employees, only one of you may cover a dependent child. In addition, you may not be enrolled as both an employee and as a dependent at the same time.



Working Spouse Contribution

Spouses who are eligible for their employer's group medical coverage but choose to be covered by SIH's plan will pay a \$75 per pay period working spouse contribution.

The additional contribution will **not** apply if:

- You do not have a spouse
- You do not enroll your spouse in the SIH medical plan
- Your spouse is not employed or is employed part-time, temporarily, or on a short-term contractual basis
- Your spouse is self-employed and is not eligible for group medical coverage
- Your spouse is employed, but is not eligible for group medical coverage from his/her employer
- Your spouse is not employed and has access to medical coverage in a government-sponsored medical plan such as Medicare, Medicaid, or Tricare
- Your spouse is not employed and has access to medical coverage through a retiree medical plan from his/her former employer
- Your spouse is employed by an SIH entity

As part of the benefits enrollment process, you will be asked to answer a questionnaire about whether your spouse has access to a group medical plan from his or her own employer. You will also be asked the name, address, and phone number of your spouse's employer. If you are not including your spouse on medical coverage, you can answer "Not Applicable" for each of the questions on the questionnaire. Failure to answer truthfully is considered fraud and can result in termination of employment.

Frequently Asked Questions About the Working Spouse Contribution

Q If my spouse elects coverage at his/her employer and wants secondary coverage through SIH, will we still have to pay the additional \$75 per pay?

A Yes.

Q My spouse works part-time and is eligible for group medical coverage, but at a very high cost. Would I still have to pay the \$75 working spouse contribution?

A No, because your spouse is employed part-time, not full-time.

Q If I remove my spouse from the SIH medical option, can I still enroll him/her in dental and vision benefits?

A Yes, the working spouse contribution applies only to the medical option.

Q What happens if my spouse is not employed when I make my benefit elections and then later in the year he/she gets a job and is offered medical coverage?

A Because you indicated during benefits enrollment your spouse was not eligible for medical through his/her employer, the added contribution will not apply to you for the remainder of the calendar year in which you enrolled. However, if your spouse takes their employer's benefits, you have 31 days to remove them from your plans.

Q If I'm paying the working spouse contribution and experience a life event (e.g., divorce) which allows me to remove my spouse from the SIH medical plan, will my spousal contribution end when my spouse's SIH medical coverage ends?

A Yes, the contribution will cease if your spouse is removed from the medical plan due to a life event.

Q Will there be an additional cost to have my children on the SIH medical plan if we have access for them to be covered on my spouse's medical plan?

A No.

Q When does the paycheck contribution begin?

A Initially on the first paycheck in January 2018. Throughout the year, it will appear on new employees' paychecks at the same time as their first medical plan deduction. If medical coverage begins due to a life event, the contribution will appear at the same time as the first medical plan deduction.

Q How will the contribution be denoted on my paycheck?

A The working spouse contribution is located in the after-tax deductions section on your paycheck stub.



Life Events—Qualified Status Changes During the Year

You can change your coverage during the year only if you experience a qualified change in status consistent with IRS regulations for a cafeteria 125 plan. Changes must be made within 31 days of the qualified event date. Information on this type of plan can be found at www.irs.gov. Examples of a qualified change in status:

- If you add or lose a dependent through marriage, divorce, birth, adoption, or death
- Termination of spouse's employment or commencement of employment by spouse
- Lose coverage under another group health plan
- Your status changes from full-time to part-time or per diem

Waiving Coverage

If you waive healthcare coverage for yourself and your eligible dependents because you have other coverage, you can elect coverage with SIH at a later date if you involuntarily lose your other coverage or acquire a new dependent.

Making Changes

To make changes, please go online to benefits.sih.net or call the Benefit Service Center at [844.386.2375](tel:844.386.2375).

You must make the election change within 31 days of the qualified life event (60 days in the case of a special enrollment right under the Children's Health Insurance Program Reauthorization Act of 2009).

The change must be consistent with the qualified change in status.

Your coverage will be effective on the date of the event.

If you do not change your elections within 31 days of a qualified change in status event which causes your dependent to lose eligibility under the option, the ineligible dependent's coverage will still terminate as of the last day of the month, or as of the event date, in which he or she became ineligible. You will be responsible for any claims paid after your dependent became ineligible.

When Coverage Begins

In general, coverage for you and your eligible dependents will begin on the first day of the month after your hire date or you become newly eligible, provided you complete the online enrollment by the end of the month you are hired or become newly eligible.

When Coverage Ends

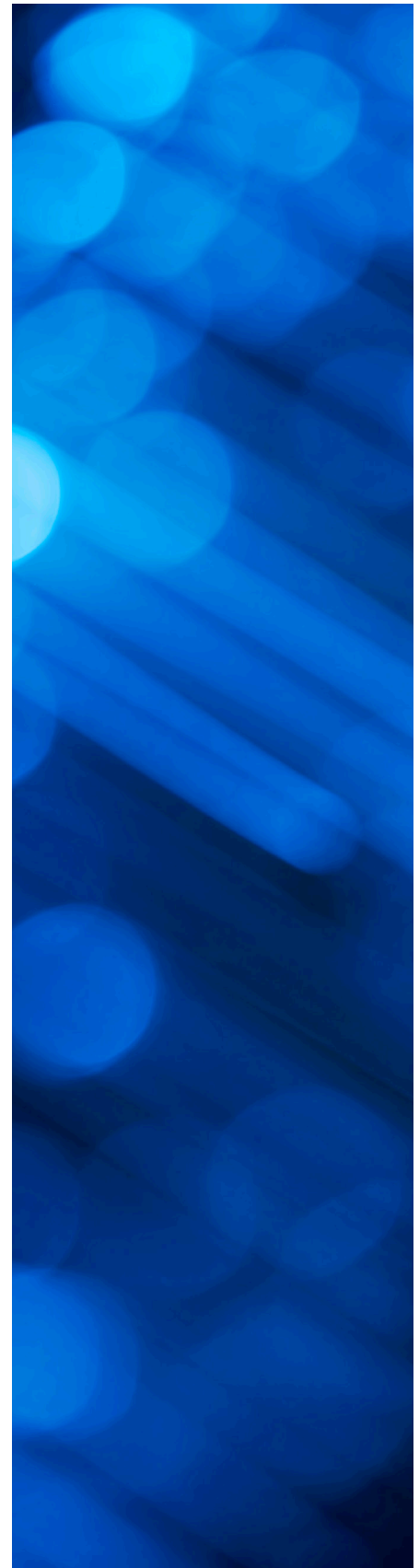
In general, coverage for you and your covered dependents will end either on the 15th or the last day of the month, depending on the date you terminate employment. If you cancel coverage during annual enrollment your coverage will end on the last day of the calendar year. For employment status changes, such as changing from full-time employment to per diem, coverage will terminate the date of the employment change.

Please note: due to ACA regulations, medical coverage will not automatically terminate for employees experiencing employment status (i.e. employees changing from full time to per diem) changes who are in their stability period. Employees who are in their stability period will need to actively take steps to terminate medical coverage by going to benefits.sih.net or by calling the Benefit Service Center at 844.386.2375.

COBRA Continuation of Coverage

You and your qualified dependents may be offered COBRA continuation coverage when your coverage under the plan (e.g., medical, dental and/or vision) would otherwise end because of a “qualifying event.”

Businessolver, SIH’s Benefit Enrollment/COBRA Administrator, will mail you the COBRA paperwork and you will make your decision directly through them. Should you have any questions regarding your COBRA coverage, Businessolver can be reached by calling 877.547.6257.



Changes Allowed Due to Change in Family Status Event

Medical, Dental, and FSA	Life, AD&D, and Disability Insurance	Dependent Care Spending Account
Marriage, Birth, or Adoption		
See HIPAA special enrollment rights for medical coverage	You may either increase or decrease your coverage	You may increase or decrease your election if the event affects your dependent care expenses
<ul style="list-style-type: none"> You may add your new spouse or newly acquired dependent child to your current medical and dental coverage You may increase your FSA deposit You may drop SIH coverage if you enroll for coverage under your new spouse's plan You must drop coverage for the affected dependent You may decrease your FSA deposit 	You may either increase or decrease your coverage	You may increase or decrease your election if the event affects your dependent care expenses
Change in the Employment Status of SIH Employee (e.g., change between full-time to part-time)		
<ul style="list-style-type: none"> You may add SIH coverage if your premium contributions decrease You may drop SIH coverage if your premium contributions increase You may change your FSA deposit if the event affects eligibility for health coverage 	You may either increase or decrease your coverage	You may increase or decrease your election if the event affects your dependent care expenses
Dependent Loses Benefit Eligibility (reaches limiting age)		
<ul style="list-style-type: none"> You must drop the affected dependent's coverage You may increase your FSA deposit if the dependent remains eligible under FSA You may decrease your FSA election if the dependent no longer qualifies under FSA 	N/A	You may decrease your deposit if your dependent ceases to be eligible under Dependent Care Spending Account (DSA)
Loss of Other Medical Coverage by Employee, Spouse, or Dependent		
See HIPAA special enrollment rights for medical coverage	N/A	N/A
Employee or Dependent Becomes Eligible or Loses Eligibility to Medicare or Medicaid		
See HIPAA special enrollment rights for medical coverage	N/A	N/A
<ul style="list-style-type: none"> You may drop coverage upon enrollment for Medicare or Medicaid You may enroll for coverage upon loss of Medicare or Medicaid eligibility 		
Court Issued Order Regarding Medical Coverage of a Child (qualified medical child support order)		
<ul style="list-style-type: none"> You may enroll yourself and/or the child in the plan and increase your FSA deposit if you are required to provide coverage You may drop coverage or reduce your FSA deposit if another individual is ordered to provide coverage 	N/A	N/A
Enrollment Period for Coverage Under Another Occurs While Your Benefit Choices are in Effect		
<ul style="list-style-type: none"> You may drop your coverage if you or a dependent becomes covered under the other employer's plan You may not change your FSA deposit 	You may make benefit changes which correspond with coverage choices made under the other employer's plan	You may decrease your deposit if your spouse chooses coverage under an FSA offered by his/her employer

Employment Status Changes and Impact to Benefits

Full Time to Part Time Less Than 0.50 FTE	All benefits drop as of your employment status change (except medical for employees still in stability period)
Full Time to Part Time 0.80–0.50 FTE	31 days from employment status change to make changes to benefits
Part Time to Full Time	31 days from employment status change to enroll in benefits
Full Time to Per Diem	All benefits drop as of your employment status change (except medical for employees still in stability period)
Part Time to Per Diem	All benefits drop as of your employment status change (if enrolled in medical, coverage may continue if still in stability period)

Call a Benefit Specialist to confirm impact to your benefits if making changes to your employment status as each individual situation is different.



Network Access and Cross Accumulation

Our networks are explained in greater detail on the following pages. Please pay special attention to the three in-network providers. These are connected when it comes to your deductibles and out-of-pocket maximums. Any expenses you pay for care received in these three networks will cross accumulate.

This means if you pay a \$75 bill in the Collaborative Partner Network, \$75 will not only apply toward the \$1,500 deductible for the Collaborative Partner Network, but it will also accumulate toward the \$2,500 deductible which applies to the Cigna network as well as the \$500 deductible which applies to the QHP network. This will allow you to receive greater cost savings with the plan while utilizing all three provider networks.

Health and Welfare Benefits

Our Medical Plan Includes the Following Features

- **Annual deductible:** what you pay directly to a provider or facility before the plan starts paying a portion of your costs; the deductible only applies to services for which you pay a coinsurance
- **Annual out-of-pocket maximums:** the most any individual or family must pay in any one calendar year for covered services
- **Coinsurance:** the percentage you pay directly to a provider or facility for covered services after you meet the annual deductible
- **Contribution:** what you pay per paycheck for coverage
- **Copayment:** the specific dollar amount you pay directly to a provider or facility for covered services; you pay a copayment when there is no deductible or coinsurance that applies

Network Provider Descriptions

Quality Health Partners (QHP)—is a clinically-integrated, value-driven organization. It is a relationship between physicians, hospitals, and staff members committed to providing high-quality, cost-effective health services to the patients served. It is the formal name of the Physician Hospital Organization (PHO) for SIH. You pay the least out-of-pocket when you receive care or services from a SIH facility or QHP provider. To find the most current listing of providers in the QHP, please visit askallegiance.com/SIH and click the Find a Provider tab. See the list of SIH facilities on the next page.

Collaborative Partner network providers—since SIH is a partner with the BJC Collaborative and Orthopaedic Institute of Southern Illinois, SIH employees are offered specific discounts only available to partners in the Collaborative. While remaining independent, BJC Collaborative members work together to improve access to and quality of medical care for patients, and create additional efficiencies which benefit our communities, achieve savings, and lower health care costs. See the list of these facilities on the next page. These facilities provide you with services at the next lowest cost to you. Deductibles, coinsurance, and copayments are lower than they are for Cigna network or out-of-network providers. Visit askallegiance.com/SIH to see a list of providers in the Cigna network.

Cigna network providers—Cigna's network providers have agreed to our plan's negotiated in-network rates. Your deductible, coinsurance, and copayments will be lower than an out-of-network provider. Visit askallegiance.com/SIH to see a list of providers in the Cigna network.

You can choose a provider from any of the networks described above. The Cigna network is our plan's actual network. The QHP network and Collaborative Partner network providers are additional opportunities to receive deeper discounts and savings on your services.

Out-of-network providers—if you receive care from a provider who is not a part of the networks described here, your services may not be discounted. Seeing providers out-of-network will cost you the most out-of-pocket. Charges above reasonable and customary are your responsibility and will not apply to your deductible or annual out-of-pocket maximum. Also, charges applied to your out-of-network deductible and out-of-pocket maximum do not cross accumulate with the in-network expenses.



Listing Of Facilities—SIH and Collaborative Partners

SIH Facilities	
■ Center for Medical Arts	■ Miners Memorial Health Center
■ Memorial Hospital of Carbondale	■ Herrin Hospital
■ Harrisburg Primary Care Group	■ Physician Surgery Center at CMA
■ The Breast Center	■ Logan Primary Care
■ SIH Cancer Institute	■ St. Joseph Memorial Hospital
■ Center For Medical Arts	■ Rehab Unlimited
	■ Sleep Disorders Center
■ Orthopaedic Institute of Southern Illinois Surgery Center (physician and flat films covered at Collaborative Partner level of network discount; all other diagnostic services, including rehabilitation and physical therapy, are covered at the Cigna level of network discount)	
Collaborative Partner and BJC	
■ Abraham Lincoln Memorial Hospital	■ Meyer Orthopedic & Rehabilitation Hospital
■ Alton Memorial Hospital	■ Missouri Baptist Medical Center
■ Anderson County Hospital	■ Missouri Baptist Sullivan Hospital
■ Barnes-Jewish Hospital	■ Orthopaedic Institute of Southern Illinois (physician and flat films, locations in Illinois only)
■ Barnes-Jewish Siteman Cancer Center	■ Parkland Health Center—Bonne Terre
■ Barnes-Jewish St. Peters Hospital	■ Parkland Health Center—Farmington
■ Barnes-Jewish West County Hospital	■ Passavant Area Hospital
■ Blessing Hospital	■ Progress West HealthCare Center
■ Boone Hospital Center	■ Rehabilitation Institute of St. Louis
■ Christian Hospital	■ Saint Luke’s Cushing Hospital
■ Cox Medical Center Branson	■ Saint Luke’s East Hospital
■ Cox Medical Center South	■ Saint Luke’s Hospital of Kansas City
■ Cox Monett Hospital	■ Saint Luke’s North Hospital—Barry Road
■ Cox North Hospital	■ Saint Luke’s North Hospital—Smithville
■ Crittenton Children’s Center	■ Saint Luke’s South Hospital
■ Decatur Memorial Hospital	■ Sarah Bush Lincoln Health Center
■ Hendrick Medical Center	■ St. Louis Children’s Hospital
■ Illini Community Hospital	■ Taylorville Memorial Hospital
■ Memorial Hospital Belleville	■ Wright Memorial Hospital
■ Memorial Hospital East	
■ Memorial Medical Center	

Some hospitals and other locations are excluded from our medical plan. Services at these places will not be covered by our medical plan unless it is a true emergency. A true emergency is a traumatic injury or medical condition which occurs unexpectedly and which, if not immediately treated, might cause complications or jeopardize the patient's full recovery. True emergencies include heart attacks, cerebral vascular accidents (strokes), poisonings, loss of consciousness, severe shortness of breath, profuse bleeding, broken bones, and convulsions. Observation room services as a result of emergency room care and similar conditions may also be determined by a physician to be medical emergencies.

Excluded Facilities and Locations from Medical Plan

Excluded Facilities
■ Cedar Court Imaging in Carbondale, IL
■ Crossroads in Mt. Vernon, IL
■ Deaconess Hospital in Evansville, IN
■ Heartland Regional Medical Center in Marion, IL
■ Lourdes Hospital in Paducah, KY
■ Saint Francis Medical Center in Cape Girardeau, MO
■ Southeast Hospital in Cape Girardeau, MO
■ Southern Illinois GI Specialists in Carbondale, IL is excluded including physician charges under Dr. Zahoor Makhdoom
■ SSM Good Samaritan in Mt. Vernon, IL
■ SSM St. Mary's in Centralia, IL
■ Union County Hospital in Anna, IL
■ Western Baptist in Paducah, KY

Visit askallegiance.com/SIH and click the Find a Provider tab for a listing of in-network and excluded providers.



Medical

SIH offers full-time employees who work 72+ hours per pay period and part-time employees who work 40–71 hours per pay period the Cigna Open Access Plus Plan.

If adding dependents to your medical enrollment, don't forget to complete the Coordination of Benefits Form (COB). There are three options to complete the Coordination of Benefits Form:

1. Return questionnaire by mail
2. Online by visiting askallegiance.com/SIH
3. By phone by calling [855.999.1052](tel:855.999.1052)

Claims will not be paid until your COB is completed and returned.

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or dependent coverage under your spouse's plan. You cannot be enrolled in both.

ID Cards

It is encouraged to have your ID card in hand when going to the doctor or pharmacy. If you do not receive your ID cards, contact Allegiance at [855.999.1052](tel:855.999.1052), access your online account at askallegiance.com/SIH, or contact Human Resources.

Medical Plan Design

Medical coverage is offered to SIH full-time employees who work 72 hours or more per pay period, SIH part-time employees who work 40–71 hours per pay period, and PRN employees who average 30 hours per week of actual time worked after a 12 month look-back. Here is a summary of our plan and network coverage.

	QHP* Network Providers	Collaborative Partner Network Providers	Cigna Network Providers	Out-of-Network Providers
Deductible (single/family)	\$500/\$1,500	\$1,500/\$4,500	\$2,500/\$7,500	\$4,000/\$12,000
Out-of-Pocket Maximum (Single/Family)				
Medical Out-of-Pocket Maximum (single/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	Unlimited
Pharmacy Out-of-Pocket maximum (single/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Copays/Coinsurance				
Hospital Inpatient	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Outpatient Hospital Surgery	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Other Hospital Outpatient	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Hospice	0% no charge	0% no charge	0% no charge	50% after deductible
Home Healthcare	5% after deductible	10% after deductible	30% after deductible	50% after deductible
Rehabilitative Therapy (up to 60 combined visits per year)	\$20 copay	\$30 copay	30% after deductible	50% after deductible
PCP Office Visit	\$20 copay	\$30 copay	\$40 copay	50% after deductible
Specialist Office Visit	\$30 copay	\$40 copay	\$50 copay	50% after deductible
Other Physician Services (lab, diagnostic)	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Preventive Care	0% no charge	0% no charge	0% no charge	50% after deductible
Durable Medical Equipment (DME)**	5% after deductible**	Not applicable	30% after deductible	50% after deductible
Walk-In Clinics/Prompt Care***	\$20 copay	\$30 copay	\$40 copay	50% after deductible
Urgent Care	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency Room (true emergency)	\$250 copay	\$250 copay	\$250 copay	\$250 copay
Other ER Care (not true emergency)	20% after deductible	30% after deductible	30% after deductible	50% after deductible
Spinal Manipulation (\$500 maximum)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient Mental Health Services	\$20	\$20	\$20	50% coinsurance deductible waived, not subject to MEE

* To find QHP providers, go to askallegiance.com/SIH

** DME goods fulfilled by CareCentrix follow the QHP network provider rate; call 844.457.9810; see definition of DME below

***What you will pay for SIH prompt care

Durable Medical Equipment (DME) means equipment which is:

1. Able to withstand repeated use, e.g., could normally be rented, and used by successive patients; and
2. Primarily and customarily used to serve a medical purpose; and
3. Not generally useful to a person in the absence of illness or injury

The medical summary plan document is available online by visiting Employee Self Service and Benefits Plans & Coverage under the Home tab on the Lawson Dashboards and at benefits.sih.net. If you do not have access to a computer, printed copies are available upon request from Human Resources.

QHP stands for Quality Health Partners. The formal name of the PHO for SIH is Quality Health Partners of Southern Illinois.

Note: deductibles and out-of-pocket maximums cross accumulate between the QHP, Collaborative Partner, and Cigna networks.

Prescription Drugs

The medical plan includes prescription benefits through EnvisionRX Options.

Three-Tier Prescription Benefit

Tier 1: Generic Drugs

You and SIH receive the best value by using FDA-approved generic drugs whenever medically appropriate. For this reason, members always pay the lowest copayment (\$10) for generic drugs.

Tier 2: Preferred Brand-Name Drugs

This tier includes many brand name drugs which EnvisionRx has determined provide the best value and therapeutic quality for members. Medications in this tier require a higher copayment (\$35) than tier 1 drugs.

Tier 3: Non-Preferred Brand

This tier includes brands that are not on the EnvisionRx Preferred Drug List. Medications in this tier have the highest copay (\$60).

SIH Employee Pharmacy at St. Joseph Memorial Hospital and Herrin Hospital

If you're enrolled in the SIH health plan, you and your covered dependents should consider filling your prescriptions at the SIH Employee Pharmacy (E-Pharmacy). It's convenient and you'll save money. At the Employee Pharmacy you are able to take advantage of lower copayments and prices. Depending on the medication and certain regulations, you may pick up a 30- or 90-day supply.

Other Advantages to the E-Pharmacy

- Prescriptions filled at work
- Your copay is less than a regular pharmacy
- You may order refills 24 hours a day via automated phone system, online, or smart phone link/app
- We can notify you via email or automated call when your prescription is ready
- Pharmacist is available during open hours

St. Joseph Memorial Pharmacy

618.351.8322

Monday–Friday

8:00 a.m.–4:30 p.m.

Refills 24 hour notice

Saturday/Sunday/Holidays

8:00 a.m.–2:00 p.m.

(immediate need prescriptions only)

Herrin Pharmacy

618.351.8321

Monday–Friday

8:00 a.m.–4:30 p.m.

Refills 24 hour notice

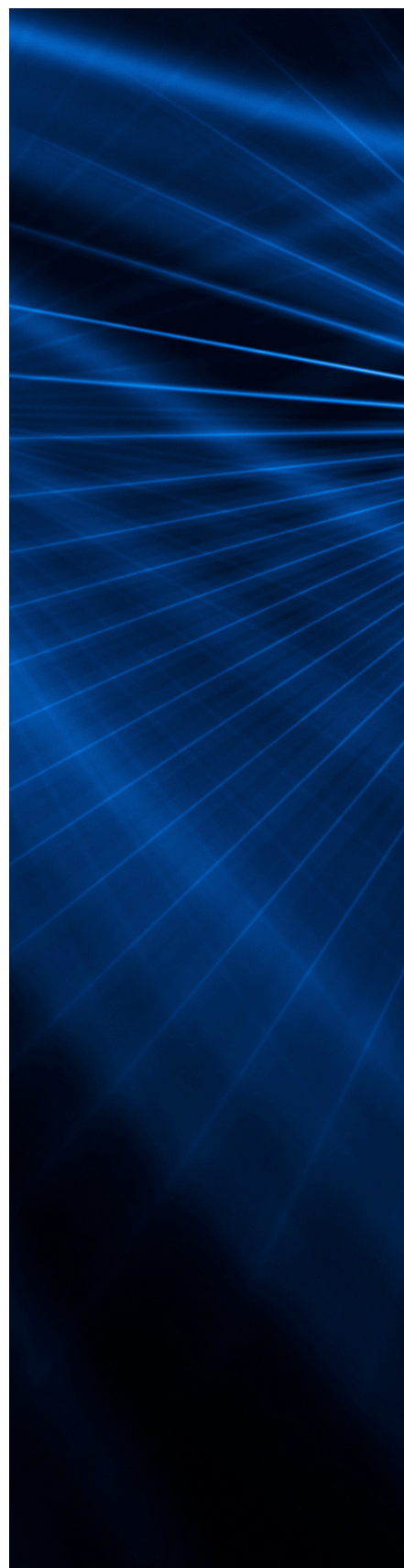
Medication Type	Retail (30 day supply)	Retail/Mail Order (90 day supply)
Tier 1—Generic	\$10	\$25
Tier 2—Preferred Brand	\$35	\$87
Tier 3—Non-Preferred Brand	\$60	\$150

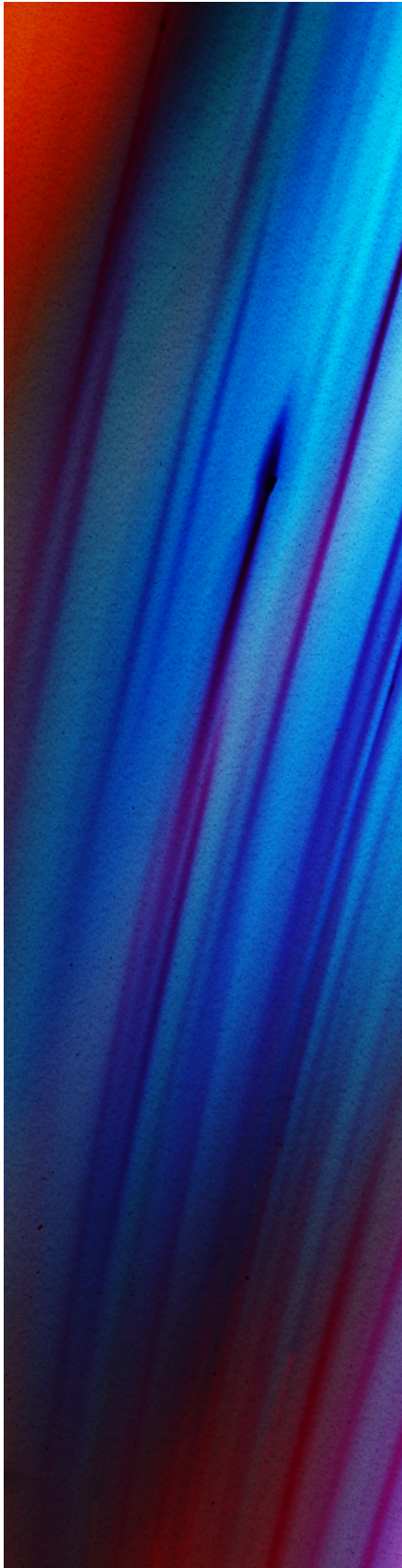
Mandatory Generic

If a Generic equivalent is available and either a Preferred Brand or Non-Preferred Brand drug is dispensed, the DAW penalty will be applied in addition to your copayment. A Dispense as Written (DAW) penalty is the difference in price between the brand name medication and its available generic equivalent. However, if your physician believes a brand-name drug is medically necessary for you, he or she may submit a letter of medical necessity to EnvisionRx for review. If approved, you will still be required to pay the applicable brand copay, but you will not be required to pay the DAW penalty.

Step-Therapy

Certain classes of medications will require members to first try the most cost-effective first line medication prior to coverage of a mostly higher costing brand name medication. If there is a medical reason you cannot take or tolerate this step-therapy regimen, you will need to have your doctor contact EnvisionRx for an exception request. For further questions on step-therapy, please contact EnvisionRx at [800.361.4542](tel:800.361.4542).





Filling Your Prescription

You can purchase up to a 30-day supply of medication from any of the types of pharmacies listed below. You can buy a 90-day supply of certain maintenance medications from any of the types of pharmacies below.

You can obtain a list of preferred brand name drugs and locate the participating retail pharmacies by visiting www.envisionrx.com or by calling 800.361.4542.

Types of Pharmacies

- **Participating retail pharmacy:** pharmacies who accept your medical ID card and participate in the EnvisionRx pharmacy network. Prescriptions can be either a 30-day or a 90-day supply.
- **Mail order pharmacy:** you can choose to utilize the mail order pharmacy, EnvisionMail, for your 90-day supply prescriptions needs.

Maintenance Medications

Save money when you purchase a 90-day supply of eligible maintenance medications at a retail pharmacy, including the E-Pharmacies, or through EnvisionMail. After filling two 30-day supplies of maintenance medications at retail, you will be required to fill a 90-day supply.

Specialty Medications Mail Order Program

EnvisionRx has chosen Costco Specialty Pharmacy as the exclusive provider of specialty medications. Cost is 20% (no deductible) to maximum out-of-pocket per script of \$125. These medications are typically high-cost injectables which require careful monitoring for effective results. While you can obtain your first 30-day supply of a specialty medication from any participating retail pharmacy, you will need to obtain any subsequent fills through the Costco Specialty Pharmacy. You can contact Costco customer service at [866.443.0060](tel:866.443.0060) for more information on this program.

Preventive Care

SIH encourages you to be healthier by providing coverage for many preventive services. Many in-network preventive services are already covered at 100% on our medical plan.

Take a look at this list of services covered at 100%, with no copayment, coinsurance, or deductible if coded as a preventive care screening, not diagnostic or new patient. Please refer to your summary plan description for more details.

Preventive Category	Services Covered at 100% (In-Network Only)
Preventive/Wellness	Routine physical, well-child care, well-woman exam, routine prostate exam
Vaccinations	Flu shots, HPV vaccine, measles, polio, meningitis, tetanus, shingles (ages 60 and over)
Routine Lab	All routine lab work associated with annual preventive visit, blood pressure, diabetes, cholesterol, nicotine
Counseling Services	Nutritional counseling, alcohol/tobacco use, aspirin counseling for stroke prevention
Disease Screenings	Cervical cancer, colorectal cancer, depression, HIV, osteoporosis, diabetes
Pregnant Women	Folic acid supplements, screening for iron deficiency, hepatitis B, Rh incompatibility, breast feeding support
Children	Well baby and well child exams up to age six, hearing and autism screenings, developmental assessments, behavioral assessments, oral health counseling
Cancer	Preventive screenings, including skin cancer screenings, mammography for women
Women's Preventive Services	Well-woman exam, HPV screening, STD counseling, HIV counseling, contraceptive counseling, domestic violence counseling, counseling to support breastfeeding and nursing mothers
Contraceptive Services	Generic oral contraceptives* generic emergency contraceptives* diaphragms/Mirena* services for insertion/removal of IUD/ cervical cap/implants, surgical sterilization procedures for women

* Covered under the prescription drug benefit

Please note: not all contraceptives are covered with no cost share; brand name contraceptives will continue to have the applicable copayment.

Please note if a visit or services are billed by a non-network provider, they will be covered subject to coinsurance.



Contact Information

- Wellness website:
www.sihwellness.com
- Wellness phone:
618.457.5200 ext. 67828
- Wellness email:
wellness@sih.net
- Sara Kaiser, Wellness Coordinator
sara.kaiser@sih.net
618.457.5200 ext. 67829
- Amy Niemann, Total Rewards Leader
amy.niemann@sih.net
618.457.5200 ext. 67809

To register on the Wellness website, follow these steps:

1. Visit www.sihwellness.com
2. Click "Sign Up"
3. Enter your unique ID and date of birth. Your unique ID is the word "SIHS" followed by your employee ID number; for example, SIHS1234. For spouses, add "SO" at the end; example: SIHS1234SO.
4. Enter a valid email address. Note: employees and spouses cannot use the same email address.
5. Click "Agree," then visit the home page of ManageWell.

SIH WorkWell Employee Wellness Program

We know health and wellness is important, but with busy schedules it's easy for these priorities to get lost in the shuffle. At Southern Illinois Healthcare, we want to help motivate you to take an active role in your health each and every day.

To avoid an increase in SIH medical insurance premiums in 2019, you and your covered spouse will need to complete various wellness activities in 2018. Employees and spouses covered on the medical insurance need to complete a total of 150 points to avoid the surcharge.

- Employees and spouses must complete health coaching. Frequency of appointments is determined by biometric screenings. All appointments must be completed prior to December 15, 2018.
- Employees need to complete an annual physical and biometric screening with a physician and submit the completed physical form into the Employee Wellness Program by September 1, 2018 (optional for spouses).
- Employees and spouses can earn a majority of their points for biometric screening/lab results which are within normal range or improved from the previous year results.
- Employees need to complete the Health Risk Assessment online at www.sihwellness.com by December 15, 2018 (optional for spouses).
- Employees and spouses will need to earn additional points from participation in health challenges, education classes, or completion of preventative screenings. All points must be entered into the Employee Wellness website at www.sihwellness.com by December 15, 2018.

To manage your wellness activities and track your points, visit www.sihwellness.com. To schedule a health coaching appointment or ask any other employee wellness questions, call **618.457.5200** ext 67828 or email wellness@sih.net.

Dental Options

You have two dental options, a High plan and a Low plan, and they are administered by Cigna. Each option includes preventive, basic, major care, and orthodontic care. Our plans access the Cigna DPPO network. Keep in mind the best discounts on your services are received when you use an in-network provider to ensure you are not subject to balance billing. If you seek services from an out-of-network provider, please note you may be subject to balance billing, where a provider may bill you for the difference between what Cigna paid the provider and what the provider actually charged.

To locate an in-network provider, visit www.cigna.com (select Dental PPO) or call 800.244.6224.

You can also call your current dental provider to ensure they are in Cigna's network. If you enroll dependents in your dental option, you will be required to complete a coordination of benefits (COB). The plan administrator will mail you a packet containing the required COB form. Please complete and submit this form in a timely manner to avoid claim denials in the future.

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or dependent coverage under your spouse's plan. You cannot be enrolled in both.

SIH Dental Coverage	High Option (A)	Low Option (B)
Annual Deductible (per covered person for basic services)	\$50	\$100
Preventive Service (cleanings, fluoride, routine exams, x-rays)	100% coverage/ no deductible	100% coverage/ no deductible
Basic Services (fillings, extractions, root canal, etc.)	80% coverage after deductible	60% coverage after deductible
Major Services (bridges, dentures, inlays, crowns, etc.)	50% coverage after deductible	50% coverage after deductible
Annual Maximum Benefit (excluding orthodontic treatment)	\$1,500	\$1,250
Orthodontics (lifetime maximum benefit)	\$1,500	\$1,250

The updated dental plan documents are available online by visiting Employee Self Service and Benefits Plans & Coverage under the Home tab on the Lawson Dashboards and at benefits.sih.net. If you do not have access to a computer, printed copies are available upon request from Human Resources.

Vision Coverage

SIH offers a vision plan administered through Eyemed Vision Care. Eyemed offers a large network of vision providers, including chain and private practice providers.

The plan covers one vision exam each calendar year, which is covered 100% after your copay. The plan also will pay a portion of the cost of either contacts or eyeglass lenses (but not both) once a year, and frames every other year. You can also get a discount on LASIK or PRK from US Laser Network if you use an Eyemed provider.

To find an Eyemed provider, please call 866.9.Eyemed or visit www.eyemedvisioncare.com.

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or dependent coverage under your spouse's plan. You cannot be enrolled in both.

SIH Vision Coverage	Eyemed Network Provider (Member Cost)	All Other Providers (Maximum Reimbursement)
Exam With Refraction and Dilation as Necessary		
Once Every 12 Months	\$10 copay	Up to \$35
Contacts Fit and Follow Up		
Once Every 12 Months	<ul style="list-style-type: none"> ■ Standard, up to \$55 ■ Premium, up to 10% off retail 	N/A
Frames		
Once Every 24 Months	20% of cost over \$120	Up to \$50
Lenses (standard plastic, once every 12 months)		
Single Vision/Bifocal/Trifocal	\$25 copay	Up to \$25/\$40/\$55
Standard Progressive	\$90 copay	Up to \$40
Premium Progressive	\$90 plus 20% of cost over \$120	Up to \$40
Contact Lenses (Materials Only)		
Conventional	15% of cost over \$120	Up to \$92
Disposable	100% of cost over \$120	Up to \$92
Medically Necessary	\$0	Up to \$200

The updated vision plan documents are available online by visiting **Employee Self Service and Benefits Plans & Coverage** under the **Home** tab on the Lawson Dashboards and at benefits.sih.net. If you do not have access to a computer, printed copies are available upon request from Human Resources.

Healthcare Flexible Spending Account (FSA)

The Healthcare Flexible Spending Account (FSA) is a type of savings and spending/flexible spending account that allows you to reimburse yourself with pretax dollars for eligible out-of-pocket healthcare costs. You can use the healthcare FSA to cover eligible healthcare expenses not covered by your health, dental and/or vision plans. When you do, you don't pay federal income taxes on the money in your account.

You can set aside \$60 to \$2,650 each plan year to cover eligible expenses during the year. Your contributions come out of your pre-tax pay in equal installments each pay period. You or your dependents do not have to be a member of any medical, dental, or vision option to enroll in the healthcare FSA. Money is available as of the plan effective date with the Healthcare Flexible Spending Account.



FSAs have a “use it or lose it” policy, which means you forfeit any amounts unused and not reimbursed for services received during the plan year. You may use what you set aside for the plan year for services up to March 15 of the following year. You must file your claims by March 31 of the following year. The FSA administrator is Allegiance, a Cigna Company, and provides convenient ways for you to access your account:

- **Debit card:** You can use a debit card to pay for eligible healthcare expenses directly from your account
- **Direct deposit:** Claims processed within five business days of receipt
- **Online viewing:** Check the balance of your account, view transactions and claims, and see what qualifies as an eligible expense for reimbursement

Examples of Eligible Expenses

Some Eligible Expenses	Some Expenses Not Eligible
<p>Money Can Be Set Aside for</p> <ul style="list-style-type: none"> ■ Deductibles ■ Copayments ■ Dental and vision care expenses ■ Orthodontia not covered by a dental plan ■ Prescription drugs ■ Over-the-counter medications (doctor's prescription required to be eligible for reimbursement) ■ Chiropractic visits ■ Saline solution and contact lens cleaners ■ Procedures or expenses that are medically necessary ■ Doctor prescribed weight loss programs 	<p>The IRS Lists These Non-Eligible Expenses</p> <ul style="list-style-type: none"> ■ Cosmetic procedures ■ Your contributions for outside health or life insurance ■ Employer health premiums of any kind ■ Procedures or expenses not medically necessary ■ Weight loss programs not prescribed by a doctor

For more information and other tools and resources, log on to www.AllegianceFlexAdvantage.com or call 855.999.1052.



Dependent Care Flexible Spending Account (FSA)

The Dependent Care Flexible Spending Account (FSA) is a type of savings and spending, flexible spending account that allows you to reimburse yourself with pretax dollars for eligible expenses you pay to take care of a qualified dependent.

You can use the Dependent Care FSA for the care of qualified dependents so that you (and your spouse if you are married) can work. Qualifying dependents include:

- Children under age 13 you claim as dependents on your tax return
- Anyone age 13 or older who lives with you at least eight hours a day and needs supervised care, such as an elderly parent or a child or spouse with a disability

Expenses must be required so you and your spouse can work, or so you can work full-time if your spouse is a full-time student or disabled.

You can set aside \$60 to \$5,000 each plan year to cover eligible expenses during the calendar year. Your contributions come out of your pre-tax pay in equal installments each pay period. The amount you can set aside may be different based on your tax status.

Based on Your Tax Status...	For the Plan Year, You Can Set Aside...
If single or married filing jointly	Up to \$5,000
If married filing jointly and your spouse's employer offers a dependent care account	Up to \$5,000 in total between the two accounts
If married filing separate returns	Up to \$2,500

Dependent Care FSA vs. Dependent Care Tax Credit

Think about what fits your situation best—the flexible spending account or the dependent care tax credit provided by federal law. Keep in mind that you cannot take the tax credit for any amounts that are reimbursed through the dependent care FSA. In some cases, the tax credit may provide more savings than an FSA.

Dependent Care FSA	Dependent Care Tax Credit
You decide in advance how much to set aside for the coming year	You wait until filing your tax return to determine your dependent care costs and decide whether you can take advantage of the tax credit

You cannot use this account for healthcare expenses!

Allegiance, the administrator, provides convenient ways for you to access your account.

- **Debit card:** you can use a debit card to pay for eligible dependent care expenses directly from your account
- **Direct deposit:** claims processed within five business days of receipt
- **Online viewing:** check the balance of your account, view transactions and claims, and see what qualifies as an eligible expense for reimbursement

FSAs have a “use it or lose it” policy, which means you forfeit any amounts unused and not reimbursed for services received during the plan year. You may use what you set aside for the plan year for services up to March 15 of the following year. You must file your claims by March 31 of the following year. The FSA administrator is Allegiance, a Cigna Company.

For more information and other tools and resources, log on to www.AllegianceFlexAdvantage.com or call 855.999.1052.

The flexible spending account plan documents are available online by visiting Employee Self Service and Benefits Plans & Coverage under the Home tab on the Lawson Dashboards and at benefits.sih.net. If you do not have access to a computer, printed copies are available upon request from Human Resources.

The federal government offers a dependent care tax credit for your day care expenses—and you can't get the tax benefit of both the reimbursement account and the tax credit for the same expenses.



Beneficiary Information

By naming a beneficiary, your life insurance benefit(s) is being passed on to those you want. Events such as marriage, birth/adoption of children, divorce, or death may dramatically change the intent of how you would want your life insurance benefit paid.

Some common beneficiary choices are:

- **Primary beneficiary**—the person or persons named will receive the benefit
- **Contingent beneficiary**—if the primary beneficiary is no longer living, the benefit is paid to this person

Note: Your 401(k) beneficiaries should also be reviewed and/or updated. These are housed in the Wells Fargo portal at www.wellsfargo.com. You will need your username and password to access your account. If you have issues with accessing your account online, you may call the Wells Fargo Retirement Service Center at **800.728.3123**.

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

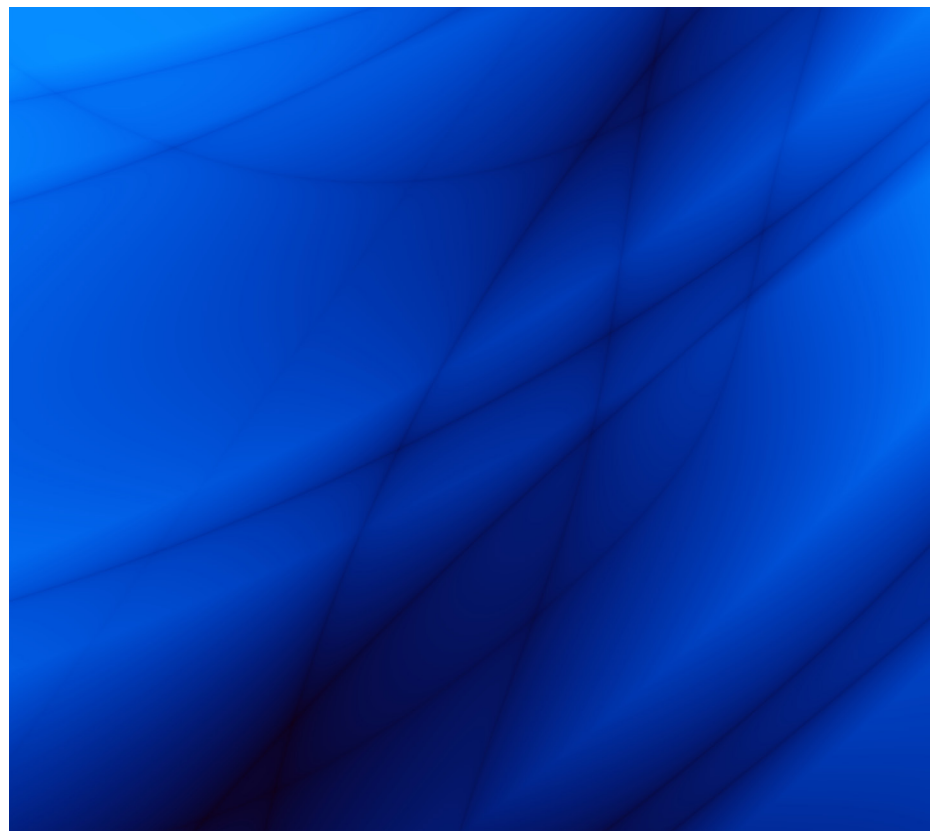
Life insurance provides protection for your family in the event you are no longer able to provide for them. At SIH, full-time employees are provided 1× your salary FREE as a Basic Life and Accidental Death and Dismemberment Benefit.*

Benefit Reductions

- At age 70, the original benefit is reduced to 67%
- At age 75, the original benefit is reduced to 50%

Basic Life and AD&D is insured through Reliance Standard Life Insurance Company.

* This represents what the majority of full-time employees are provided.



Supplemental Employee Life Insurance

You may select any of the life insurance options when you are first eligible or as a new hire. Benefit amounts between 1 and 4 times your base annual earnings, up to a maximum of \$1,000,000 are available.* Medical underwriting may be required. The Basic Life coverage amount is included in the \$1,000,000 coverage maximum for full-time employees. Eligible part-time employees may also elect this coverage.

Your supplemental employee life insurance premium will increase on the January of the year of your birthday when you change age bands. Your supplemental life insurance premium will change as the result of a change in annual salary on the effective date of the change in salary.

If you purchase at least 1 time your salary when you are first eligible, you can increase your life insurance one step during re-enrollment each year without medical underwriting.

Benefit Reductions

- At age 70, the original benefit is reduced to 67%
- At age 75, the original benefit is reduced to 50%

Supplemental Employee Life Insurance is insured through Reliance Standard Life Insurance Company.

* This represents what the majority of employees are provided.



Voluntary Child Life

All employees enrolled in Supplemental Employee Life Insurance and have a dependent child(ren) listed in the dependent information section of the online benefit enrollment may elect and pay for Voluntary Child Life coverage. Children may be enrolled in either a \$2,500, \$5,000, \$10,000, or a \$20,000 benefit. Coverage is guaranteed issue. The maximum benefit for a dependent child who is less than 6 months old is \$1,000.

The employee is always the beneficiary of this plan.

Voluntary Child Life is insured through Reliance Standard Life Insurance Company.

Please note: if your spouse is an employee of SIH and carries Voluntary Child Life Insurance, you are not eligible to purchase this coverage, as it will be considered duplication and the insurance carrier will not pay on both policies in the event of a life claim.

Voluntary Spouse Life

All employees enrolled in Supplemental Employee Life Insurance and have a dependent spouse listed in the dependent information section of the online benefit enrollment may elect and pay for Voluntary Spouse Life coverage. Spouses may be enrolled in either a \$5,000, \$10,000, \$20,000, or a \$40,000 benefit.

Voluntary Spouse Life coverage is guaranteed issue if elected when the spouse first becomes eligible. Medical underwriting to elect or increase coverage after the initial eligibility period is required.

If you select spouse life coverage when you are first eligible, you can increase coverage one step each year during re-enrollment without medical underwriting.

Your dependent's coverage may not exceed your own coverage.

The employee is always the beneficiary of this plan.

Voluntary Spouse Life is insured through Reliance Standard Life Insurance Company.

Please note: if your spouse is an employee of SIH and carries Supplemental Employee Life Insurance, you are not eligible to purchase this coverage, as it will be considered duplication and the insurance carrier will not pay on both policies in the event of a life claim.

AD&D Options

The Voluntary Accidental Death and Dismemberment (AD&D) plan pays an additional benefit to your life insurance in the event you die or suffer certain injuries as a result of an accident. The full amount is payable for accidental death, or a percentage of your coverage amount is payable for other covered losses. Full-time and eligible part-time employees are able to purchase additional amounts of coverage on themselves, as well as family members. If you do purchase coverage for your eligible dependents, their coverage will be a percentage of the amount you choose for yourself. See the table below for more details. Benefit amounts between 1 and 4 times your base annual earnings, up to a maximum of \$1,000,000 are available.* The Accidental Death and Dismemberment coverage provided FREE to full-time employees is included in the \$1,000,000 coverage maximum.

Family AD&D Coverage	
Spouse Only	60% of the amount you select
Child(ren) Only	15% of the amount you select (for each child)
Spouse and Child(ren)	50% (for your spouse) and 10% (for each child) of the amount you select

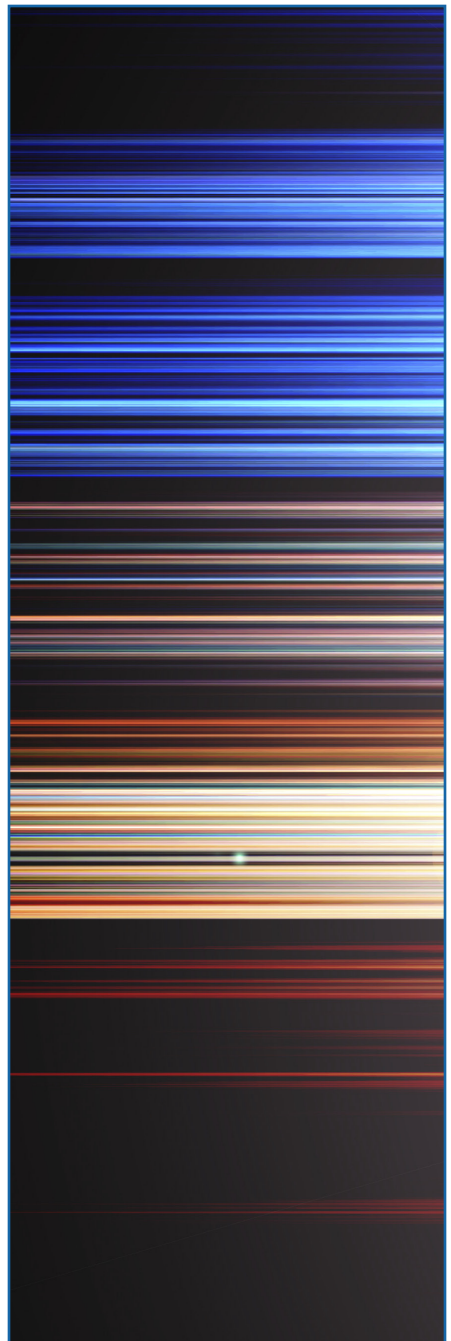
Loss	Percent of Coverage Amount
Life	100%
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand and One Eye	100%
One Foot and One Eye	100%
Speech and Hearing	100%
One Hand or One Foot or One Eye	50%
Speech or Hearing	50%
Thumb and Index Finger on Same Hand	25%

* This represents what the majority of employees are provided.

Benefit Reductions

- At age 70, the original benefit is reduced to 67%
- At age 75, the original benefit is reduced to 50%

Voluntary Accidental Death and Dismemberment is insured through Reliance Standard Life Insurance Company.



Please note: if your spouse is an employee of SIH and carries Voluntary Accidental Death and Dismemberment Family Insurance, you are not eligible to purchase this coverage, as it will be considered duplication and the insurance carrier will not pay on both policies in the event of a claim.



Short Term Disability

This coverage is an important part of your financial security should you become disabled due to an accident or illness and are unable to work for a period of time. Short Term Disability is FREE for full-time employees after one year of full-time service. Coverage begins on the first of the month following one year of full-time service.

After a 5-calendar day/40-hour elimination period, 60% of your weekly pre-disability earnings up to \$10,000 per week maximum is paid directly to you in the event of a disability claim approval up to a 90-day duration.

Short Term Disability is administered by Matrix Absence Management, a division of Reliance Standard Life Insurance Company.

Long Term Disability and Buy-Up

Long Term Disability

Long Term Disability protection helps replace a portion of your income for the “long term,” resulting from a covered injury or sickness. Long Term Disability is FREE for full-time employees after one year of full-time service. Coverage begins on the first of the month following one year of full-time service.

After a 90-calendar day elimination period, 50% of your pre-disability earnings up to a monthly maximum of \$10,000 is paid to you in the event of a disability claim approval up to the benefit duration.*

Long Term Disability is administered by Matrix Absence Management, a division of Reliance Standard Life Insurance Company.

* This represents what the majority of employees are provided.

Long Term Disability—Buy-Up

You can select an additional 10% of Long Term Disability Coverage for a total of 60% of covered pre-disability earnings. Total monthly earnings will not exceed \$10,000.

Selection for the 10% Buy-Up must be made when you first become eligible. If you are selecting coverage during re-enrollment, then medical underwriting is required.

Long Term Disability Buy-Up Coverage is administered by Matrix Absence Management, a division of Reliance Standard Life Insurance Company.

Voluntary Benefits through Allstate

Group Critical Illness Coverage

Group Critical Illness coverage helps offer financial support if you are diagnosed with a covered critical illness. You select the benefit coverage amount based on your individual need and your budget. If you have covered family members, this plan can also provide cash benefits for them. Covered diagnoses include but are not limited to the following:

- Heart attack
- Stroke
- End Stage Renal Failure
- Complete Blindness
- Advanced Alzheimer's Disease
- Major Organ Transplant
- Invasive Cancer

Group Critical Illness coverage is administered by Allstate Benefits.

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or dependent coverage under your spouse's plan. You cannot be enrolled in both.

Group Hospital Indemnity Medical Coverage

Indemnity Medical insurance pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account for hospital-related expenses. You can use the money toward deductibles, copays, premiums, and even to help cover your daily living expenses. Base benefits include the following:

Benefit	Description
First Day Hospital Confinement	\$1,200
Daily Hospital Confinement	\$200 per day*
Hospital Intensive Care	\$200 per day*

* Max 10 days per hospital confinement

Group Indemnity Medical insurance is administered by Allstate Benefits.

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or dependent coverage under your spouse's plan. You cannot be enrolled in both.

Allstate Critical Illness, Hospital Indemnity, and Accident products cannot pay benefits to you if you have coverage through Medicaid. If you are covered by Medicaid, you should not enroll in these products. If only your child or children are eligible for Medicaid benefits, you may still benefit from the Allstate products, but you should not enroll your children.



Allstate Critical Illness, Hospital Indemnity, and Accident products cannot pay benefits to you if you have coverage through Medicaid. If you are covered by Medicaid, you should not enroll in these products. If only your child or children are eligible for Medicaid benefits, you may still benefit from the Allstate products, but you should not enroll your children.

Group Accident Coverage

Group Accident coverage pays you cash benefits for covered accidents and includes coverage for a variety of occurrences, such as: hospital confinement, physician treatment, dislocation or fracture, ambulance services, physical therapy, and more.

Following are a few highlights of the plan:

- \$200 for Emergency Room Services (\$150 for Urgent Care or Accident Physician's Treatment)
- \$1,000 for Initial Hospital Confinement
- \$200 Daily Hospital Confinement
- \$300 X-ray
- Up to \$6,000 for Dislocation or Fracture

Group Accident coverage is administered by Allstate Benefits.

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or dependent coverage under your spouse's plan. You cannot be enrolled in both.

Group Term to Age 100 Life Insurance

You choose the coverage that's right for you and your family. With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes.* You choose the death benefit amount to leave behind. Premiums are affordable and remain level to age 100 unless you make changes to your coverage. Premiums are conveniently payroll deducted. Guaranteed minimum death benefit is level for 5 years; current non-guaranteed death benefit is projected to remain level to age 100. Benefit options available are \$30,000, \$45,000, \$60,000, and \$75,000.

Group Term to Age 100 Life Insurance is administered by Allstate Benefits.

* Consult with your tax advisor for specific information

Group Term to Age 100 Spouse Life Insurance

All employees enrolled in Term to Age 100 Employee Life Insurance and who have a dependent spouse listed in the dependent information section of the online benefit enrollment may elect and pay for Group Term to Age 100 Spouse Life Insurance. The working spouse guaranteed issue option is \$30,000.

Group Term to Age 100 Spouse Life Insurance is administered by Allstate Benefits.

Please note: if your spouse is an employee of SIH and carries Term to Age 100 Employee Life Insurance, you are not eligible to purchase this coverage, as it will be considered duplication and the insurance carrier will not pay on both policies in the event of a life claim.

Children's Term Rider

All employees enrolled in Term to Age 100 Employee Life Insurance and who have a dependent child listed in the dependent information section of the online benefit enrollment may elect and pay for the Children's Term Rider. The Child(ren) rider is \$20,000.

The Children's Term Rider is administered by Allstate Benefits.

Please note: if your spouse is an employee of SIH and carries the Children's Term Rider, you are not eligible to purchase this coverage, as it will be considered duplication and the insurance carrier will not pay on both policies in the event of a life claim.



Beneficiary Information

By naming a beneficiary, your life insurance benefit(s) is being passed on to those you want. Events such as marriage, birth/adoption of children, divorce, or death may dramatically change the intent of how you would want your life insurance benefit paid.

Some common beneficiary choices are:

- **Primary beneficiary**—the person or persons named will receive the benefit
- **Contingent beneficiary**—if the primary beneficiary is no longer living, the benefit is paid to this person

Note: Your 401(k) beneficiaries should also be reviewed and/or updated. These are housed in the Wells Fargo portal at www.wellsfargo.com. You will need your username and password to access your account. If you have issues with accessing your account online, you may call the Wells Fargo Retirement Service Center at **800.728.3123**.



EAP (Employee Assistance Program)

This program provides free, confidential, professional assistance to help employees and their families resolve problems that affect their personal lives or job performance. Besides being confidential, the program is voluntary—it is designed to allow the employee or family to seek help on their own.

Simply call the number of the counseling resource and a confidential appointment will be arranged. There will be one to three session evaluations provided, after which the professional with whom you meet will make recommendations and assist you in arranging for ongoing services if needed.

Psychological Services

800 West Main Street
Carbondale, Illinois
618.529.2273

Caritas Family Solutions

10286 Fleming Road
Carterville, Illinois
618.985.2000

F. Dale Budslick, L.C.P.C.*

706 West Main Street
Carbondale, Illinois
618.457.4890

* In-Network Cigna Provider

401(k)

Wells Fargo is the 401(k) Retirement Plan Administrator for Southern Illinois Healthcare.

- You are eligible to participate and contribute if you are full time, part time, per diem, or temporary
- You can enroll in the 401(k) after your first paycheck by signing on to wellsfargo.com or by calling the Retirement Service Center at 800.728.3123
- You must wait until you receive your first paycheck before you can go online or call to enroll

Your Contributions

- If you have not made a selection after 31 days of employment, you will automatically be enrolled at 5% of your pay
- You will be enrolled in the target date fund which corresponds most closely to your expected retirement date
- You can start, change, or stop your contributions at any time
- You can contribute up to the maximum dollar amount permitted by the IRS; the dollar limit is \$18,500 for 2018
- If you are aged 50 or older, and make the maximum allowable deferral to the plan, you are entitled to contribute an additional “catch-up contribution;” the maximum catch-up contribution is \$6,000 for 2018

Company Matching Contributions

- You are eligible for the company matching contribution once you have completed 1 year of service and 1,000+ hours within that year
- Southern Illinois Healthcare (SIH) will match 50% of the first 5% of your base pay you contribute; SIH will match a maximum of 2.5%

You are 100% vested in company matching contributions immediately.

Company Basic Contributions

- You are eligible for the company’s basic contribution after one calendar year in which you have worked 1,000+ hours; you must be employed on the last day of the last pay period of the year to be eligible
- SIH will make a lump sum contribution of 1.5% of your gross salary if you have met the eligibility requirements
- You will have complete ownership of (or, be vested in) employer basic contributions plus any earnings they generate after three years of meeting the eligibility criteria

The 401(k) summary plan document is available online by visiting Employee Self Service and Benefits Plans & Coverage under the Home tab on the Lawson Dashboards and at benefits.sih.net. If you do not have access to a computer, printed copies are available upon request from Human Resources.

Automatic Contribution Increase Program

- If you have been employed for at least 6 months, each September 1st:
 - Your before-tax contribution percentage will automatically increase to 5% if your contribution is less than 5% (including zero)
 - If you wish to opt-out, you will need to do so annually
 - Your before-tax contribution percentage will automatically increase by 1% if your contribution is at least 5% but less than 10%
 - If you wish to opt-out, you will need to do so annually
- You are not affected by the automatic increase program if you are already contributing 10% or more
- You may opt out of the automatic contribution increase program each year through www.wellsfargo.com or by calling the Retirement Service Center

Additional Benefits

Additional Information

There is also a Roth 401(k) option which is an after-tax contribution option. Please note, there is no company match on the Roth 401(k). You have the option to roll over any previous employer retirement savings account(s) into your SIH 401(k) account. There is a roll over form to complete in order to begin this process. Contact SIH Human Resources for more information.

Earned Time Off (ETO)

Full-time employees and part-time (0.50 FTE or greater) employees begin accruing ETO upon completion of a 90-day wait period and continue to do so until the maximum number of hours is reached. Per diem employees are not eligible for ETO.

Full-time employees: 1–5 years = 23 days per year; 6–10 years = 28 days per year. After 10 years an additional ½ day a year with a maximum of 33 days.

Part-time employees: pro-rated by the number of hours worked per pay.

ETO can be used for the following:

- Vacation
- Personal time
- Illness
- Any non-worked time including holidays

Holidays

SIH recognizes the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The Friday after Thanksgiving
- Christmas Day

Employees who do not work a holiday must use ETO. Employees who work on a holiday receive 1.5 times their hourly pay.

Tuition Assistance

SIH encourages its employees to pursue educational opportunities which can assist their personal and professional growth, and could also benefit SIH in meeting its mission. It is available for part-time and full-time employees who work at least 32 hours per pay period.

Reimbursement amounts do not exceed \$130 per credit hour for any undergraduate or graduate course, with a maximum of 27 credit hours per calendar year. Full-time employees receive 100% reimbursement within the limits for credit hour costs. Part-time employees budgeted to work at least 32 hours per pay period are reimbursed on a percentage basis of their tuition and fee costs. Please view policy SY-HR-205 for more details.

Employees Helping Employees (EHE)

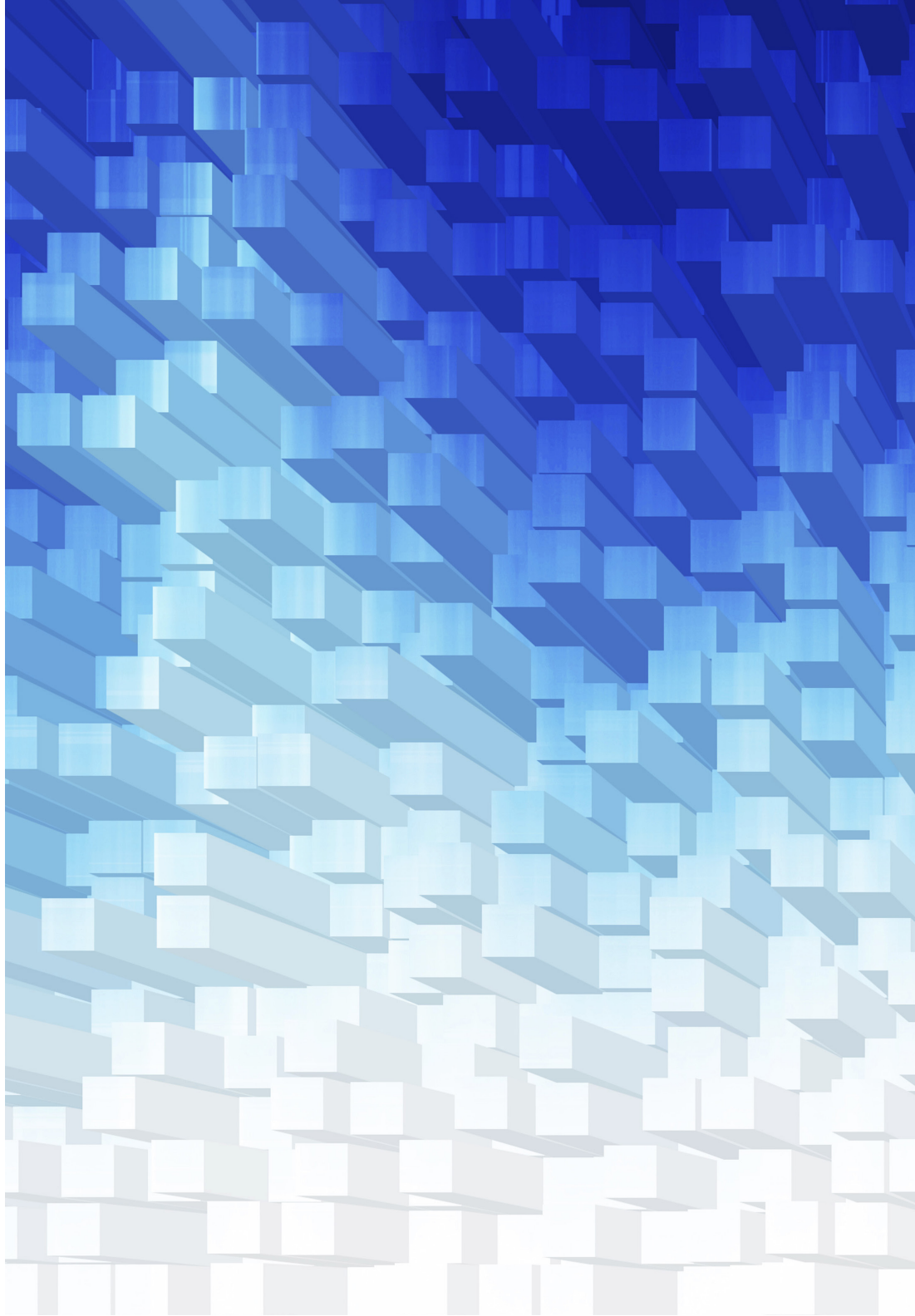
SIH offers financial assistance for employees under certain hardship circumstances provided by the Mission & Values Team. Receive up to \$450 to help you during these times of hardship. A \$900 annual maximum distribution applies. An application for assistance to be reviewed by the committee is also required.

Service Awards

SIH greatly values the service of all employees, but gives special recognition to those who have served for longer periods of time.

- After five years of service, employees will be invited to the Service Award event
- After ten years of service, employees will receive service award payments; the award is a sum of a per year dollar multiplied by the total number of years of service and the maximum payout is \$900; refer to the chart below

Years of Service	Calculation	Award Amount
10 Years	10 years × \$10 per year	\$100.00
15 Years	15 years × \$15 per year	\$225.00
20 Years	20 years × \$20 per year	\$400.00
25 Years	25 years × \$25 per year	\$625.00
30 Years	30 years × \$30 per year	\$900.00
35+ Years	30 year (maximum)	\$900.00



This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.

