2019

SOUTHERN ILLINOIS HEALTHCARE BENEFITS AT A GLANCE

SIH

This publication contains important information about your employee benefit program.

Please read thoroughly.

TABLE OF CONTENTS

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 and ineligible part-time employees or PRN employees who average 30 hours per week of actual time worked after a 12-month look-back. Any change in salary for full-time employees may impact medical premiums within the pay period in which the change occurred.

	Total Monthly Rate	SIH Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
<$40,000 Annual Salary				
Employee Only	$816.46	$757.46	$59.00	$29.50
Employee + Spouse	$1,714.57	$1,405.57	$309.00	$154.50
Employee + Child(ren)	$1,469.63	$1,265.63	$204.00	$102.00
Employee + Family	$2,612.68	$2,208.68	$404.00	$202.00
$40,000–$69,999 Annual Salary				
Employee Only	$816.46	$745.46	$71.00	$35.50
Employee + Spouse	$1,714.57	$1,368.57	$346.00	$173.00
Employee + Child(ren)	$1,469.63	$1,223.63	$246.00	$123.00
Employee + Family	$2,612.68	$2,181.68	$431.00	$215.50
$70,000–$99,999 Annual Salary				
Employee Only	$816.46	$727.46	$89.00	$44.50
Employee + Spouse	$1,714.57	$1,315.57	$399.00	$199.50
Employee + Child(ren)	$1,469.63	$1,180.63	$289.00	$144.50
Employee + Family	$2,612.68	$2,153.68	$459.00	$229.50
$100,000 + Annual Salary				
Employee Only	$816.46	$715.46	$101.00	$50.50
Employee + Spouse	$1,714.57	$1,263.57	$451.00	$225.50
Employee + Child(ren)	$1,469.63	$1,138.63	$331.00	$165.50
Employee + Family	$2,612.68	$2,121.68	$491.00	$245.50

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	$816.46	$245.46	$571.00	$285.50
Employee + Spouse	$1,714.57	$453.57	$1,261.00	$630.50
Employee + Child(ren)	$1,469.63	$460.63	$1,009.00	$504.50
Employee + Family	$2,612.68	$923.68	$1,689.00	$844.50

2019 BENEFITS AT A GLANCE

MEDICAL PLAN DESIGN

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

	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 ded.	20% after ded.	30% after ded.	50% after ded.
Outpatient Hospital Surgery	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Other Hospital Outpatient	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Hospice	0% no charge	0% no charge	0% no charge	50% after ded.
Home Healthcare	5% after ded.	10% after ded.	30% after ded.	50% after ded.
Rehabilitative Therapy (up to 60 combined visits per year)	$20 copay	$30 copay	30% after ded.	50% after ded.
PCP Office Visit	$20 copay	$30 copay	$40 copay	50% after ded.
Specialist Office Visit	$30 copay	$40 copay	$50 copay	50% after ded.
Other Physician Services (lab, diagnostic)	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Outpatient Labs and Imaging at SIH Facilities	5% (ded. waived)	20% after ded.	30% after ded.	50% after ded.
Preventive Care	0% no charge	0% no charge	0% no charge	50% after ded.
Durable Medical Equipment (DME)**	5% after ded.**	Not applicable	30% after ded.	50% after ded.
Walk-In Clinics/Prompt Care***	$20 copay	$30 copay	$40 copay	50% after ded.
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 ded.	30% after ded.	30% after ded.	50% after ded.
Spinal Manipulation ($500 maximum)	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Outpatient Mental Health Services	$20	$20	$20	50% coinsurance ded. waived, not subject to MEE

This table represents employee cost.

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

** DME goods fulfilled by CareCentrix and our Client Specific Network follow the QHP rate; CareCentrix can be reached at 844.457.9810; see definition of DME on the following page.

*** 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 PRICING

	Total Monthly Rate	Employee Monthly Contribution	Employee Cost Per Pay Period
Dental—High Option			
Employee Only	$37.06	$37.06	$18.53
Employee + Spouse	$79.42	$79.42	$39.71
Employee + Child(ren)	$65.87	$65.87	$32.94
Employee + Family	$114.01	$114.01	$57.01
Dental—Low Option			
Employee Only	$23.57	$23.57	$11.79
Employee + Spouse	$50.48	$50.48	$25.24
Employee + Child(ren)	$41.91	$41.91	$20.96
Employee + Family	$72.60	$72.60	$36.30
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

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

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary		
	$10 copay	Up to $35
Retinal Imaging		
	Up to $39	N/A
Frames		
	$0 copay; $120 allowance; 20% off balance over $120	Up to $50
Standard Plastic Lenses		
Single Vision	$25 copay	Up to $25
Bifocal	$25 copay	Up to $40
Trifocal	$25 copay	Up to $55
Standard Progressive Lens	$90	Up to $40
Premium Progressive Lens	$90, 80% of charge less $120 allowance	Up to $40
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit and Follow-Up	Up to $55	N/A
Premium Contact Lens Fit and Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	$0 copay; $120 allowance; 15% off balance over $120	Up to $92
Disposable	$0 copay; $120 allowance; plus balance over $120	Up to $92
Medically Necessary	$0 copay, paid-in-full	Up to $200
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Diabetic Care Services (Type 1 and Type 2 Diabetics)		
Office Service Visit—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $77
Retinal Imaging—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay (Not covered if extended ophthalmoscopy is provided within 6 months)	Up to $50
Extended Ophthalmoscopy—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay (Not covered if retinal imaging is provided within 6 months)	Up to $15
Gonioscopy—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $15
Scanning Laser—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $33

The 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.

MATRIX ABSENCE MANAGEMENT (MATRIX)

SIH partners with Matrix Absence Management (Matrix), a division of Reliance Standard Life Insurance Company, for administration of our Leaves including: Family Medical Leave (FML), Pregnancy Leave of Absence, Military Leave of Absence and Personal Leave of Absence. Matrix also administers Short Term Disability (STD), and Long Term Disability (LTD) programs.

Contact Matrix at 877.202.0055 to initiate a claim.

FML Eligibility and Responsibilities

Employees are considered to be eligible for FML if they have worked a minimum of 1,250 hours and at least one year of employment for Southern Illinois Healthcare.

The employee is responsible for providing a complete and sufficient medical certification to Matrix within the required time frame. If the employee does not provide the requested certification within the time required or fails to provide a complete and sufficient certification, the FML request will be denied.

The employee is also responsible for providing return to work notifications at least two business days prior to the date they intend to report for work by contacting the Occupational Health and Safety Department at the System Human Resources Office at 618.457.5200 extension 67850.

How to File a Short Term Disability or FML 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 for 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 BENEFIT PARTNER CONTACT INFORMATION

Southern Illinois Healthcare

Human Resources
2 Nutrition Plaza
618.457.5200
Fax: 618.529.0574

Total Rewards Team
Amy Niemann, Total Rewards Leader
ext. 67809
amy.niemann@sih.net

Insurance (Medical, Dental, Vision, Life, Allstate, Flex Spending Accounts, and 401(k)

Julie Neubig, Benefits Supervisor
ext. 67807
julie.neubig@sih.net

Ana Kelly, Benefits Specialist
ext. 67810
ana.kelly@sih.net

Leave Absence (FML, STD, LOA), Exposures, Injuries, Return to Work, Employee Health & Safety

Monica Zapp, Occupational Health & Safety Coord.
ext. 67850
monica.zapp@sih.net

Lauren Padgett, Occupational Health & Leave Specialist
ext. 67853
lauren.padgett@sih.net

Alyssa Schloss, Occupational Health & Safety Specialist
ext. 67808
alyssa.schloss@sih.net

WorkWell Employee Wellness Program
www.sihwellness.com

Joseph Raby, Employee Wellness Coordinator
ext. 67829
Joseph.Raby@sih.net

Health Coaches
ext. 67828
wellness@sih.net

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—Allegiance, a Cigna Company

855.999.1052
Refer to www.askallegiance.com/SIH to locate providers, confirm provider network status, access your online account, or find an EOB

Prescriptions—EnvisionRx Options

800.361.4542
www.envisionrx.com

EnvisionMail
866.909.5170
www.envisionpharmacies.com/Mail/Patients

EnvisionSpecialty
877.437.9012
www.envisionspecialty.com

SIH Employee Pharmacy

St. Joseph Memorial Pharmacy
618.351.8322

Herrin Pharmacy
618.351.8321

Dental/DPPO—Cigna

800.244.6224
www.cigna.com

Vision—Eyemed

866.9EYEMED
www.eyemed.com

Flexible Spending Account Program including Healthcare and Dependent Care—Allegiance

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 (FML)/Short Term Disability (STD)/Long Term Disability (LTD)—Matrix, a division of Reliance Standard

877.202.0055
matrixabsence.com

Voluntary Benefits—Allstate

Group Critical Illness, Group Hospital Indemnity, Group Accident, and Group Term to Age 100 Life

866.828.8501
www.allstatebenefits.com/mybenefits

401(k)/Roth Contribution—Wells Fargo

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

Medicare Basics
Milly Kaiser, Medicare Counselor
Ext. 67856
milly.kaiser@sih.net

Year Round Resources Available at **benefits.sih.net**

Take time to read, watch, and learn from the resources about your 2019 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

STEPS TO ENROLL IN BENEFITS

1. Go to benefits.sih.net
2. Login using your SIH computer username and password from work or home
3. After logging in and landing on the Home page, explore the benefit tabs, videos, and other resources to help you make your decisions
4. After exploring your benefit options and determining which benefits you would like to elect, click "Start Here" and follow the prompts
5. Click "Approve" once you have reviewed and finalized your elections
6. Confirm your choices officially by clicking "I Agree." Ensure you receive a confirmation number anytime you enter the portal
7. 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
8. If you are choosing to enroll family members, please see the following page with more details about family member enrollment instructions and required documentation

Contact the Benefit Service Center at 844.386.2375 with questions about navigating the Enrollment website, or to assist you with electing benefits.

Representatives are available Monday-Friday, 7:00 a.m.-7:00 p.m. CT

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

ENROLLING FAMILY MEMBERS

Information You Need

The following information is required if you are adding family members.

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

Documents to Enroll Your Legal Spouse

- If married less than 12 months and you and your spouse have not filed a joint federal income tax return, a government-issued marriage certificate, and a document dated within the last 60 days showing current relationship status (examples: recurring monthly household bill or statement of account); the document must list your spouse's name, date and current mailing address.
- If you and your spouse have been married for 12 or more months, a government-issued marriage certificate, and a Tax Return Transcript of your most recently filed federal joint income tax return.

Documents to Enroll Your Children Under 26 Years

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note: the document must list the first and last name of the child and parent(s); or if under 6 months of age **ONLY**, hospital documentation reflecting the child's birth, naming you as parent.

OR

- A copy of the court order naming you or your spouse as the child's legal guardian or custodian.

Documents to Enroll Overage Dependent Child(ren)

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); or if under 6 months of age **ONLY**, hospital documentation reflecting the child's birth, naming you as parent, or a copy of the court order naming you or your spouse as the child's legal guardian or custodian.

AND

- A copy of your most recently filed Federal Tax Transcript listing the child(ren) as your tax dependent.
- Your physician will need to confirm disabled status; to obtain the physician form, please contact Allegiance at 855.999.1052 in addition to providing the above documentation.

Note: If you are covering a stepchild or child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse as requested above.

3. Upload these documents into the enrollment portal benefits.sih.net or fax to 515.343.2246.
4. Your family member(s) will NOT be added to the plan until the documentation has been received and verified. Check your message center for confirmation.
5. If documentation is not supplied within 31 days from your event, including from your hire date or from when you become newly eligible, your family member(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 family members can choose from the following options:

- Medical, which includes prescription drug coverage—company and employee-paid.
- Dental—employee-paid.
- Vision—employee-paid.
- Basic life and accidental death and dismemberment (AD&D)—company-paid; this coverage is automatically enrolled.
- Supplemental employee life and accidental death and dismemberment (AD&D) insurance—employee-paid.
- Dependent life insurance—employee-paid.
- Short term disability insurance (STD) offered after one year of full-time service—company-paid; this coverage is automatically enrolled.
- Long term disability insurance (LTD) offered after one year of full-time service—company-paid; this coverage is automatically enrolled.
- Long term disability buy up—an additional 10% of long term disability coverage—employee-paid.
- Flexible spending accounts (FSAs)—healthcare FSA or dependent care FSA—employee-paid.
- Voluntary plans including Group Critical Illness, Group Hospital Indemnity, Group Accident, and Group Term to Age 100 Life Insurance coverage—employee-paid.

Definition of an Eligible Family Member

An eligible family member is defined as:

- Your spouse—The person to whom you are legally married.
- Your child—Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the month in which he/she turns age 26.
- Your stepchild—The child of your spouse for as long as you remain legally married to the child's parent through the calendar month in which he/she turns age 26.
- Your foster child—A child that has been placed in your home by the Illinois Department of Children and Family Services Foster Care Program or the foster care program of a licensed private agency through the end of the calendar month in which he/she turns age 26.
- Legal guardianship—A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar month in which he/she turns age 26.
- Overage dependent child(ren)—Your covered child with intellectual or physical disabilities. This child may continue insurance coverage after reaching age 26 and while remaining continuously covered, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the intellectual or physical disability, and be dependent on you for care and financial support.

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 spouse 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 2019. 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 family members through marriage, divorce, birth, adoption, or death
- Termination of spouse's employment or commencement of employment by spouse
- Loss of 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 family members 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 family member.

Making Changes

To make changes, please go online to benefits.sih.net or call the Benefit Service Center at 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 family members to lose eligibility under the option, the ineligible family member'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 family member became ineligible.

WHEN COVERAGE BEGINS

In general, coverage for you and your eligible family members 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 family members 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 who are in their stability period (i.e., employees changing from full time to per diem). 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 family members 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.

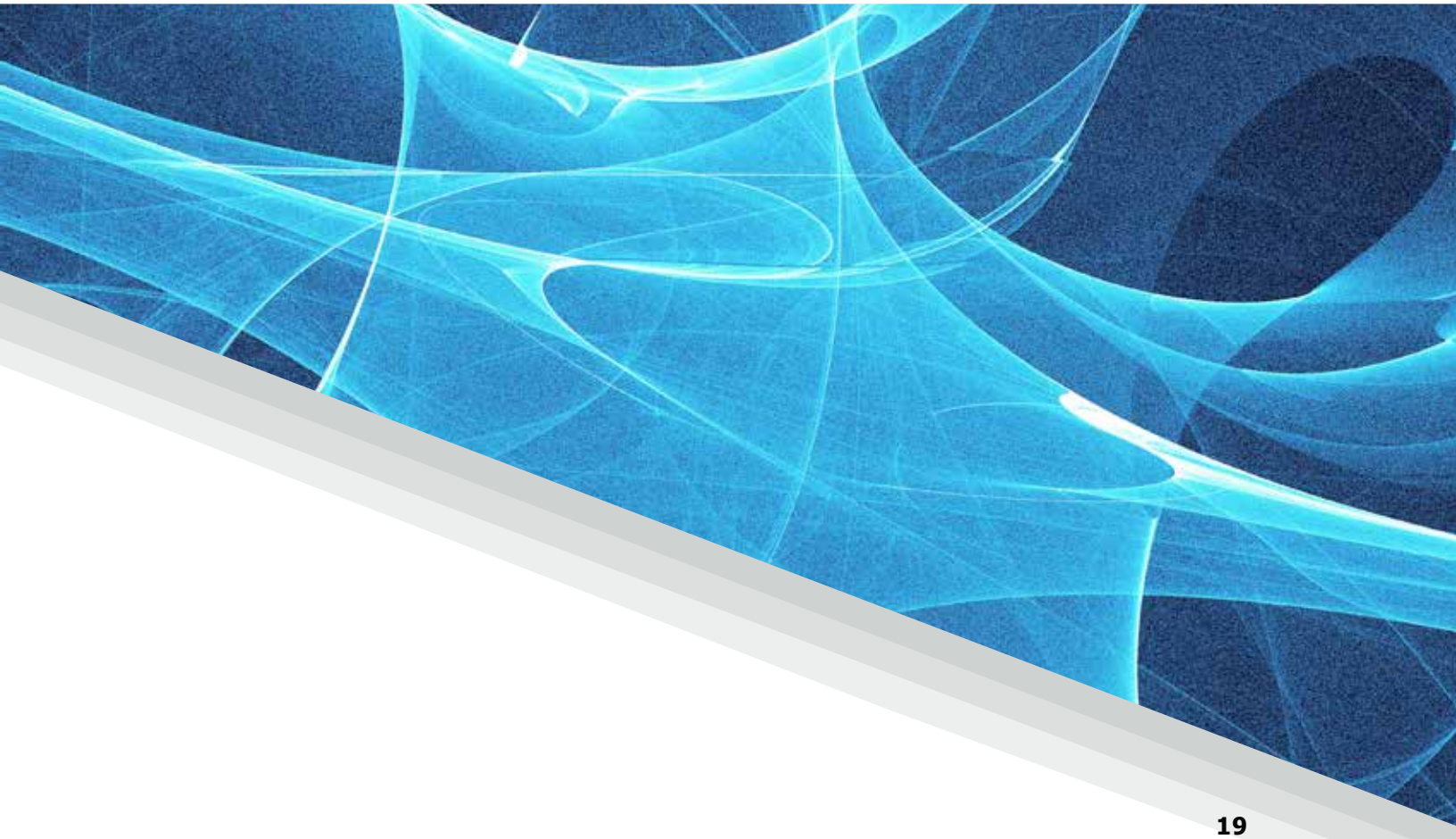
CHANGES ALLOWED DUE TO CHANGE IN FAMILY STATUS EVENT

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 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 may either increase or decrease your coverage	You may increase or decrease your election if the event affects your dependent care expenses
■ You must drop coverage for the affected family member ■ 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)		
■ 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)		
■ You must drop the affected family member's coverage ■ You may increase your FSA deposit if the family member remains eligible under FSA ■ You may decrease your FSA election if the family member 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 Child(ren)		
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 ■ You may drop coverage upon enrollment for Medicare or Medicaid ■ You may enroll for coverage upon loss of Medicare or Medicaid eligibility	N/A	N/A
Court Issued Order Regarding Medical Coverage of a Child (qualified medical child support order)		
■ 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		
■ You may drop your coverage if you or a family member 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 healthcare 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 Collaborative Partner 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
- Memorial Hospital of Carbondale
- Harrisburg Primary Care Group
- The Breast Center
- SIH Cancer Institute
- Miners Memorial Health Center
- Herrin Hospital
- Physician Surgery Center at CMA
- Logan Primary Care
- St. Joseph Memorial Hospital
- 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)

SIH Facilities for Labs and Imaging

- Center for Medical Arts
- Memorial Hospital of Carbondale
- Harrisburg Primary Care Group
- The Breast Center
- SIH Cancer Institute
- Miners Memorial Health Center
- Herrin Hospital
- Logan Primary Care
- St. Joseph Memorial Hospital

Collaborative Partner and BJC

- Abraham Lincoln Memorial Hospital
- Alton Memorial Hospital
- Anderson County Hospital
- Barnes-Jewish Hospital
- Barnes-Jewish Siteman Cancer Center
- Barnes-Jewish St. Peters Hospital
- Barnes-Jewish West County Hospital
- Blessing Hospital
- Boone Hospital Center
- Christian Hospital
- Cox Medical Center Branson
- Cox Medical Center South
- Cox Monett Hospital
- Cox North Hospital
- Crittenton Children's Center
- Decatur Memorial Hospital
- Hendrick Medical Center
- Illini Community Hospital
- Memorial Hospital Belleville
- Memorial Hospital East
- Memorial Medical Center
- Meyer Orthopedic & Rehabilitation Hospital
- Missouri Baptist Medical Center
- Missouri Baptist Sullivan Hospital
- Orthopaedic Institute of Southern Illinois
  (physician and flat films, locations in Illinois only)
- Parkland Health Center—Bonne Terre
- Parkland Health Center—Farmington
- Passavant Area Hospital
- Progress West HealthCare Center
- Rehabilitation Institute of St. Louis
- Saint Luke's Cushing Hospital
- Saint Luke's East Hospital
- Saint Luke's Hospital of Kansas City
- Saint Luke's North Hospital—Barry Road
- Saint Luke's North Hospital—Smithville
- Saint Luke's South Hospital
- Sarah Bush Lincoln Health Center
- St. Louis Children's Hospital
- Taylorville Memorial Hospital
- Wright Memorial Hospital

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 (including the Convenient Care Clinic)
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, part-time employees who work 40-71 hours per period, and ACA eligible employees the Cigna Open Access Plus Plan.

If adding family members 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

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 spouse or family 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, access your online account at askallegiance.com/SIH, or contact Human Resources.

MEDICAL PLAN DESIGN

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

	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 ded.	20% after ded.	30% after ded.	50% after ded.
Outpatient Hospital Surgery	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Other Hospital Outpatient	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Hospice	0% no charge	0% no charge	0% no charge	50% after ded.
Home Healthcare	5% after ded.	10% after ded.	30% after ded.	50% after ded.
Rehabilitative Therapy (up to 60 combined visits per year)	$20 copay	$30 copay	30% after ded.	50% after ded.
PCP Office Visit	$20 copay	$30 copay	$40 copay	50% after ded.
Specialist Office Visit	$30 copay	$40 copay	$50 copay	50% after ded.
Other Physician Services (lab, diagnostic)	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Outpatient Labs and Imaging at SIH Facilities	5% (ded. waived)	20% after ded.	30% after ded.	50% after ded.
Preventive Care	0% no charge	0% no charge	0% no charge	50% after ded.
Durable Medical Equipment (DME)**	5% after ded.**	Not applicable	30% after ded.	50% after ded.
Walk-In Clinics/Prompt Care***	$20 copay	$30 copay	$40 copay	50% after ded.
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 ded.	30% after ded.	30% after ded.	50% after ded.
Spinal Manipulation ($500 maximum)	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Outpatient Mental Health Services	$20	$20	$20	50% coinsurance ded. waived, not subject to MEE

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

** DME goods fulfilled by CareCentrix and our Client Specific Network follow the QHP rate; CareCentrix can be reached at 844.457.9810; see definition of DME on the following page.

*** 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).

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 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.

Filling Your Prescription

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

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. You can obtain a list of participating retail pharmacies by visiting www.envisionrx.com or by calling 800.361.4542.
- **Mail order pharmacy**: you can choose to utilize the mail order pharmacy, EnvisionMail, for your 90-day supply prescriptions needs. Employees can call Envision Pharmacy at 866.909.5170 or visit www.envisionpharmacies.com/Mail/Patients to set up an account.

Maintenance Medications

Save money when you purchase a 90-day supply of eligible maintenance medications at a retail pharmacy, E-Pharmacy (see following page for information), or through EnvisionMail. After filling two 30-day supplies of maintenance medications at retail, you will be required to fill a 90-day supply at a retail pharmacy, E-Pharmacy, or through EnvisionMail.

Specialty Medications Mail Order Program

EnvisionRx utilizes EnvisionSpecialty Pharmacy as the exclusive provider of specialty medications. Cost is 20% (no deductible) to maximum out-of-pocket per script of $125.

EnvisionSpecialty Pharmacists provide on-going support to members about their specialty medications. Care includes helping members with convenient delivery options, 24/7 clinical support, medication coverage support, and complex condition management. You can contact customer service at 877.437.9012 or visit www.envisionspecialty.com for more information on this program.

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

If you're enrolled in the SIH health plan, you and your covered family members 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. Prescriptions are also available for pickup from the ScriptCenter located in the outpatient surgery lobby at Memorial Hospital of Carbondale (MHC)! Prescriptions are filled by Herrin Hospital pharmacy and loaded into the ScriptCenter for you to pick up at your convenience.

	Retail (30-day supply)	Retail (90-day supply)
Tier 1—Generic	$5	$12.50
Tier 2—Preferred brand	$17.50	$43.50
Tier 3—Non-preferred brand	$30	$75

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
- You are notified via email or automated call when your prescription is ready
- Pharmacist is available during open hours

St. Joseph Memorial Pharmacy	Herrin Pharmacy	ScriptCenter
618.351.8322 Monday—Friday 8:00 a.m.–4:30 p.m. Saturday/Sunday 8:00 a.m.–2:00 p.m. (ER or urgent care prescriptions)	618.351.8321 Monday—Friday 8:00 a.m.–4:30 p.m. Saturday/Sunday 8:00 a.m.–2:00 p.m. (ER or urgent care prescriptions)	618.351.8321 Order your prescriptions from the Herrin Hospital pharmacy. Create your ID and PIN at ScriptCenter.com.

Disposing Medications

MedSafe bins are located at our three hospitals and the SIH Cancer Institute. The self-disposal boxes are for controlled (Schedules II - V), noncontrolled, and over-the-counter medicine, including narcotics.

Here's what you need to know:

- NEVER dispose of medications for patients or members of your family.
- Do NOT put unused medications from the floor in any MedSafe bin.
- You CAN use the bins to dispose your own medications before or after your shift or on your day off.

MedSafe bins will be locked and unlocked by pharmacy personnel and are regulated by the US Drug Enforcement Agency (DEA)

Hours of Operation

Memorial Hospital of Carbondale & Herrin Hospital:
7:30 AM-6:00 PM, seven days a week

St. Joseph Memorial Hospital in Murphysboro:
7:30 AM-6:00 PM Monday-Friday
7:30 AM-3:30 PM Saturday and Sunday

SIH Cancer Institute in Carterville:
7:30 AM-3:30 PM, Monday-Friday

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.

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 of $200 in the SIH medical insurance premiums in 2020, you and your covered spouse will need to complete various wellness activities in 2019.

- Employees and spouses each must accumulate 1000 points by completing various wellness activities. The Employee Wellness Program will run from **January 1, 2019—December 15, 2019**. All qualifying activities must be completed prior to December 15, 2019.
- Employees are required to complete an annual physical and biometric screening with a physician and submit the completed forms to Employee Wellness by **September 1, 2019** (optional for spouses).
- Employees and spouses can earn points for biometric screenings/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, 2019** (optional for spouse).
- Employees and spouses will be able to earn points by completing a variety of wellness activities including health coaching, participation in health challenges, on-site educational workshops, completion of preventative screenings, community activities, and more. All points must be entered into the Employee Wellness website at www.sihwellness.com by **December 15, 2019**.

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.

Contact Information

- Wellness website: **www.sihwellness.com**
- Wellness phone: **618.457.5200** ext. 67828
- Wellness email: **wellness@sih.net**
- Joseph Raby B.S., M.S., ACE-CPT Employee Wellness Coordinator **Joseph.Raby@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.

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 family members 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 spouse or family 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 spouse or family coverage under your spouse's plan. You cannot be enrolled in both.

2019 BENEFITS AT A GLANCE

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary		
	$10 copay	Up to $35
Retinal Imaging		
	Up to $39	N/A
Frames		
	$0 copay; $120 allowance; 20% off balance over $120	Up to $50
Standard Plastic Lenses		
Single Vision	$25 copay	Up to $25
Bifocal	$25 copay	Up to $40
Trifocal	$25 copay	Up to $55
Standard Progressive Lens	$90	Up to $40
Premium Progressive Lens	$90, 80% of charge less $120 allowance	Up to $40
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit and Follow-Up	Up to $55	N/A
Premium Contact Lens Fit and Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	$0 copay; $120 allowance; 15% off balance over $120	Up to $92
Disposable	$0 copay; $120 allowance; plus balance over $120	Up to $92
Medically Necessary	$0 copay, paid-in-full	Up to $200
Frequency		
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Diabetic Care Services (Type 1 and Type 2 Diabetics)		
Office Service Visit—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $77
Retinal Imaging—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay (Not covered if extended ophthalmoscopy is provided within 6 months)	Up to $50
Extended Ophthalmoscopy—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay (Not covered if retinal imaging is provided within 6 months)	Up to $15
Gonioscopy—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $15
Scanning Laser—Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $33

The 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 $2,700 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 family members 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 start 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 15th of the following year. You must file your claims by March 31st 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
Money Can Be Set Aside for	The IRS Lists These Non-Eligible Expenses
■ Deductibles	■ Cosmetic procedures
■ Copayments	■ Your contributions for outside health or life insurance
■ Dental and vision care expenses	■ Employer health premiums of any kind
■ Orthodontia not covered by a dental plan	■ Procedures or expenses not medically necessary
■ Prescription drugs	■ Weight loss programs not prescribed by a doctor
■ 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	

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

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

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 15th of the following year. You must file your claims by March 31st 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.

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

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.

Changes in Amount of Insurance

Increases and decreases in the amount of insurance because of changes in age are effective on the January 1st coinciding with or next following the date of the change. Increases and decreases in the amount of insurance because of changes in class or earnings (if applicable) are effective on the date of the change.

IMPUTING TAXABLE INCOME FOR GROUP TERM LIFE INSURANCE

Under the tax law, the value of employer-provided group term life insurance in excess of $50,000 is taxable. The $50,000 threshold is not indexed for inflation. This value is referred to as "imputed income." Any change to your salary, if over $50,000, will result in a change to your imputed income within the pay period that the change occurred.

The IRS has developed a table to value the cost of employer-provided group term life insurance. Benefit professionals refer to this as "Table I." As illustrated below, the cost is valued based on 5-year age brackets. Table I is not updated annually by the IRS (the last update was in 1999).

Table I—Uniform Premium for $1,000 of Group Term Life Insurance Protection

Age of Employee	Cost Per $1,000 of Protection for 1-Month Period
Under 25	$0.05
25–29	$0.06
30–34	$0.08
35–39	$0.09
40–44	$0.10
45–49	$0.15
50–54	$0.23
55–59	$0.43
60–64	$0.66
65–69	$1.27
70 and Above	$2.06

Example: Al, age 26, has $70,000 of employer-provided coverage. To determine imputed income, we subtract $50,000 from the total amount of coverage and divide that amount by $1,000. Then, we apply the Table I rate of $0.06 per $1,000 of coverage to determine the amount of monthly imputed income. In this example, monthly imputed income is $1.20.

$70,000 - $50,000 = $20,000 ($20,000 ÷ $1,000 = $20)
$20 × $0.06 (Table I rate) = $1.20

The amount of imputed income is shown in box 12 on the W-2 with the code "C."

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.

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.

Changes in Amount of Insurance

Increases and decreases in the amount of insurance because of changes in age are effective on the January 1st coinciding with or next following the date of the change. Increases and decreases in the amount of insurance because of changes in class or earnings (if applicable) are effective on the date of the change.

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.

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 family member'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.

Confirm your spouse's elections before enrolling in these plans.

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.

Confirm your spouse's elections before enrolling in these plans.

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.

Changes in Amount of Insurance

Increases and decreases in the amount of insurance because of changes in age are effective on the January 1st coinciding with or next following the date of the change. Increases and decreases in the amount of insurance because of changes in class or earnings (if applicable) are effective on the date of the change.

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 family members, 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.

Confirm your spouse's elections before enrolling in these plans.

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.

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.

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 child(ren).

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. There are two benefit plan options from which to choose:

- Plan 1: $10,000
- Plan 2: $20,000

If you have covered family members, these plans 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 spouse or family 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 spouse or family coverage under your spouse's plan. You cannot be enrolled in both.

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 spouse or family 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.

Evidence of Insurability is required for any employee over 65.

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

* Consult with your tax advisor for specific information

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 child(ren).

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

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 spouse guaranteed issue option is $30,000. Evidence of Insurability will be required for non-working spouses and applicants over age 65.

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.

Confirm your spouse's elections before enrolling in these plans.

EAP (EMPLOYEE ASSISTANCE PROGRAM)

Questions and Answers

What is an Employee Assistance Program?

Very simply, it is just what it sounds like—assistance to employees. 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.

How does the program work?

It is an employer-sponsored program. Southern Illinois Healthcare has retained the services of Psychological Services, F. Dale Budslick in Carbondale, and Caritas Family Solutions in Carterville. Any employee seeking services may choose which of the resources he or she prefers to contact.

The request for help may be initiated by the employee, a family member, or in certain cases the employee's supervisor. 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. The services may be provided by the professional who does your initial assessment or by another counselor, depending on your preferences. In either case, the professional with whom you initially meet will see that you are linked with the help you need. If necessary, the counselor may encourage other members of your family to participate in the program.

EAP (continued)

What kinds of problems will the Employee Assistance Program deal with?

The program deals with human problems—the kinds that affect an employee's personal well-being and his/her ability to perform on-the-job.

- Who pays for the costs of these services?

The initial problem assessment of up to three sessions is free to the employee and family members. If further assistance is necessary, the employee's regular health insurance and /or benefits will be considered. If services that are not covered by insurance are necessary, the counselor will try to help the employee minimize the cost by making the referrals to the most appropriate agency. These costs will be the employee's responsibility, but many times services are available which are based on the individual's ability to pay. When applicable, sick leave, vacation time, or leave of absence may be used.

Why should my employer become involved in private problems?

Your employer is very interested in your overall health. How you feel emotionally and physically can determine how well you function on the job. Many times these problems begin to affect the morale of fellow workers and the overall effectiveness of the organization. The intent of the Employee Assistance Program is to prevent that from happening. It's an offer of a helping hand—not an attempt to pry or punish. The program is strictly confidential and voluntary. The employer sponsors the Employee Assistance Program, but does not get involved in the counseling process.

Does the Employee Assistance Program apply to spouse or family?

Yes. Since an employee's personal well-being and work performance can be affected by the problems of a spouse or dependent, this program is also made available to the family. Hopefully, family problems can be corrected before they affect the employee's performance at work.

EAP (continued)

What about work related problems?

This program has no effect on the way work related problems are handled. It deals only with personal problems. Work related problems are dealt with through existing organizational policies and procedures.

Your supervisor may refer you to the program when a performance problem occurs in order to determine if personal problems may be interfering with the job. The program is voluntary; however, if the offer of help is refused and performance problems continue, regular corrective procedures will apply.

Confidentiality is assured.

The discussion of the problem is strictly between you and the counselor. Neither your employer nor your coworkers will have any knowledge of your request for help.

For confidential, professional, and free employee assistance contact:

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

SAVING FOR YOUR FUTURE

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

- You can save for retirement if you are full-time, part-time, per diem, or temporary employee
- You can enroll in the 401(k) after your first paycheck by creating your online account at wellsfargo.com or by calling 800.728.3123

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 $19,000 for 2019
- 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 2019

Company Matching Contributions

- Once you have completed 1 year of service and 1,000+ hours within that year, you are eligible for the company matching contribution
- 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—Impacts ALL Employees

- 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 or contributing a dollar pre-tax deferral amount
- You may opt out of the automatic contribution increase program each year during the opt out window through your online account at wellsfargo.com or by calling 800.728.3123.

Medicare Basics

Healthcare expenses in retirement could be a huge expense. It's important to have a solid understanding of Medicare basics, including costs and benefits. We have resources at SIH to help you better understand Medicare and how it affects your retirement planning. Use the contact information below to take advantage of Medicare counseling.

Contact Information

Milly Kaiser, Medicare Counselor
Ext. 67856
milly.kaiser@sih.net

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.

Eligible 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

GLOSSARY OF HEALTH COVERAGE AND MEDICAL TERMS

This glossary defines many commonly used terms but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan or health insurance policy. Some of these terms also might not have the same meaning when used in your policy or plan, and in any case, the policy or plan governs (see your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document).

Allowed Amount

This is the maximum payment the plan will pay for a covered healthcare service. May also be called "eligible expense," "payment allowance," or "negotiated rate."

Appeal

A request that your health insurer or plan review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not bill you for covered services.

Claim

A request for a benefit (including reimbursement of a healthcare expense) made by you or your healthcare provider to your health insurer or plan for items or services you think are covered.

Coinsurance

Your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

Copayment

A fixed amount (for example, $20) you pay for a covered healthcare service, usually when you receive the service. The amount can vary by the type of covered healthcare service.

Cost Sharing

Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn't cover usually aren't considered cost sharing.

Glossary Continued

Deductible

An amount you could owe during a coverage period (usually one year) for covered healthcare services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered healthcare services subject to the deductible.)

Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a healthcare provider for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Emergency Medical Transportation

Ambulance services for an emergency medical condition. Types of emergency medical transportation may include transportation by air, land, or sea.

Emergency Room Care/Emergency Services

Services to check for an emergency medical condition and treat you to keep an emergency medical condition from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for emergency medical conditions.

Excluded Services

Healthcare services that your plan doesn't pay for or cover.

Formulary

A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier.

Health Insurance

A contract that requires a health insurer to pay some or all of your healthcare costs in exchange for a premium. A health insurance contract may also be called a "policy "or "plan."

Home Healthcare

Healthcare services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed healthcare providers. Home healthcare usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Glossary Continued

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some plans may consider an overnight stay for observation as outpatient care instead of inpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-Network Coinsurance

Your share (for example, 20%) of the allowed amount for covered healthcare services. Your share is usually lower for in-network covered services.

In-Network Copayment

A fixed amount (for example, $20) you pay for covered healthcare services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

Maximum Out-of-Pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medically Necessary

Healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide healthcare services.

Network Provider (Preferred Provider)

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.

Out-of-Network Coinsurance

Your share (for example, 40%) of the allowed amount for covered healthcare services to providers who don't contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-Network Copayment

A fixed amount you pay for covered healthcare services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Glossary Continued

Out-of-Network Provider (Non-Preferred Provider)

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-particiapting" instead of "out-of-network provider ."

Out-of-Pocket Limit

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for healthcare costs. This limit never includes your premium, balance-billed charges or healthcare your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

Physician Services

Healthcare services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain healthcare costs. Also called "health insurance plan," "policy," "health insurance policy," or "health insurance."

Preauthorization

A decision by your health insurer or plan that a healthcare service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Premium

The amount that must be paid for your health insurance or plan. You and or your employer usually pay it monthly, quarterly, or yearly.

Prescription Drug Coverage

Coverage under a plan that helps pay for prescription drugs. If the plan's formulary uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in cost sharing will be different for each "tier" of covered prescription drugs.

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care (Preventive Service)

Routine healthcare, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of healthcare services for you.

Glossary Continued

Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the plan, who provides, coordinates, or helps you access a range of healthcare services.

Provider

An individual or facility that provides healthcare services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

Rehabilitation Services

Healthcare services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and or outpatient settings.

Screening

A type of preventive care that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is not the same as "skilled care services," which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist

A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Specialty Drug

A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a healthcare professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Notes

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.

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