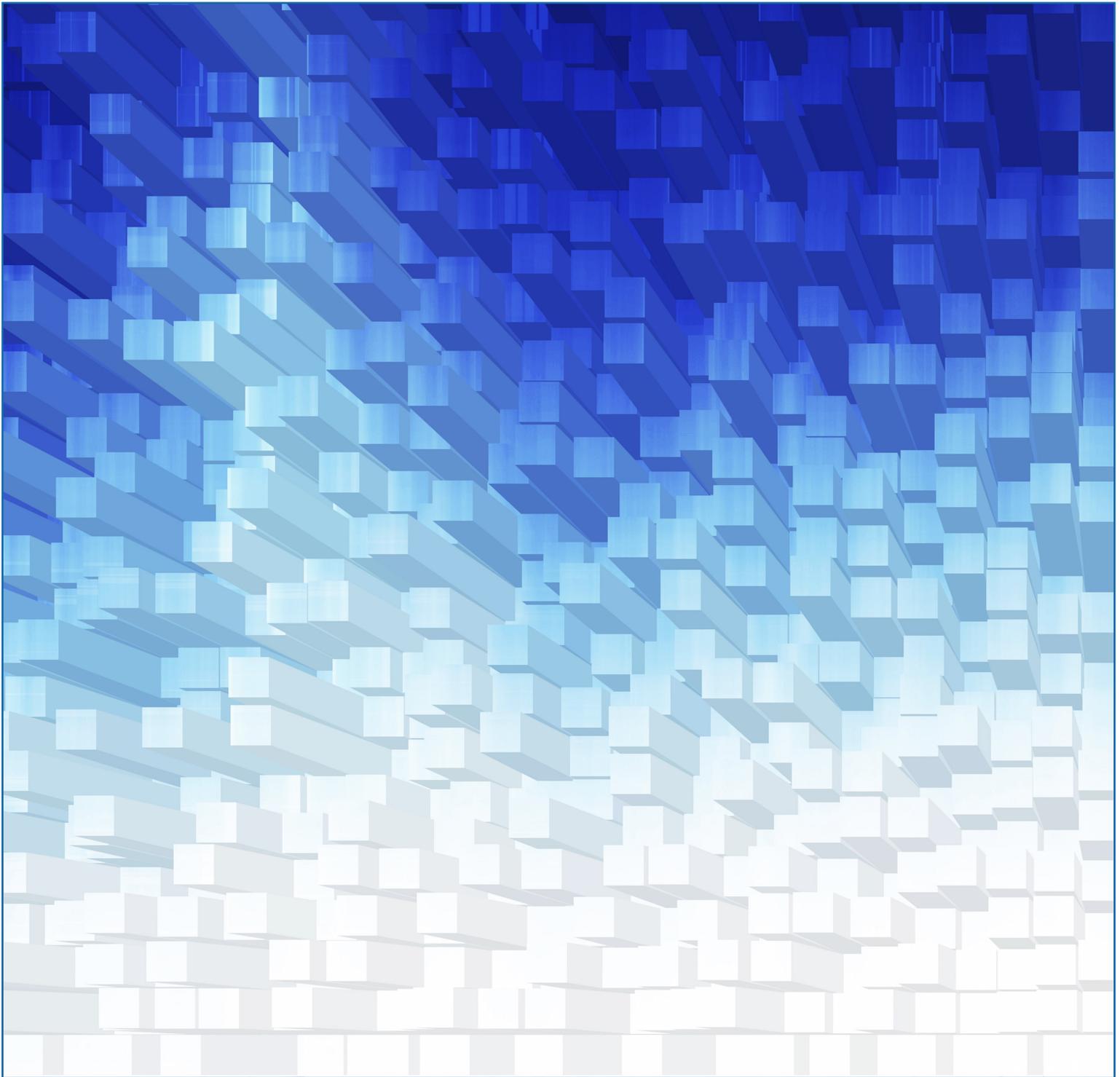


2017 BENEFITS AT A GLANCE



This publication contains important information about your employee benefit program. Keep this book to refer to throughout the plan year.

Please read thoroughly.

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

Eligibility

Regular full-time employees who work 72 hours or more per pay period are eligible for various benefit plan options. **Regular part-time** employees who work 40–71 hours per pay period are eligible for various benefit plan options, but will pay a higher rate for medical/health insurance.

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

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

Your Benefit Options

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

- Medical, which includes prescription drug coverage
- Dental
- Vision
- Supplemental employee life and accidental death & dismemberment (AD&D) insurance
- Dependent life insurance
- Voluntary plans including accident, critical illness, hospital indemnity, and term life coverage
- Short term disability insurance (STD) offered after one year of full-time service
- Long term disability insurance (LTD) offered after one year of full-time service
- Flexible spending accounts (FSAs)—healthcare FSA or dependent care FSA

Enrolling Family Members

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

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

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

Dependent Documentation

Dependent documentation is required at the time of enrollment for new hire enrollees, as well as for employees who experience life events. Following is the list of dependent documentation required.

Spouse

Copy of marriage certificate and copy of previous year's tax return confirming this dependent is your spouse or a document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account. The document must list your spouse's name, the date and mailing address. If adding a spouse for the first time due to the marriage life event, only the marriage certificate is required.

For Children Up to Age 26

Copy of 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 names of the child and parent(s) or a copy of the court order naming you or your spouse as the child's legal guardian.

Note: for a step child, if an employee is covering a step child the employee must also provide documentation of the relationship of the spouse as requested above.

For Disabled Children Age 26 or Older

If your child is over age 26 but should remain on the plan due to disability status, your physician will need to confirm disabled status. To obtain the physician statement form, please contact Allegiance at 855.999.1052.

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 an 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. 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 that 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 2017. Throughout the year, it will appear on new employees' paychecks at the same time as their first medical plan deduction. If medical coverage begins due to a life event, the contribution will appear at the same time as the first medical plan deduction.

Q How will the contribution be denoted on my paycheck?

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

Life Events—Qualified Status Changes During the Year

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

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

Waiving Coverage

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

Making Changes

To make changes, please go online to benefits.sih.net or call the Benefit Service Center at 844.386.2375.

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 on account of and consistent with the qualified change in status event.

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

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

When Coverage Begins

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

Qualified Status Change or Life Event

If you experience a qualified change in status event or life event during the plan year, you must make your election change within 31 days and your coverage will be effective on the date of the event.

When Coverage Ends

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

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

COBRA Continuation of Coverage

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

Businessolver 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		
<p>See HIPAA special enrollment rights for medical coverage</p> <ul style="list-style-type: none"> You may add your new spouse or newly acquired dependent child to your current medical and dental coverage You may increase your FSA deposit You may drop SIH coverage if you enroll for coverage under your new spouse's plan 	<p>You may either increase or decrease your coverage</p>	<p>You may increase or decrease your election if the event affects your dependent care expenses</p>
<ul style="list-style-type: none"> You must drop coverage for the affected dependent You may decrease your FSA deposit 	<p>You may either increase or decrease your coverage</p>	<p>You may increase or decrease your election if the event affects your dependent care expenses</p>
Change in the employment status of SIH employee (i.e., change between full-time to part-time)		
<ul style="list-style-type: none"> You may add SIH coverage if your premium contributions decrease You may drop SIH coverage if your premium contributions increase You may change your FSA deposit if the event affects eligibility for health coverage 	<p>You may either increase or decrease your coverage</p>	<p>You may increase or decrease your election if the event affects your dependent care expenses</p>
Dependent loses benefit eligibility (reaches limiting age)		
<ul style="list-style-type: none"> You must drop the affected dependent's coverage You may increase your FSA deposit if the dependent remains eligible under FSA You may decrease your FSA election if the dependent no longer qualifies under FSA 	<p>N/A</p>	<p>You may decrease your deposit if your dependent ceases to be eligible under Dependent Care Spending Account (DSA)</p>
Loss of other medical coverage by employee, spouse, or dependent		
<p>See HIPAA special enrollment rights for medical coverage</p>	<p>N/A</p>	<p>N/A</p>
Employee or dependent becomes eligible or loses eligibility to Medicare or Medicaid		
<p>See HIPAA special enrollment rights for medical coverage</p> <ul style="list-style-type: none"> You may drop coverage upon enrollment for Medicare or Medicaid You may enroll for coverage upon loss of Medicare or Medicaid eligibility 	<p>N/A</p>	<p>N/A</p>
Court issued order regarding medical coverage of a child (qualified medical child support order)		
<ul style="list-style-type: none"> You may enroll yourself and/or the child in the plan and increase your FSA deposit if you are required to provide coverage You may drop coverage or reduce your FSA deposit if another individual is ordered to provide coverage 	<p>N/A</p>	<p>N/A</p>
Enrollment period for coverage under another occurs while your benefit choices are in effect		
<ul style="list-style-type: none"> You may drop your coverage if you or a dependent becomes covered under the other employer's plan You may not change your FSA deposit 	<p>You may make benefit changes that correspond with coverage choices made under the other employer's plan</p>	<p>You may decrease your deposit if your spouse chooses coverage under an FSA offered by his/her employer</p>

Health and Welfare Benefits

Your Medical Option

SIH offers full-time employees and part-time employees the Cigna Open Access Plus Plan. The plan is administered through Allegiance, a Cigna company. The plan includes access to SIH facilities and providers who are considered preferred providers. You will pay the least when you use SIH facilities and network providers, and the most when you use non-network providers.

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 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 SIH and PHO network. This will allow you to receive greater cost savings with the plan while utilizing all three networks.



Network Providers

SIH and PHO Network Providers—these providers offer deep discounts specific to SIH employees only. You will save the most when you receive care or services from a SIH or PHO provider. To find the most current listing of providers in the PHO, please visit askallegiance.com/sih and click the Find a Provider tab.

See the list of SIH facilities on the next page. You will save the most when you receive services from SIH facilities. Deductibles, coinsurance, and copayments are lower than they are for network or non-network providers.

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

You can choose a provider from any of the networks described above. The Cigna network is our plan’s actual network. The SIH and PHO and Collaborative Partners 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 above, your services may not be discounted. Seeing providers outside the Cigna 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.

Listing Of Facilities—SIH, PHO, and Collaborative Partners

SIH Facilities	
<ul style="list-style-type: none"> ■ Center for Medical Arts ■ Memorial Hospital of Carbondale ■ Harrisburg Primary Care Group 	<ul style="list-style-type: none"> ■ Herrin Hospital ■ Physician Surgery Center ■ Logan Primary Care ■ St. Joseph Memorial Hospital
<ul style="list-style-type: none"> ■ Orthopaedic Institute of Southern Illinois Surgery Center (physician and flat films covered at Collaborative Partners level of network discount; all other diagnostic services, including rehabilitation and physical therapy, are covered at the Cigna level of network discount) 	
Collaborative Partner and BJC	
<ul style="list-style-type: none"> ■ Alton Memorial Hospital ■ BJC Corporate Health Services ■ BJC Home Care Services ■ Barnes-Jewish Extended Care ■ Barnes-Jewish Hospital ■ Barnes-Jewish and Washington University Orthopedic Center ■ Barnes-Jewish St. Peters Hospital ■ Barnes-Jewish West County Hospital ■ Blessing—Quincy, IL ■ Boone Hospital Center ■ Boone Hospital Home Health & Hospice ■ Christian Hospital ■ Cox Health—Springfield, MO ■ Eunice C. Smith Nursing Home ■ Heart Care Institute 	<ul style="list-style-type: none"> ■ Memorial Health Systems, Springfield, IL ■ Missouri Baptist Medical Center ■ Missouri Baptist Sullivan Hospital ■ Northwest HealthCare ■ Orthopaedic Institute of Southern Illinois (Physicians and Flat films) ■ Parkland Health Center—Bonne Terre ■ Parkland Health Center—Farmington ■ Progress West HealthCare Center ■ Saint Luke's—Kansas City, MO ■ Siteman Cancer Center ■ St. Louis Children's Hospital ■ Twin Rivers MRI

Some Hospitals and other locations are excluded from our medical plan. Services at the excluded hospital facilities 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 Plans

Excluded Facilities
<ul style="list-style-type: none"> ■ Cedar Court Imaging in Carbondale, IL ■ Crossroads in Mt. Vernon, IL ■ Deaconess Hospital in Evansville, IN ■ Heartland Regional Medical Center in Marion, IL ■ Lourdes Hospital in Paducah, KY ■ Saint Francis Medical Center in Cape Girardeau, MO ■ Southeast Hospital in Cape Girardeau, MO ■ Southern Illinois GI Specialists in Carbondale, IL is excluded including physician charges under Dr. Zahoor Makhdoom ■ SSM Good Samaritan in Mt. Vernon, IL ■ SSM St Mary's in Centralia, IL ■ Union County Hospital in Anna, IL ■ Western Baptist in Paducah, KY

Medical

The 2017 health plan is administered by Allegiance, a Cigna company, and is available for SIH full-time employees who work 72 hours or more per pay period, SIH part-time employees who work 40–71 hours per pay period, and PRN employees who average 30 hours per week after a 12 month look-back.

	SIH and PHO Network Providers*	Collaborative Partner Network Providers	Cigna Network Providers	Out-of-Network Providers
Deductible (single/family)	\$500/\$1,500	\$1,500/\$4,500	\$2,500/\$7,500	\$4,000/\$12,000
Out-of-Pocket Maximum (Single/Family)				
Medical out-of-pocket maximum (single/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$4,500/\$9,000	Unlimited
Pharmacy out-of-pocket maximum (single/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Copays/Coinsurance				
Hospital inpatient	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Outpatient hospital surgery	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Other hospital outpatient	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Hospice	0% no charge	0% no charge	0% no charge	50% after deductible
Home healthcare	5% after deductible	10% after deductible	30% after deductible	50% after deductible
Rehabilitative therapy (up to 60 combined visits per year)	\$20 copay	\$30 copay	30% after deductible	50% after deductible
PCP office visit	\$20 copay	\$30 copay	\$40 copay	50% after deductible
Specialist office visit	\$30 copay	\$40 copay	\$50 copay	50% after deductible
Other physician services (lab, diagnostic)	5% after deductible	20% after deductible	30% after deductible	50% after deductible
Preventive care	0% no charge	0% no charge	0% no charge	50% after deductible
Durable medical equipment (DME)**	5% after deductible**	Not applicable	30% after deductible	50% after deductible
Walk-in clinics/prompt care***	\$20 copay	\$30 copay	\$40 copay	50% after deductible
Urgent care	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room (true emergency)	\$250 copay	\$250 copay	\$250 copay	\$250 copay
Other ER care (not true emergency)	20% after deductible	30% after deductible	30% after deductible	50% after deductible
Spinal manipulation (\$500 maximum)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Mental health	\$20	\$20	\$20	50% after deductible

* To find SIH and PHO providers, go to www.qhpsi.net

** DME goods fulfilled by CareCentrix follow the SIH and PHO network provider rate; call 877.466.0164

*** What you will pay for SIH prompt care

The 2017 medical summary plan document is available online by visiting **Benefits—Health & Wellness** under the **HR/Payroll** 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**.

Note: deductibles and out-of-pocket maximums cross accumulate between SIH and PHO, Collaborative Partners, and Cigna networks.

Prescription Drugs

Prescription drug benefits are part of your health plan. When purchasing medication, present your health insurance card. Your copayment will depend on the type of pharmacy you choose and the type of drug you purchase. Prescription drug claims are administered by EnvisionRx.

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 the highest cost brand name drugs and compound drugs (medications that require more than one ingredient). Compound drugs require prior authorization. Medications in this tier have the highest copay (\$60).

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

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

Other Advantages to the E-Pharmacy

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

St. Joseph Memorial Pharmacy

618.351.8322

Monday–Friday

8 a.m.–4:30p.m.

Refills 24 hour notice

Saturday/Sunday/Holidays

8a.m.–2p.m.

(immediate need prescriptions only)

Herrin Pharmacy

618.351.8321

Monday–Friday

8 a.m.–4:30p.m.

Refills 24 hour notice

Saturday/Sunday/Holidays

8a.m.–2p.m.

(immediate need prescriptions only)



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

Tiers 2 and 3 are applicable only if there is no generic available for the drug. If there is a generic equivalent you will pay the price of the copay and the difference between the generic and the brand. 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-name copay, but you will not be required to pay the difference in cost between the brand and generic drugs.

Step-Therapy

If you plan to take any of the following classifications of drugs, you must first try, or have tried within the immediately preceding 180 days, a 30-day regimen of one of the following before your prescription will be filled.

Medication Class	Must Try and Fail
Proton pump inhibitor (PPI)	Omeprazole or Nexium
Bisphosphonates	Alendronate
Statins	Generic
Sleep aids	Zolpidem or zaleplon
Antidepressants	Generic
Migraine medications	Sumatriptan
Tricor	Fenofibrate
Lyrica	Gabapentin
Nasal steroids	Fluticasone or flunisolide
Celebrex	Must have been on one generic NSAID in the last 180 days or currently be on GI, steroid, or anticoagulant therapy or be older than age 50

Check EnvisionRx’s website throughout the year for updates to this list at www.envisionrx.com or by calling 800.361.4542.

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. If EnvisionRx does not approve the exception, coverage will not be provided for your requested medication.

Filling Your Prescription

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

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

Types of Pharmacies

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

Maintenance Medications and More

- Save money when you purchase a 90-day supply of eligible maintenance medication at a retail pharmacy or through EnvisionMail. After two months of filling maintenance medications at retail, you will be required to fill a 90-day supply.
- If you purchase a brand-name medication when a generic version is available, you will pay the copayment for the generic, plus the difference in cost between the brand-name and the generic drug.

Specialty Medications Mail Order Program

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

Preventive Care

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

Take a look at this list of services covered at 100 percent, 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 Percent (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 deductible and 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 in SIH medical insurance premiums in 2018, you and your covered spouse will need to complete various wellness activities in 2017. Employees and spouses on the medical plan need to complete a total of 150 points to avoid the surcharge.

- Employees and spouses must meet an SIH Health Coach. Frequency of appointments is determined by your annual physical and biometric screening. All appointments must be completed prior to December 15, 2017. **50 points**
- Employees need to complete an annual physical and biometric screening with a physician and submit the completed physical form into the Employee Wellness Program by September 1, 2017 (optional for spouses). **25 points**
- Employees need to complete the Health Risk Assessment online at www.sihwellness.com by December 15, 2017 (optional for spouses). **25 points**
- Employees will need to earn an additional 50 points and spouses will need to earn 100 additional points from other health activities such as normal lab values, improvement on lab values from last year to this year, participation in health challenges, education classes, or completion of preventative screenings. All points must be entered into the Employee Wellness website at www.sihwellness.com by December 15, 2017.

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
- Sara Kaiser, Wellness Coordinator
sara.kaiser@sih.net
618.457.5200 ext. 67829
- Amy Niemann, Total Rewards Leader
amy.niemann@sih.net
618.457.5200 ext. 67809

To register on the Wellness website, follow these steps:

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

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 the DPPO) or call 800.244.6224.

You can also call your current dental provider to ensure they are in Cigna's network.

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 **Benefits—Health & Wellness** under the **HR/Payroll** 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 percent 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](tel:866.9.Eyemed) or visit www.eyemedvisioncare.com.

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

The updated vision plan documents are available online by visiting **Benefits—Health & Wellness** under the **HR/Payroll** 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.

Flexible Spending Accounts (FSA)

By enrolling in a Flexible Spending Account (FSA), you can save on healthcare and/or dependent day care expenses by using money you have set aside before taxes. You decide how much to set aside from your paycheck by simply estimating the amount you will spend for eligible out-of-pocket healthcare and/or dependent daycare expenses during the year. Allegiance, the administrator, then provides convenient ways for you to access your account.

- **Debit card:** You can use a Debit card to pay for eligible healthcare and/or 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 transaction and claims, and see what qualifies as an eligible expense for reimbursement

Allegiance has many tools and resources on their website to help you plan ahead and decide how much to contribute for the plan year. The amount you choose for the healthcare FSA is preloaded onto your account by SIH and you are able to pay it back over the 24 pay periods of the year. This helps provide you the dollars at the beginning of the year. The Participant Portal will enable you to do the following:

- Sign up for mobile text alerts (receipt reminders, denial notifications, and claim confirmations)
- Submit claims and upload receipts
- View account balances, claims status, and payment history
- View and update their profile and add dependents
- Order additional debit cards or report a lost/stolen debit card
- Update banking information
- Initiate repayments
- Expense tracker

Please logon to www.askallegiance.com/sih to create your personal account after your FSA account becomes effective.

FSA Account Limits/Eligible Expenses

For the healthcare FSA, you can contribute as little as \$5 per pay period and as much as \$2,600 per year. The FSA administrator is Allegiance, a Cigna Company. Qualified healthcare expenses include medical, dental, vision, hearing, and other costs such as copayments. You do not have to be a member of any medical, dental, or vision option to enroll in the healthcare FSA.

For the dependent care FSA, you can contribute as little as \$5 per pay and as much as \$5,000 per year. If you are married and filing separately, the maximum is \$2,500. Qualified dependent day care expenses include before and after school programs, nursery or preschool, summer day camp, and adult care such as elder care. You cannot use this account for healthcare expenses.

Savings Examples*

Annual Salary	Healthcare Annual Contribution	Dependent Daycare Annual Contribution	Savings
\$30,000	\$1,500.00	\$0.00	\$310.00
\$50,000	\$1,750.00	\$4,000.00	\$1,188.00
\$70,000	\$2,000.00	\$4,500.00	\$1,343.00

Tools and Resources

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

The updated FSA plan documents are available online by visiting Benefits—Health & Wellness under the HR/Payroll 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.

* Save pre-tax dollars; money available as of the plan effective date with the Healthcare Flexible Spending Account



STD—Short Term Disability Income Protection

Short Term Disability (STD) is an important part of your financial security. STD is designed to help cover the immediate needs should someone become disabled due to an accident or illness and be unable to work for a period of time. This benefit pays directly to you.

Benefits Include

- 60 percent of your weekly pre-disability earnings up to \$10,000 per week maximum
- 90-day benefit duration
- Administered by Cigna
- During the first 40 hours of sickness or injury, you must use ETO if available; if no ETO, no pay will be entered in API
- STD is FREE, paid by SIH, to full-time employees after one year of full-time service
- After the initial 40 hours of ETO/no pay has been used, if STD has been approved by CIGNA, your benefits will begin; see SY-HR-201 policy for more details
- Coverage will begin first of the month following one year of full-time service

LTD—Long Term Disability Income Protection

Long Term Disability (LTD) helps replace a portion of your pay for “long term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

Benefits Include

- 90 day elimination period
- 50 percent of covered pre-disability earnings up to a monthly maximum of \$10,000
- Administered by Cigna
- LTD is FREE, paid by SIH, to full-time employees after one year of full-time service
- Coverage will begin first of the month following one year of full-time service
- Full-time employees are eligible to purchase a 10 percent buy-up on their LTD plan after one year of full-time service
- Selection for 10 percent buy-up coverage must be made during your first enrollment opportunity





Basic Life, Accidental Death & Dismemberment, Dependent and Supplemental Life

Life insurance provides protection for your family in the event you are no longer able to provide for them. At SIH, eligible full-time employees are provided 1x (up to \$500,000) your salary FREE as a Basic Life and Basic AD&D benefit.

- There are options to purchase additional voluntary coverages for employees, as well as spouses and children
- Employees must purchase coverage on themselves for their other family members to participate

Other Features Include

Accelerated Life Benefit

If your life expectancy is 12 months or less, you can receive a percentage of the benefit prior to your death.

Benefit Reductions

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

Evidence of Insurability

If you are requesting coverage for the first time and you were previously eligible, evidence of insurability will be required. EOI forms are available electronically through the enrollment system. If you do not complete the EOI requirements, your coverage will not go into effect.

You may increase your coverage by one level without proof of insurability each year. If you request an increase of more than one level, evidence of insurability (EOI) will be required. If you are requesting supplemental coverage for the first time, and you were previously eligible but chose not to participate, EOI will be required from the first dollar of coverage.

Supplemental Employee Life Insurance

You may select any of the life insurance options when you are first eligible as a new hire. However, the maximum amount of life insurance you can purchase is \$1,000,000 for eligible full-time employees (1x annual base pay coverage included). All full-time and eligible part-time employees may elect this coverage. Employee life is insured by Cigna.

If you purchase at least 1x your salary when you are first eligible, you can increase your life insurance one step during re-enrollment each year without evidence of insurability.

Coverage Option	Amount
Option A	1x annual salary
Option B	2x annual salary
Option C	3x annual salary
Option D	4x annual salary

Dependent Life Insurance

With SIH, you also may obtain life insurance coverage for your eligible dependents. All full-time and eligible part-time employees may elect this coverage.

- Due to IRS regulations, optional life insurance for you and your dependents must be paid with after-tax dollars; dependent life is insured by Cigna
- Due to Illinois state law, your dependent's coverage may not exceed your own coverage

Coverage Option	Coverage Level
Option A	\$5,000 spouse/\$2,500 each child
Option B	\$10,000 spouse/\$5,000 each child
Option C	\$20,000 spouse/\$10,000 each child
Option D	\$40,000 spouse/\$20,000 each child

You may elect any option for your dependent life insurance when you are first eligible as a new hire. If you currently have no dependents and you later marry or have a child, you may enroll for dependent life insurance at that time, provided you do so within 31 days from the date you acquire the dependent.

You will be required to furnish evidence of your dependent's insurability to enroll or increase your coverage amount after your dependents are first eligible.

Evidence of Insurability is not required for children. The maximum benefit for a dependent child who is less than 6 months old is \$1,000.

Conversion Privilege for Life Insurance

What is the Conversion Privilege?

The right of an individual insured under the group life insurance policy to replace all or part of his/her life insurance benefit with an individual policy if all or part of his/her coverage under the group policy terminates. No medical examination or other evidence of good health is required for a conversion policy.

The converted policy will be effective 31 days from the end of coverage under the group life insurance policy. If a person insured under the group life insurance policy dies prior to the effective date of the converted policy, any death benefit provided by the group life insurance policy will be paid.

When Can You Convert?

An insured individual, who is eligible to convert, as described below, can convert during the conversion period. The conversion period immediately follows the date the insured ceases to be eligible under the group life insurance policy.

Who is Eligible to Convert?

1. An insured, whose group life insurance ends due to termination of employment or termination of membership in an eligible class under the group life insurance policy is eligible to convert. If coverage ends because the group life insurance policy terminates, or because the class of insureds to which the insured belongs is terminated, additional limitations apply.
2. An insured, whose group life insurance is reduced or terminated because of retirement, or change in benefit amounts, is eligible to convert the amount reduced or terminated. An insured whose group life insurance is reduced due to age may also be eligible to convert the reduced amount. Please consult your certificate of insurance to determine if conversion is available when group life insurance is reduced due to age.
3. An insured dependent may convert if the dependent ceases to be eligible because the employee ceases to be eligible, or because the dependent ceases to be an eligible dependent, as defined in the group life insurance policy. Each dependent eligible to convert must complete an application for an individual whole life policy.

How Much Can Be Converted?

1. An insured whose coverage terminates because he or she ceases to be eligible under the group life insurance policy, may convert up to the amount of coverage terminating under the group life insurance policy, but not less than \$2,000 (unless your benefit was less than \$2,000).
2. An insured whose coverage is reduced because of age, if available in the group life insurance certificate of insurance, retirement or change in benefit amounts, is eligible to convert the reduced amount, but not less than \$2,000 (unless your benefit was less than \$2,000).
3. If the group life insurance policy terminates, or if coverage for a class of insureds terminates, the insureds who were covered under the group life insurance policy for at least three years may convert \$10,000 or the amount of terminating group life insurance, if less. Insurance regulations in some states require that an insured be permitted to convert after being insured under the group policy for a shorter period, or be permitted to convert a greater amount of terminating coverage. Please consult your Group Insurance Certificate or contact your Plan Administrator, for details of your eligibility and the amount of coverage available to you.

What Type Of Policy Can You Convert To?

Conversion may be to any permanent life insurance policy, except term insurance, being offered by Life Insurance Company of North America. The individual whole life insurance policy will not include any disability benefits. Benefits other than pure life insurance (such as waiver of premium, accidental death & dismemberment, or accelerated payment benefits) are not included in the individual whole life insurance policy.

Plan Description: The individual whole life insurance policy is a permanent life insurance plan with premiums payable for the lifetime of the insured. The benefit is paid to the designated beneficiary(ies) at the time of the insured's death. This policy begins to build up cash and loan values, based on the insured's age at issuance, and after a certain number of premium payments have been made. It is a nonparticipating plan (no dividends are paid).

How to Apply For Conversion

Complete the application for conversion of group life insurance. To obtain the application, contact Southern Illinois Healthcare Human Resources at 618.457.5200.

Who Receives the Insurance Benefits in the event of the Insured's Death?

A beneficiary(ies) must be named on the application to designate the individual who will receive the death benefit of the insured person. If one primary beneficiary is named, that individual will receive the entire death benefit. If two or more primary beneficiaries are named, they will share equally in the death benefit unless a percentage is specified for each individual. One or more contingent beneficiary(ies) may also be named, who will receive the benefit should no primary beneficiary(ies) survive the insured. This should be indicated as follows:

Primary beneficiary	Mary J. Smith, wife*
Contingent beneficiary	William P. Smith, son

* If a beneficiary is a married woman, use her given name, for example, Mary J. Smith and not Mrs. William Smith. If there is no relationship between the insured and the beneficiary, the application should indicate "no relationship" and the beneficiary's address and social security number must be entered on the application where indicated.

Portability Information for Life Insurance

What is the Portability Option?

When you port your coverage, you can keep the group term life coverage offered through a Cigna group insurance contract. Term life insurance provides coverage for a specific term (in the case of ported coverage—up to a certain age). The policy expires at the end of the term, and there is no side fund or cash accumulation vehicle. It pays only the death benefit in the event you die during the period (or term) of coverage, and it has no accumulated cash value or benefit should you outlive the contract period (or term).

When Can You Port?

You have 31 days from the coverage termination date to send the application to port your coverage.

How Much Can Be Ported?

You may port the amount you had in force upon termination of coverage under the group contract or request additional coverage—up to the maximum specified for your class as stated in the group contract. Any increases above the in force amount will need to be approved through additional medical underwriting.

Who Receives the Insurance Benefits in the Event of the Insured's Death?

A beneficiary(ies) must be named on the application to designate the individual who will receive the death benefit of the insured person. If one Primary Beneficiary is named, that individual will receive the entire death benefit. If two or more primary beneficiaries are named, they will share equally in the death benefit unless a percentage is specified for each individual. One or more contingent beneficiary(ies) may also be named, who will receive the benefit should no primary beneficiary(ies) survive the insured. This should be indicated as follows:

Primary beneficiary	Mary J. Smith, wife*
Contingent beneficiary	William P. Smith, son

* If a beneficiary is a married woman, use her given name, for example, Mary J. Smith and not Mrs. William Smith. If there is no relationship between the insured and the beneficiary, the application should indicate "no relationship" and the beneficiary's address and social security number must be entered on the application where indicated.

How To Apply For Portability

Complete the application for portability of group life insurance. To obtain the application, contact Southern Illinois Healthcare Human Resources at 618.457.5200.

AD&D Options

The 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 and a percentage of your coverage amount is payable for other covered losses (see chart below). Like life insurance, SIH provides full-time employees with an AD&D benefit of 1x salary at no cost. Full-time and part-time employees are eligible to purchase additional amounts of coverage on themselves, as well as family members.

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%

Family Coverage

You have the option of purchasing AD&D for your eligible dependents. If you do, their coverage will be a percentage of the amount you choose for yourself, depending on the eligible dependents you have at the time of the accident.

- Spouse only: 60 percent of the amount you select
- Child(ren) only: 15 percent of the amount you select (for each child)
- Spouse and child(ren): 50 percent (for your spouse) and 10 percent (for each child) of the amount you select

Special Benefits

There are special additional benefits provided in certain situations:

- If you or your covered dependent dies from injuries sustained in an accident while riding in a private automobile and wearing a seat belt, the policy will pay an additional 10 percent of your (or your dependent's) coverage amount, up to a maximum of \$10,000
- If you or your covered dependent receives injuries while riding as a passenger in any public air, land, or water transportation provided by a common carrier, the policy will pay an additional 100 percent of the scheduled benefits
- If you or your covered dependent are rendered comatose as a result of a covered accident, beginning on the 32nd day of the coma, one percent of your (or your dependent's) coverage amount will be paid per month over a 100 month period or until death (whichever occurs first); upon death, the remainder of the policy's value (if any) will be paid
- If your dependent child suffers injuries resulting in a covered loss (other than death) within 12 months of the accident, an amount will be paid equal or two times the scheduled benefit for such a loss

Voluntary Benefits through Allstate

Critical Illness Coverage

Critical illness insurance pays a lump-sum cash benefit upon the diagnosis of a covered illness to help ease your financial woes. This benefit is paid directly to you at time of diagnosis or occurrence. This coverage also includes a \$50 annual wellness benefit per covered member (spouse and children included) for certain preventive health screenings each year. Covered diagnoses include but are not limited to the following.

- Heart attack
- Stroke
- Kidney failure
- Blindness
- Alzheimer's Disease
- Major organ transplant
- Invasive cancer

Coverage is guaranteed issue during your new hire enrollment period only. If you choose to elect coverage at a later date, health questions will be asked.

Accident Coverage

This plan provides coverage in the event of an accident which occurs outside of work. In the event of an unexpected accident, this plan will reimburse you for medical expenses. A few highlights of the plan benefits are below.

- \$200 for emergency room visit (\$150 for urgent care or primary care physician)
- \$1,000 for hospital admission plus \$200 per day you are confined to the hospital
- Up to \$300 for diagnostic exams and medical imaging
- Up to \$6,000 for fractured or dislocated bones

Hospital Indemnity Medical Coverage

The hospital indemnity medical coverage plan pays direct to you, rather than to a physician or hospital. You may use the money to cover your time off work, prescriptions, copays, mortgage payments, and other expenses which may arise.

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

Term to 100 Life Insurance

This life insurance plan offers the low cost of term insurance while locking in your premiums at your current age. Coverage is available for yourself as well as a spouse and/or child(ren). Medical questions will be asked during enrollment.

Additional Benefits

401k

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

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

Your Contributions

- If you have not made a selection after 31 days of employment, you will automatically be enrolled at 5 percent of your pay
- You will be enrolled in the target date fund that corresponds most closely to your expected retirement date
- You can start, change, or stop your contributions at any time
- You can contribute up to the maximum dollar amount permitted by the IRS; the dollar limit is \$18,000 for 2017
- If you're age 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 2017

Company Matching Contributions

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

You are 100 percent 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 percent of your gross salary if you have met the eligibility requirements and are enrolled in the plan
- 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 updated 401(k) summary plan document is available. To access online, visit Benefits—Health & Wellness Under the HR/Payroll 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

- Your contribution rate automatically increases annually 1 percent until your rate reaches 10 percent
- You may opt out of the automatic contribution increase program each year through the website or the Retirement Service Center
- You are not affected by the automatic increase program if you are already contributing 10 percent or more

Additional Information

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

Earned Time Off (ETO)

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

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

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

ETO can be used for the following:

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

Holidays

SIH recognizes the following holidays:

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

Employees who do not work a holiday must use ETO.

Employees who work on a holiday receive 1.5 times their hourly pay.

Tuition Assistance

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

Reimbursement amounts do not exceed \$130 per credit hour for any undergraduate or graduate course, with a maximum of 27 credit hours per calendar year. Full-time employees receive 100 percent 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.

Employee Assistance Program

Receive up to three free counseling sessions with a psychiatrist or psychologist for employee and immediate family members. A list of participating providers and additional information is available in Human Resources or by going to benefits.sih.net.

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

Few healthcare employers still offer service award programs. SIH greatly values the service of all employees, but gives special recognition to those who have served for longer periods of time. A Service Award program will remain at SIH. The program will continue to keep SIH significantly above the market in healthcare.

- 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 x \$10 per year	\$100.00
15 years	15 years x \$15 per year	\$225.00
20 years	20 years x \$20 per year	\$400.00
25 years	25 years x \$25 per year	\$625.00
30 years	30 years x \$30 per year	\$900.00
35+ years	30 year (maximum)	\$900.00

Cigna Medical Pricing

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

	Total Monthly Rate	SIH Contribution	Employee Contribution	Employee Cost Per Pay Period
<\$40,000 Annual Salary				
Employee only	\$761.74	\$706.74	\$55.00	\$27.50
Employee + spouse	\$1,599.66	\$1,294.66	\$305.00	\$152.50
Employee + child(ren)	\$1,371.14	\$1,171.14	\$200.00	\$100.00
Employee + family	\$2,437.58	\$2,037.58	\$400.00	\$200.00
\$40,000–\$69,999 Annual Salary				
Employee only	\$761.74	\$696.74	\$65.00	\$32.50
Employee + spouse	\$1,599.66	\$1,259.66	\$340.00	\$170.00
Employee + child(ren)	\$1,371.14	\$1,131.14	\$240.00	\$120.00
Employee + family	\$2,437.58	\$2,012.58	\$425.00	\$212.50
\$70,000–\$99,999 Annual Salary				
Employee only	\$761.74	\$681.74	\$80.00	\$40.00
Employee + spouse	\$1,599.66	\$1,209.66	\$390.00	\$195.00
Employee + child(ren)	\$1,371.14	\$1,091.14	\$280.00	\$140.00
Employee + family	\$2,437.58	\$1,987.58	\$450.00	\$225.00
\$100,000 + Annual Salary				
Employee only	\$761.74	\$671.74	\$90.00	\$45.00
Employee + spouse	\$1,599.66	\$1,159.66	\$440.00	\$220.00
Employee + child(ren)	\$1,371.14	\$1,051.14	\$320.00	\$160.00
Employee + family	\$2,437.58	\$1,957.58	\$480.00	\$240.00

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

	Total Monthly Rate	SIH Contribution	Employee Contribution	Employee Cost Per Pay Period
Employee only	\$761.74	\$201.74	\$560.00	\$280.00
Employee + spouse	\$1,599.66	\$349.66	\$1,250.00	\$625.00
Employee + child(ren)	\$1,371.14	\$373.14	\$998.00	\$499.00
Employee + family	\$2,437.58	\$759.58	\$1,678.00	\$839.00

Dental and Vision Pricing

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



Steps To Enroll in Benefits

1. Go to benefits.sih.net to enroll and log in using your SIH computer username and password from work or home
2. Once logged in, click “Start Here” and follow the instructions provided
3. Make your elections by clicking “Select” on the plan(s) you choose
4. Review, edit, and approve your personal information, elections and total cost
5. Click “Approve” once you have reviewed and finalized your elections
6. Confirm your choices to officially complete the enrollment by clicking “I Agree”; ensure you receive a confirmation number
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



Enrolling Dependent(s)

Information You Need

The following information is required if you are adding dependents.

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

Documents to Enroll Your Legal Spouse

- Government-issued marriage certificate showing date of marriage
- A copy of previous year's tax return or a document dated within the last 60 days showing current relationship status (examples: recurring monthly household bill or statement of account)

Documents to Enroll Your Children Under 26 Years

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

Documents to Enroll Your Child Age 26 and Older

- **Disabled child**—If your child is over age 26 but should remain on the plan due to disability status, your physician will need to confirm disabled status. To obtain the physician statement form, please contact Allegiance at [855.999.1052](tel:855.999.1052) in addition to providing the above documentation.
3. Upload these documents into the enrollment portal at benefits.sih.net or fax to [515.343.2246](tel:515.343.2246)
 4. Your dependents will not be added to your plan until these documents are uploaded and verified; check your message center for confirmation documentation has been received for verification. *Your dependents will not be added to the plan until the documentation has been received.

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 for the applicable year you wish to view
2. Review your current plan

ID Cards

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

Coordination of Benefits

If you enrolled new dependents in your medical or dental options, 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.

Three Options to Complete Coordination of Benefits Form

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

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

SIH Partnership Contact Information

Southern Illinois Healthcare



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

Allegiance—FSA



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

Allegiance—Medical/Health

Comprehensive medical coverage
offered through 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

Allstate—Voluntary Benefits



Voluntary insurance coverage offered
through Allstate Benefits
800.521.3535
www.allstatebenefits.com/mybenefits

CareCentrix—DME

Durable medical equipment fulfilled
by CareCentrix follow the SIH and PHO
network provider rate
877.466.0164



Cigna—FMLA/STD/LTD/Life

Leave management, disability, and life
insurance administered by Cigna
888.238.5810
www.mycigna.com

EnvisionRx Options—Prescriptions



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

Wells Fargo—401(k)/Roth Contribution



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

Eyemed—Vision



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

Benefit Enrollment/ COBRA

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

Benefit Service Center
(to enroll or make changes)
844.386.2375

Cigna—Dental/DPPO



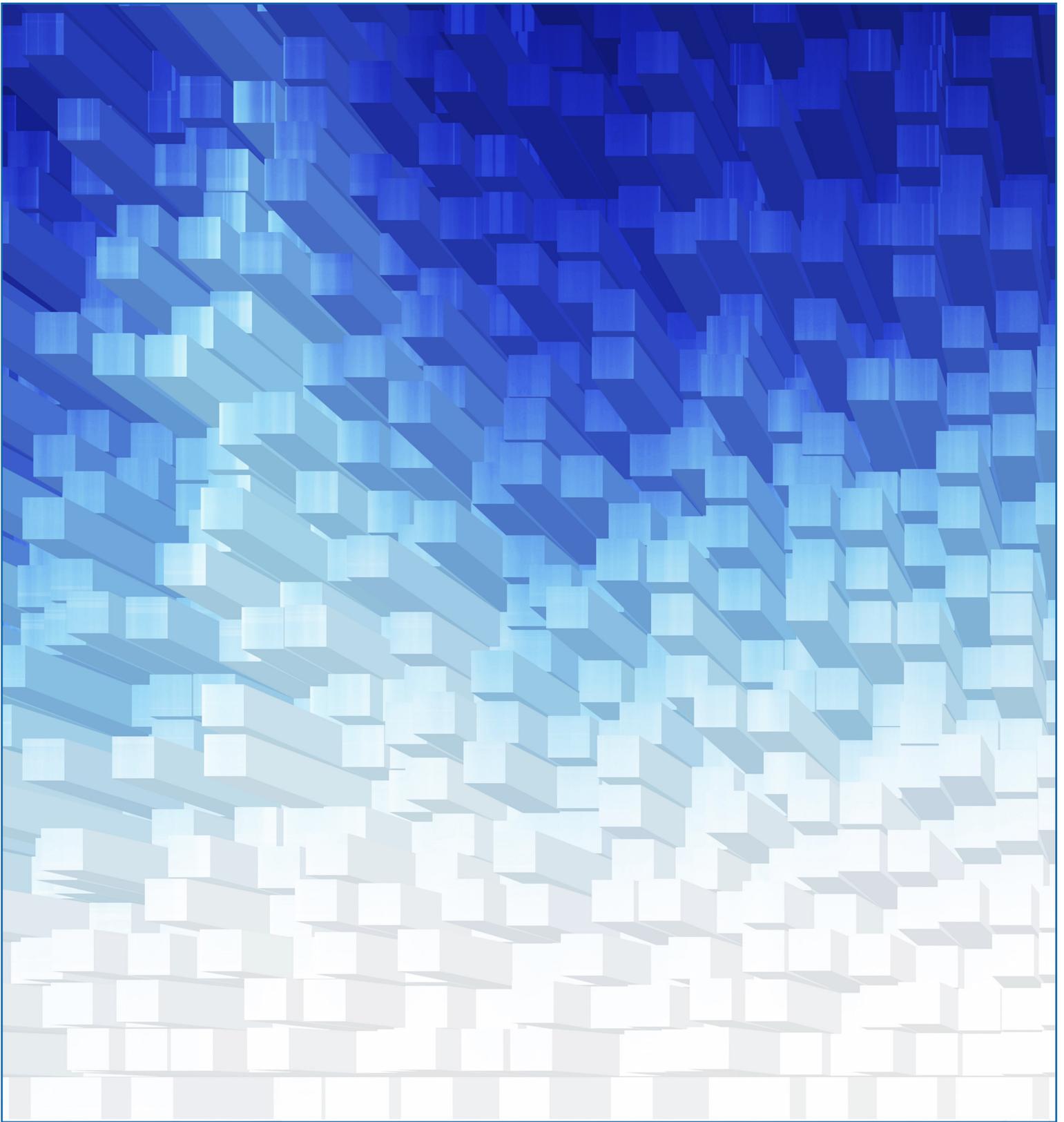
Dental insurance offered through Cigna
800.244.6224
www.cigna.com



Dependent Verification Fax
(to fax dependent documentation)
515.343.2246

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

COBRA
877.547.6257



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.

 SOUTHERN ILLINOIS
HEALTHCARE

 **SIH** MEDICAL GROUP
