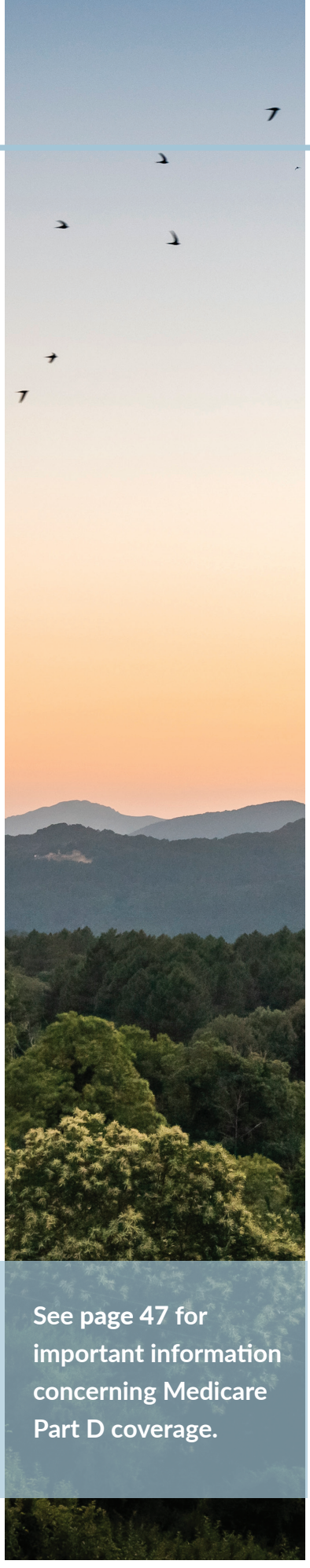
Employee Benefits

2025

HENDRICK HEALTH



See page 47 for important information concerning Medicare Part D coverage.

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Working together is what makes Hendrick Health a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2025 benefits. Contact the Human Resources department with any questions.

Hendrick Employee Benefits!

Scan with your smartphone to access the Hendrick Benefits website anytime.

In this Guide, we use the term company to refer to Hendrick Health. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Important Documents and Forms

Visit Hendrick.Health/employeebenefits to access the following (please note: some documents may be housed on the Human Resources page on the Hendrick Hub).

Documents

- Benefits Guide
- Hendrick Cafeteria Plan
- Benefits Fact Sheets
- Plan Documents
- Summary of Benefits and Coverage
- Benefit Plan Summaries
- And more!

Forms

- Qualifying Life Event Form
- Evidence of Insurability (EOI)
- Accident Claim Form
- Critical Illness Claim Form
- Critical Illness Health Assessment Claim Form
- Hospital Indemnity Claim Form
- FSA Reimbursement Request
- Beneficiary Designation
- And more!

Welcome

Dear Hendrick Health employee,

You matter to us. So, the things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, vision, life, disability, and additional benefits coverage. We are committed to excellence in our work and in our offerings for 2025.

This guide includes:

- An overview of your 2025 benefits options
- Explanations of each offering to help you make the best decisions for you and your family
- Contact information for all benefits vendors
- Costs associated with your benefits

What's changing this year?

- Medical Plan — Premium and plan design changes
- Midi Health — Menopause support
- Dental Plan – Premium changes
- Health Savings Account – Annual contribution limit increases

Why have costs changed?

Healthcare costs grow steadily each year in the U.S. due to an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs), and an increase in chronic illness. Hendrick Health cares about your health, so we do all we can to keep your healthcare costs reasonable. Use this guide to discuss your options and make the best choices for you and your family. Taking advantage of preventive care, focusing on wellness, and budgeting your costs can prepare you for the year ahead.

Any questions?

We're here to help. Contact Human Resources Benefits at **Benefits@hendrickhealth.org** or **325-670-3163**.

Eligibility and Enrollment

You and your family have unique needs, which is why Hendrick Health offers a variety of benefit plans from which you may choose. Consider your spouse's benefits through his or her place of employment and your dependents' eligibility when weighing each option.

Eligibility

If you are a full-time or part-time benefits-eligible employee with Hendrick, you are eligible to participate in the Medical, Dental, Vision, Life, Disability, Accident, and Critical Illness, as well as the Health Savings Account (HSA), Flexible Spending Account (FSA), Dependent Care Flexible Spending Account, and additional benefits.

All employees are eligible to participate in the 401(k), 403(b) Retirement programs and the Employee Assistance Program (EAP).

Employees who have worked an average of 30 or more hours a week during Hendrick's defined measurement periods are eligible to participate in the Medical Plan.

Temporary employees should refer to the temporary employee policy for benefits eligibility.

When Does Coverage Begin?

The elections you make are effective:

- **New Hire** — the first of the month following 30 days of employment
- **Annual Enrollment** — January 1, 2025
- **Status Change** — the first of the month following your enrollment, assuming you have been employed at least 30 days
- **Qualifying Life Event** — the first of the month following submission of the QLE form, assuming you have been employed at least 30 days (exception: birth and adoption will be effective the date of event, assuming you have been employed at least 30 days)

Due to IRS regulations, once you have made your elections, you cannot change your cafeteria plan benefits until the next enrollment period, unless you have a Qualifying Life Event (see page 8 for more information).

Preparing to Enroll

Hendrick provides its employees the best coverage possible. As a committed partner in your health, Hendrick will be absorbing a significant amount of the costs. Your share of the contributions for Medical, Dental, Vision, HSA and FSA benefits are deducted on a pre tax basis, which lessens your tax liability.

Please note that employee contributions for medical, dental and vision coverage vary depending on the level of coverage you select. In general, the more coverage you have, the higher your contribution will be.

Keep in mind that you may select any combination of coverage and categories. For example, you could select medical coverage for you and your family, but select dental and vision coverage only for yourself. The only requirement is that you (the employee) must select coverage for yourself in order for your dependents to have coverage. You have the option to select coverage from the following categories:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family (Spouse and Child(ren))

Please be prepared to provide dependent dates of birth and Social Security numbers. You cannot enroll your dependent(s) without this information.

New Hire

You have 31 days from your date of hire to enroll in coverage.

Coverage is effective the first of the month following 30 days of employment.

To enroll, call the Hendrick Benefits Enrollment Center, BCI, toll-free at 877-540-6761, Monday – Friday, 8:00 a.m. – 5:00 p.m.

Annual Enrollment

Annual Enrollment is mandatory for all benefits eligible employees and must be completed between October 22, 2024, and November 1, 2024.

Coverage is effective January 1, 2025.

To enroll, visit **www.electbenefits.com/HendrickHealth** or call the Hendrick Benefits Enrollment Center, BCI, toll-free at **877-540-6761,** Monday – Friday, 8:00 a.m. – 5:00 p.m.

Status Change to Benefits Eligible

When you experience a status change, moving from an ineligible to benefits-eligible status, you have 31 days from the date of your status change to enroll in coverage.

Coverage is effective the first of the month following your enrollment, assuming you have been employed for at least 30 days.

To enroll, call the Hendrick Benefits Enrollment Center, BCI, toll-free at **877-540-6761** Monday – Friday 8:00 a.m. – 5:00 p.m. *Please note: BCI will not be informed of your status change until it has been processed through Human Resources.*

Eligible Dependents

Dependents eligible for coverage on the Hendrick Health benefit plans include:

- Spouse (includes legal, informal or common law spouse — must represent as "being married").
- Dependent children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse).
- Dependent children, regardless of age provided he or she is incapable of self-support due to a mental or physical disability, who are fully dependent on you for support as indicated on your federal tax return and is approved by your Medical Plan to continue coverage past age 26.

Verification of dependent eligibility is required upon enrollment.

Dependent Verification Requirements

If you add dependents to your medical, dental, or vision plan, you are required to submit documentation that verifies the dependent meets the plan eligibility requirements. Dependent documentation must be received within 60 days from your hire date, status change date, or following the Annual Enrollment deadline. If not received by the deadline, your dependents will be removed from your plans and cannot be added to your benefits until the next Annual Enrollment period or Qualifying Life Event occurs.

Ways to Submit Documentation

Scan and upload (preferred)

Scan and upload the documentation to **Hendrick.Health/employeebenefits.**

Fax

Fax documentation to: **325-670-2540**

On the first page, include:

- your name
- employee number
- reason for submission

Maintain your fax confirmation page to ensure your fax went through successfully.

Legal Spouse*

Government-Issued Marriage Certificate **AND** one of the following if you have been married longer than 12 months:

- Federal tax return issued within last 2 years (This document must show the filing year, both names, last 4 of both SSNs, and signatures. You may mark out all other information.)
- Proof of joint ownership issued within last 6 months (This document must be one of the following: mortgage statement, residential lease, credit card statement, property tax statement, or bank statement.)

Informal or Common-Law Spouse*

Notarized Affidavit of Marriage or Declaration of Informal Marriage **AND** one of the following if you have been married longer than 12 months:

- Federal tax return issued within last 2 years (This document must show the filing year, both names, last 4 of both SSNs, and signatures. You may mark out all other information).
- Proof of joint ownership issued within last 6 months (This document must be one of the following: mortgage statement, residential lease, credit card statement, property tax statement, or bank statement.)

*If you have been married for less than 12 months, a marriage certificate, notarized affidavit of marriage, or declaration of informal marriage is the only document required.

Child Under 26 Years of Age

Natural Child or Legally Adopted Child
Government-issued birth certificate or signed court order

Stepchild
Government-issued birth certificate **AND** proof of spouse relationship as detailed above.

Child For Whom You Have Legal Guardianship
Signed court order **AND** employee's current tax return claiming the child as their dependent. (You may mark out financial information and first five digits of any Social Security numbers.)

Foster Child
Signed letter from social service agent confirming the child has been placed under your care **AND** employee's current tax return claiming the child as their dependent. (You may mark out financial information and first five digits of any Social Security numbers.)

Child Over 26 Years of Age

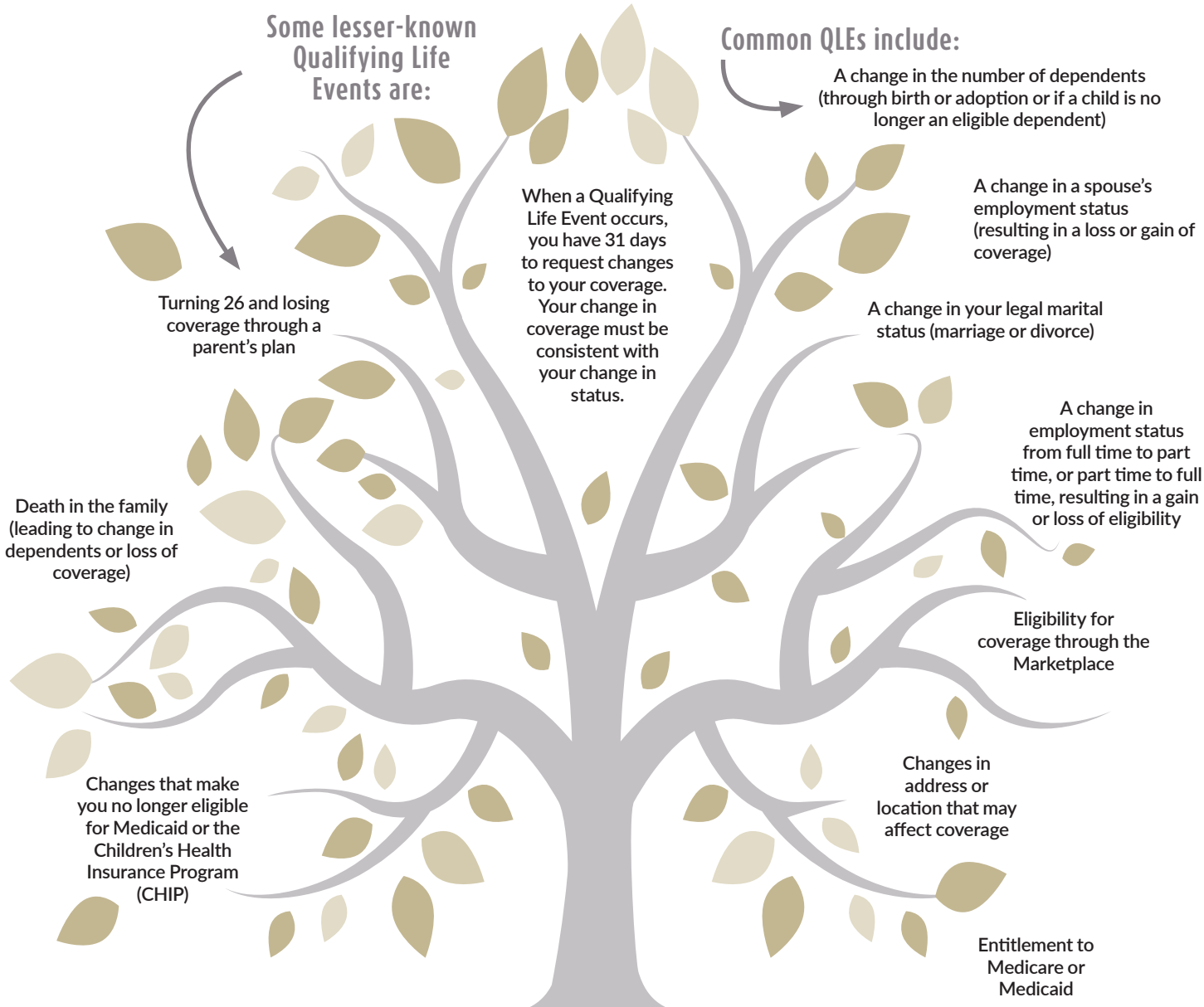
Disabled Child
In addition to the above proof for child, disabled child's Social Security Administration income statement OR disabled dependent documentation that shows total incapacity prior to age 26 **AND** employee's current tax return claiming the child as their disabled dependent. (You may mark out financial information and first five digits of any Social Security numbers.)

Now's the Time to Enroll!

What are **Qualifying Life Events?**

You can update your benefits when you start a new job or during Annual Enrollment, but changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When one of the following Qualifying Life Events occur, you have 31 days from the date of the event to change your coverage, unless you are eligible for additional time under a federal policy or program.



Your change in coverage must be consistent with your QLE. Coverage is effective the first of the month following the submission of the QLE form (exception: birth and adoption will be effective the date of event), assuming you have been employed at least 30 days.

To make changes to your coverage, you must notify Human Resources by providing a completed QLE form and supporting documentation.

The QLE form can be found on Hendrick.Health/employeebenefits.

Ready for Enrollment?

Hendrick Health covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

Enrollment Action Items

Update your personal information.
If you've experienced any life changes since the last enrollment period — such as the birth of a child or a move — you may need to change your elections or update your pertinent details.

Double-check covered medications.
If you make any changes to your plan, consider how it affects your prescriptions.

Review deductibles on available plans.
Foresee a lot of medical needs this year? Consider the deductibles on the available plans and what is covered once deductibles have been met.

Consider your HSA or FSA.
An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.

Check your networks.
Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

Enroll in coverage.
Refer to pages 5-6 on when and how to enroll in coverage.

Complete the dependent verification process, if applicable.
Refer to pages 6–7 for more information.

Review your enrollment confirmation.
You will be mailed a Benefits Confirmation once your benefits enrollment is processed through BCI. If you notice an error, you have 3 days to notify Human Resources Benefits by emailing **Benefits@hendrickhealth.org**.

Wellness

From time to time, we all need a little extra advice from a health professional or a gentle nudge toward wellness. This is why we offer a health management program to employees and spouses called The Hendrick Wellness Program. This benefit is provided to you and your spouse at no cost and is completely confidential.

Why Wellness?

We are healthcare professionals. We take care of people. We advocate for our patients' wellness and disease prevention. Not only do our patients entrust us with their care but so do their families. Therefore, we owe it to them and to ourselves to be at our best.

We at Hendrick want to educate and help you experience a healthier lifestyle. We want you to live better and feel better. We want you to be healthy, and we want to help.

Our Wellness Program is designed to help you adopt healthy, long-term lifestyle and behavior changes that reduce health risks. Throughout the year we will offer health activity challenges and educational programs. You will also have access to health professionals to support you in managing and improving your health.

The five key areas of focus for the Hendrick Wellness plan year are: Blood Pressure, Fasting Glucose, Waist Circumference or BMI, Triglycerides and HDL Cholesterol. Discounts on insurance premiums beginning in the following benefit plan year will be based on these five metabolic syndrome factors as well as nicotine use.

Employees and spouses can receive discounts on medical insurance premiums by meeting the following criteria:

1) Complete the annual biometric screening with your primary care physician (PCP). *(PCP forms are due to Employee Wellness by September 30 to be eligible for discounts in the following benefit plan year).*
   - Employees and spouses, if applicable
2) Meet the goal number in 3 out of 5 metabolic syndrome factors or make a 7.5% improvement in 3 out of 5 metabolic syndrome factors.
   - Employees and spouses, if applicable, will be required to meet these goals to earn insurance discounts.

Fit to Skip

If you meet the goal in all 5 metabolic syndrome factors during your annual biometric screening, you may qualify for an exemption for a future annual biometric screening through a Fit to Skip reward. Employees eligible are notified by Employee Wellness.

Pregnancy Exemption

Employees or spouses who are pregnant or delivered during the wellness plan year may have their OB/GYN complete a Pregnancy Exemption Form. The Pregnancy Exemption Form can be found in the ManageWell portal or at Human Resources, Employee Wellness. Exemption forms are due to Employee Wellness by September 30 to be eligible for discounts in the following benefit plan year.

CURRENT EMPLOYEES AND SPOUSES	NEW EMPLOYEES AND SPOUSES
Complete Annual Biometric Screening	New employees hired on or after July 1, 2024, will automatically receive wellness discount(s) through December 31, 2025. To be eligible for wellness discounts in the following year, you and your spouse, if applicable, must complete the annual biometric screening. These same rules apply for employees and/or spouses who become newly benefits eligible on or after July 1, 2024, through a status change.
Blood Pressure – less than or equal to 130/85 (or reduced by 7.5% if currently at risk)	
Fasting Glucose – less than or equal to 110 (or reduced by 7.5% if currently at risk)	
Waist Circumference – less than or equal to 35" in females, 40" in males (or) BMI is less than or equal to 24.9 (or reduced by 7.5% if currently at risk)	
Triglycerides – less than or equal to 150 (or reduced by 7.5% if currently at risk)	
HDL Cholesterol – greater than or equal to 50 for females and 40 for males (or reduced by 7.5% if currently at risk)	
Non-nicotine User – Employees will be asked to disclose if they use nicotine during the wellness screening	

Sign into Your Managewell Portal

Log into your Managewell portal to get information on the latest Wellness happenings at Hendrick!

To sign up, go to **www.managewell.com** and enter in your Unique I.D. number (HENDRICK followed by your employee number — example HENDRICK12345) and your date of birth.

Once your account is registered, your spouse may also sign up. Your spouse should use your (employee) Unique I.D. followed by your (employee) date of birth. Your spouse will then be asked to confirm their identity (example; "John Smith is my significant other").

Any questions?

We're here to help. Contact Human Resources Employee Wellness at **Wellness@hendrickhealth.org** or **325-670-7777**.

Notice Regarding Wellness Program

The Hendrick Wellness Program is a voluntary wellness program available to all employees and medical enrolled spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, participants who choose to participate in the wellness program can receive discounts on medical insurance premiums. See medical rates for details. To qualify, participants may earn program credit through making a 7.5% improvement on 3 out of 5 metabolic syndrome factors (current employees). Although you are not required to complete the HRA or participate in the biometric screening, only participants who do so can receive discounts on medical insurance premiums.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the Wellness Incentive.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 325-670-7777.

The information from your HRA or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Hendrick Health may use aggregate information it collects to design a program based on identified health risks in the workplace, The Hendrick Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, Health Strategies and Wellvation.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 325-670-7777.

Mental Health

Mental Health and Your Medical Plan

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong, but your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness

Practice mindfulness.
Practice deep breathing, enjoy a stroll, and stay present in each moment.

Strengthen social connections.
Reach out to a friend or family member daily — even if it's just a video call or text.

Improve your outlook.
Treat people with kindness, including yourself.

Get quality sleep.
Keep a consistent sleep schedule and limit electronic use before bed.

Deal with your stress.
Think positively, exercise regularly, and set priorities.

Mental Health Resources

No matter your problem and regardless of your position, don't be afraid to ask for help. There are resources available 24/7. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional, and physical. And there is no cost to you — whether or not you're enrolled in the company sponsored medical plan.

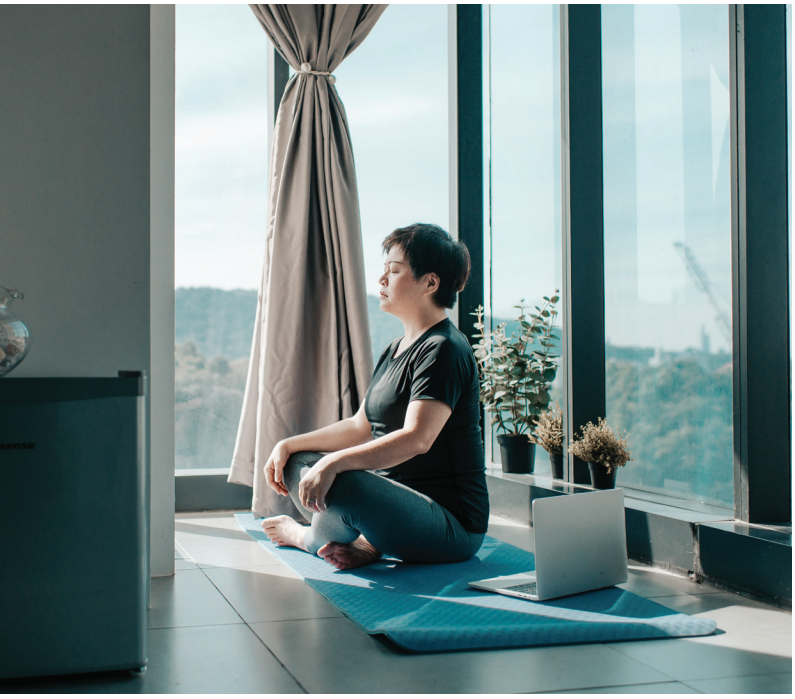
You may access information, benefits, educational materials, and more by phone at **888-628-4824** or online at **www.guidanceresources.com** (username: LFGsupport and password: LFGsupport1).

988 Suicide & Crisis Lifeline Dial 988 to be connected with 24/7/365 emotional support. Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line Text "HOME" to 741741. Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

War Vet Call Center Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.



Note

According to the American Psychological Association, 61% of adults say they could have used more emotional support in 2020.

Medical Benefits

Medical benefits are provided through UMR. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2025 plan year unless you have a Qualifying Life Event.

How to Find a Provider

To see the current list of UMR network providers online, go to **www.umr.com** and search for the Hendrick Health Provider Directory. If you do not have internet access, please call UMR Plan Advisor Customer Service at **800-207-3172** for assistance. To view your member portal to access your ID cards, explanation of Benefits, etc., visit www.umr.com.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your biweekly contributions. Please note: Premiums shown below do not reflect the tobacco surcharge, if applicable. For more information, refer to the following page.

		HSA-COMPATIBLE PLAN		COPAY PLAN	
BIWEEKLY MEDICAL PREMIUMS					
SALARY RANGE	CATEGORY	W/O WELLNESS DISCOUNTS	W/ FULL WELLNESS DISCOUNTS	W/O WELLNESS DISCOUNTS	W/ FULL WELLNESS DISCOUNTS
UP TO $20.00/HR	Employee Only	$45	$25	$87	$47
	Employee + Spouse	$209	$169	$301	$221
	Employee + Child(ren)	$151	$131	$209	$169
	Employee + Family	$258	$218	$362	$282
$20.01 TO $40/HR	Employee Only	$47	$27	$89	$49
	Employee + Spouse	$222	$182	$319	$239
	Employee + Child(ren)	$164	$144	$225	$185
	Employee + Family	$279	$239	$388	$308
$40.01/HR AND UP	Employee Only	$51	$31	$93	$53
	Employee + Spouse	$256	$216	$363	$283
	Employee + Child(ren)	$189	$169	$258	$218
	Employee + Family	$318	$278	$438	$358

Healthy Awards for Healthy Lifestyles

We want to help you achieve your best health! Take advantage of the Hendrick sponsored Wellness Program to receive discounts on your medical insurance premium and live a tobacco-free lifestyle to get the best premium rate possible. See below for details.

Wellness Discounts

HSA - Compatible Plan:

- $20 employee biweekly
- $20 spouse biweekly

Copay Plan:

- $40 employee biweekly
- $40 spouse biweekly

You and your enrolled spouse are eligible for Wellness Discounts in 2025 if you:

- Completed your Annual Biometric Screening and met the requirements explained on pages 10 and 11.
- Were hired on or become newly benefits eligible through a status change on or after July 1, 2024.

Tobacco Surcharge

HSA - Compatible Plan & Copay Plan:

- $30 employee biweekly
- $30 spouse biweekly

You, and your enrolled spouse (if applicable), must attest to your tobacco use during benefits enrollment. Employees and enrolled spouses (if applicable) who do not attest to tobacco use will be defaulted to a tobacco-user and pay higher premiums. Tobacco use includes, but is not limited to: cigarettes, vaping, cigars, pipes, hookah, chewing tobacco, and dip.

You and your enrolled spouse will not incur a tobacco surcharge if you meet one of the requirements below:

- You and/or your spouse have not used tobacco products within the last 12 months.
- You and/or your spouse have completed the Tobacco Cessation/Physician Affidavit form within the last 12 months. *See below for more information on reasonable alternatives.*
- You and/or your spouse will have the option of completing a physician affidavit or an approved tobacco cessation program throughout the new plan year. Once complete, your premium will be reduced beginning on the first of the month following submission of the Tobacco Cessation/Physician Affidavit form to Human Resources. *See below for more information on reasonable alternatives.*

Reasonable Alternatives

If you and/or your spouse are unable to meet the standards for tobacco use, you may be able to receive the same lesser rate as those who live tobacco free. Contact Employee Wellness at wellness@hendrickhealth.org or 325-670-7777 and ask about the Tobacco Cessation program and Physician Affidavit options.

Questions about the Tobacco Surcharge?

Visit Hendrick.Health/employeebenefits.

TO CALCULATE HOW MUCH YOUR MEDICAL COVERAGE WILL COST:

$	–	$	–	$	+	$	+	$	=	$	
Full Biweekly Premium w/o Wellness Discounts		Employee Wellness Discount		Spouse Wellness Discount (for Employee + Spouse or Family Coverage)		Employee Tobacco Surcharge		Spouse Tobacco Surcharge (for Employee + Spouse or Family Coverage)		Biweekly Premium	

Medical Plan Summary

This chart summarizes the medical coverage provided by UMR. All covered services are subject to medical necessity as determined by the plan. Preventive services are covered at 100%. You and your dependents have access to a HSA - Compatible Plan and Copay Plan which has two tiers of coverage. For the best cost savings to you and your family, the preferred tier is Hendrick Health. For detailed plan information, please refer to your plan document and the Summary of Benefits and Coverage (SBC).

	HSA-COMPATIBLE PLAN		COPAY PLAN	
	HENDRICK HEALTH "PREFERRED"	UNITEDHEALTHCARE "ALLOWED"	HENDRICK HEALTH "PREFERRED"	UNITEDHEALTHCARE "ALLOWED"
DEDUCTIBLE				
INDIVIDUAL	$3,300	$3,800	$1,500	$2,000
FAMILY	$6,600	$7,600	$3,000	$4,000
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
INDIVIDUAL	$5,000	$8,300	$6,200	$9,200
FAMILY	$10,000	$16,600	$12,400	$18,400
COINSURANCE (YOU PAY)				
	10%*	30%*	20%*	40%*
DOCTOR'S OFFICE VISITS				
PRIMARY CARE PHYSICIANS (PCP)	10%*	30%*	$30 copay	$60 copay
SPECIALIST			$65 copay	$130 copay
URGENT CARE			$50 copay	$100 copay
LAB & X-RAY SERVICES				
	10%*	30%*	X-ray: 20%*, except select services $250 copay Labs: Covered at 100% if provided at Hendrick Lab	40%*
HOSPITAL CARE				
INPATIENT TREATMENT	10%*	30%*	20%*	40%*
OUTPATIENT SURGERY	10%*	30%*	20%*	40%*
BARIATRIC SURGERY				
SURGERY	Subject to separate $3,500 deductible + 20%	Not covered	Subject to separate $3,500 deductible + 20%	Not covered
BARIATRIC SURGERY OUT-OF-POCKET MAXIMUM	$5,000	Not covered	$6,200	Not covered
EMERGENCY SERVICES				
EMERGENCY ROOM	10%*		$250 copay*	
PHYSICAL, OCCUPATIONAL & SPEECH THERAPY				
90 COMBINED VISITS/YEAR	10%*	30%*	20%	40%*
HENDRICK HSA CONTRIBUTION				
	$500 per year (contributions are per pay period)		N/A	

*After deductible

Our Plans are Self-Funded

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying premiums to an insurance carrier as with fully insured plans, the Company pays fixed costs to use the carrier's network and variable costs for members' claims. Self-insured plans allow for more freedom in plan design. Together, the Company and employees share the cost of healthcare.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit **www.umr.com** to learn more.

UMR's Medical Plan Advisor

UMR thinks it's time you had someone in your corner to help take the worry out of your healthcare decisions.

Plan advisor is available to address issues such as:

- Set up a visit with an in-network provider
- Review your medical claims to make sure they are paid correctly
- Confirm whether services are covered and/or if there might be out of pocket costs
- Verify if a pre-authorization is required
- Order medical cards
- Request a Certificate of Coverage

Plan advisors are available weekdays from 7 a.m. to 7 p.m. and can be reached at 800-207-3172.

Plan advisor will even help you obtain online access at www.umr.com. This will allow you to view the status of your deductible, find an in-network physician or facility, review your claims and print a medical ID card.

Note

Connect with UMR's Medical Plan Advisor and each time you call you will speak with the same advisor.

Out-of-Pocket Costs

These are the types of payments you're responsible for:

copay

The fixed amount you pay for healthcare services at the time you receive them.

deductible

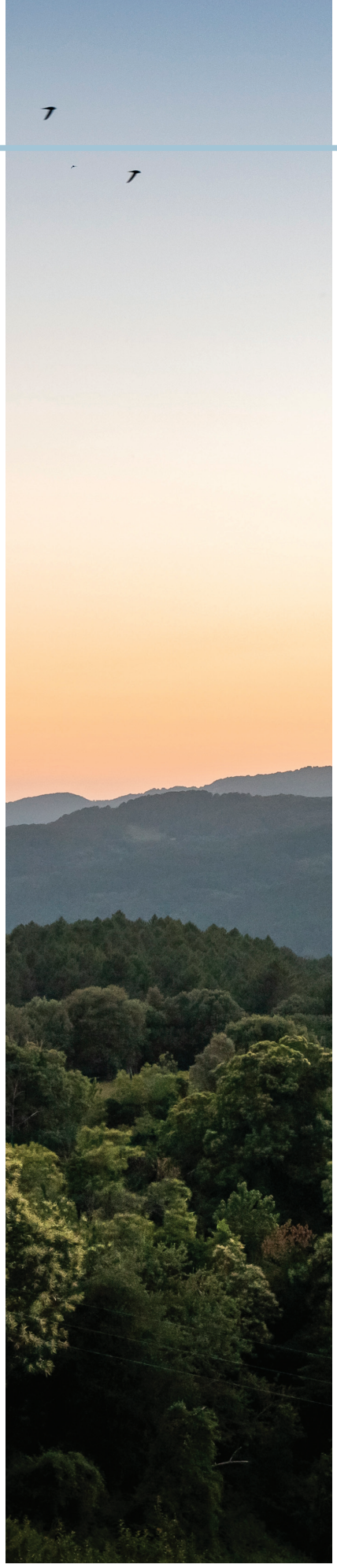
The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20.

out-of-pocket maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

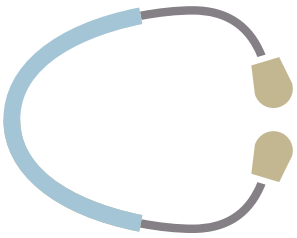
How does an HSA-Compatible Plan work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.
- You may seek care from in-network providers only.
- In-network providers are contracted with the insurance company to provide services at a discounted fee.
- Out-of-network services are not covered.

How does a Copay Plan work?

- In-network services are paid with copays or coinsurance.
- You may seek care from in-network providers only.
- In-network providers are contracted with the insurance company to provide services at a discounted fee.
- Out-of-network services are not covered.

Preventive Care



Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:

- Wellness visits, physicals, and standard immunizations
- Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes
- Pediatric screenings for hearing, vision, obesity, and developmental disorders
- Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment

Urgent Care Center

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

Emergency Room

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life-threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Menopause Support – Midi Health

Midi is a program specializing in treatments for all aspects of perimenopause and menopause. Midi has a full staff available for virtual visits to discuss symptoms and possible treatments to treat issues related to menopause that you may be experiencing.

How Midi Works*

1) Register, enter your UMR medical insurance information, select your symptoms, and book your visit at www.joinmidi.com.
2) Meet with your specialist for a virtual visit, covered by your insurance.
3) Any labs, screenings, and prescriptions needed will be ordered.
4) Follow up with your specialist to fine-tune your care plan.
5) Receive continued care for needed screens, chronic issues, and medication refills.

Along with virtual care, there are online resources, articles, and engagement programs. Register today at www.joinmidi.com.

*Must be enrolled in a UMR health plan through Hendrick to use this service.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

You will only have one ID card for both medical care and prescriptions. You may find information on your benefits coverage and search for network pharmacies by logging on to **www.navitus.com** or calling the Navitus Customer Care number on your ID card.

Your cost is determined by the tier assigned to the prescription drug product. All products on the list are assigned as Select Generics, General Generics and some Select Brands, Preferred Brand and Non-Preferred Generics, Non-Preferred Brand and Non-Preferred Branded Generics, and Specialty and Injectable Drugs.

	HSA-COMPATIBLE PLAN		COPAY PLAN	
	HENDRICK HEALTH "PREFERRED"	UNITEDHEALTHCARE "ALLOWED"	HENDRICK HEALTH "PREFERRED"	UNITEDHEALTHCARE "ALLOWED"
DEDUCTIBLE				
INDIVIDUAL	$3,300	$3,800	$50 per insured	
FAMILY	$6,600	$7,600		
RETAIL RX (30-DAY SUPPLY)				
SELECT GENERICS	10%*	30%*	$0	$0
GENERAL GENERICS AND SOME SELECT BRANDS			$10*	$20*
PREFERRED BRAND AND NON-PREFERRED GENERICS			$23*	$40*
NON-PREFERRED BRAND AND NON-PREFERRED BRAN GENERICS			$40*	$65*
SPECIALITY AND INJECTABLE DRUGS	10%* - $3,300 out-of-pocket maximum	30%* - $3,800 out-of-pocket maximum	15%* - $3,000 out-of-pocket maximum	15%* - $3,000 out-of-pocket maximum

*After deductible

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit **www.fda.gov**.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

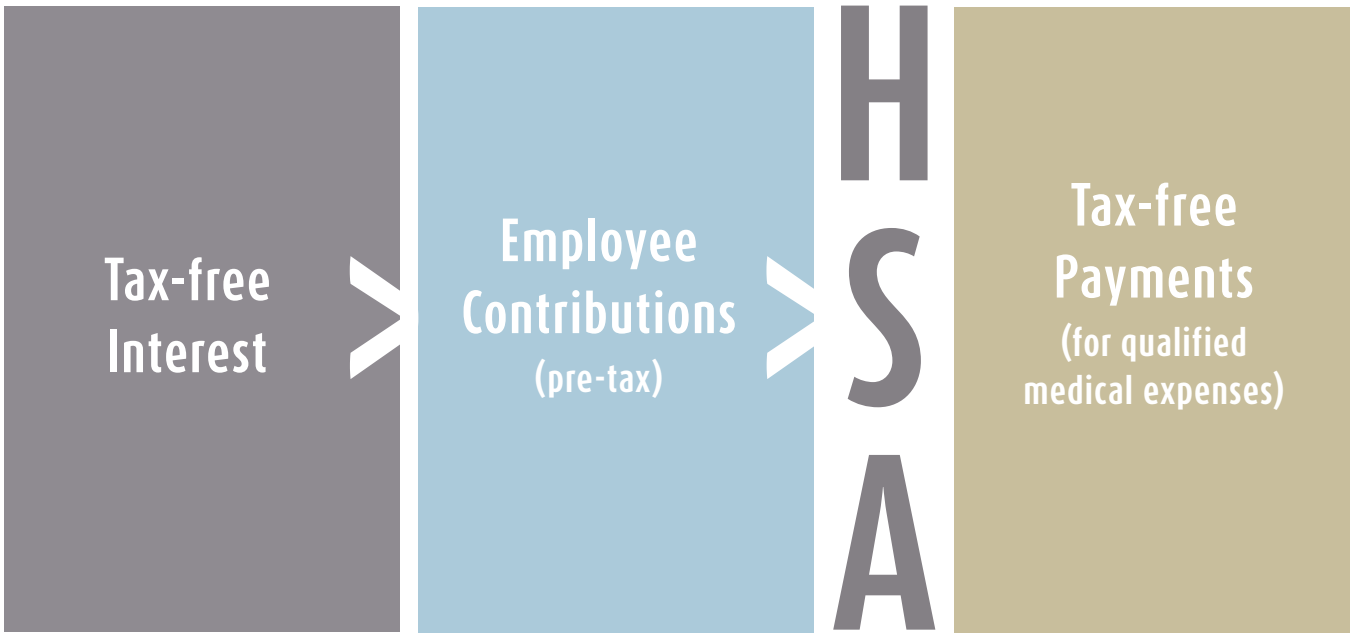
Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in the HSA - Compatible Plan to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in the HSA - Compatible Plan but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

WEX will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on **www.irs.gov** for a complete list.



Note

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in the HSA - Compatible Plan.
- You are not covered by your spouse's non-HDHP.
- Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in Hendrick Health's HSA, **you must elect the HSA - Compatible Plan with Hendrick Health**. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Hendrick Health will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with WEX. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free. Reimbursement from your HSA is limited to the total amount that is deposited in your HSA account.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

Employer HSA Contribution

Once you open your HSA with WEX, Hendrick will contribute up to $500/year. HSA employer contribution is deposited each pay period into your HSA account. Keep in mind the contribution maximums which will include your employer contribution.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2025, contributions are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$4,300
FAMILY	$8,550
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

HSA contributions over the IRS annual contribution limits ($4,300 for individual coverage and $8,550 for family coverage for 2025) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Hendrick Health HSA is established with WEX. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit **www.wexinc.com**.

Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to $3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Limited Use Flexible Spending Account

A Limited Use Flexible Spending Account (LUFSA) works with a Health Savings Account (HSA) and allows for reimbursement of eligible **dental and vision** expenses. The contribution limit is $3,300.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- Expenses are reimbursable if the provider is not your dependent.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact WEX with reimbursement questions. If you need to submit a receipt, WEX will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2025 plan year.
- Funds cannot be transferred between FSAs.
- You must "use it or lose it" — any unused funds will be forfeited.
- Up to $660 may be rolled over to the next plan year at the end of 2025 for Healthcare and Limited Use FSAs.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees have ninety (90) days following termination to submit FSA claims, rendered on or before date of termination, for reimbursement.

WEX Debit Card: Important Documentation Information

To substantiate your claim with your Flexible Spending Account through WEX, save your receipts. The IRS requires documentation for medical expenses. Your receipt for a transaction must contain the following required information:

- Date service was received or purchase made
- Description of service or item purchased
- Dollar amount (after insurance, if applicable)
- Prescription drug number or name

Please mail, fax or email the documentation to WEX using the contact information in the back of this Guide or upload through WEX benefits mobile app. Include a copy of the request for documentation or a completed Debit Card Substantiation Form along with copies of itemized receipts, bills/statements or EOBs.

Note: debit card transactions and documentation are processed based on a Central Standard Time (CST) zone. The Debit Card Substantiation Form can be found at **www.wexinc.com**.

Automated emails will be sent 7 days, 27 days, and 57 days after your card transaction. Reminders will cease once documentation is received.

If documentation has not been received and processed within 260 days after the card transaction, your benefits debit card will be inactivated and placed in a temporary hold status. You will be asked to pay back the plan or offset the eligible amount with documentation for eligible out-of-pocket expenses incurred within the same plan year. Your benefits debit card will be reactivated as soon as the appropriate documentation is received.

Note

You can use your FSA funds to pay for deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, and more.

Access your benefits on the go 24/7 with the WEX benefits mobile app. Download the app for free on Apple and Android smartphones and tablets.

- Apple: https://apps.apple.com/us/app/benefits-by-wex/id400760695
- Android: https://play.google.com/store/apps/details?id=com.lighthouse1.mobilebenefits.dbi

FSA vs HSA

Flexible Spending Accounts		Health Savings Accounts
Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	OWNERSHIP	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	ELIGIBILITY & ENROLLMENT	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	TAXATION	HSA contributions are tax-free. The account grows tax-free. Funds are spent tax-free on qualified expenses.
You can contribute up to $3,300 in 2025 to an FSA. This amount may be increased annually.	CONTRIBUTIONS	Both you and your employer can contribute up to $4,300 in 2025 (up to $8,550 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA contribution.
Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	PAYMENT	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.	ROLLOVER OR GRACE PERIOD	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.	QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.
Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care) and Limited Use FSA (used to pay for eligible dental and vision expenses).	OTHER TYPES	N/A

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Hendrick Health offers affordable plan options from MetLife Dental Plan for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, call 800-438-6388 or visit MetLife Dental Plan at www.metlife.com and search under the PDP Plus Network.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your biweekly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by MetLife Dental.

	HIGH PLAN	LOW PLAN
BIWEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	$22.79	$16.25
EMPLOYEE + SPOUSE	$33.98	$24.09
EMPLOYEE + CHILD(REN)	$39.80	$28.21
EMPLOYEE + FAMILY	$53.30	$37.78
	HIGH PLAN IN-NETWORK	LOW PLAN IN-NETWORK
DEDUCTIBLE		
INDIVIDUAL	$50	$50
FAMILY	$150	$150
ANNUAL PLAN MAXIMUM		
PER PERSON	$2,000	$1,250
LIFETIME ORTHODONTIA PLAN MAXIMUM	$2,000	Not Covered
COVERED SERVICES		
PREVENTIVE SERVICES Oral Exams, Bitewing X-rays, Full-mouth X-rays, Prophylaxis — Cleanings, Fluoride Applications, Sealants, & Space Maintainers	100%	100%
BASIC SERVICES Amalgam & Resin Composite Fillings, Endodontics — Root Canal, Periodontics — Scaling & Root Planing, Simple and Surgical Extractions & Oral Surgery	20% coinsurance*	20% coinsurance*
MAJOR SERVICES Periodontal Surgery, Dentures & Denture Adjustments, Fixed Bridges, Inlays/Onlays/Crowns & Implants	50% coinsurance*	50% coinsurance*
ORTHODONTICS Dependent Children and Adults Covered	50% coinsurance	Not Covered

*After deductible

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Superior Vision.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your biweekly premium.

To find a vision provider, please call Superior Vision at 800-923-6766 or visit www.superiorvision.com and search under the Superior National plan type. Vision plan participants are eligible for a 15–50% discount on LASIK surgery from participating providers.

Vision Plan Summary

This chart summarizes the vision coverage provided by Superior Vision.

All out-of-network services are subject to Reasonable and Customary (R&C) limitations. In-network copayments are paid directly to the provider. Out-of-network services will be reimbursed up to the scheduled amounts below. Plan Type: Superior National.

	SUPERIOR VISION PLAN		
BIWEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	$3.41		
EMPLOYEE + SPOUSE	$6.76		
EMPLOYEE + CHILD(REN)	$6.63		
EMPLOYEE + FAMILY	$10.08		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	$10 copay	Up to $50 allowance	1 per plan year
LENSES			
SINGLE VISION	100% covered	Up to $50 allowance	1 per plan year
BIFOCAL	100% covered	Up to $70 allowance	
TRIFOCAL	100% covered	Up to $90 allowance	
PROGRESSIVES	100% covered	Up to $70 allowance	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION*	$25 copay	N/A	1 per plan year
ELECTIVE	Up to $150 allowance after copay	Up to $100 allowance	
MEDICALLY NECESSARY	100% covered	$210 allowance	
FRAMES (IN LIEU OF CONTACTS)			
COPAY	$10 copay	N/A	1 per plan year
ALLOWANCE	Up to $150 allowance	Up to $81 allowance	

*Elective — up to $150 allowance after copay.

Note

Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.

Additional Benefits

Hendrick Health wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone, and the EAP benefit includes five face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Hendrick Health. You may access information, benefits, educational materials, and more by phone at **888-628-4824** or online at **www.guidanceresources.com**.

Please use the following username and password to complete the registration process.

- Username: LFGsupport
- Password: LFGsupport1

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance – Full-time Employees Only

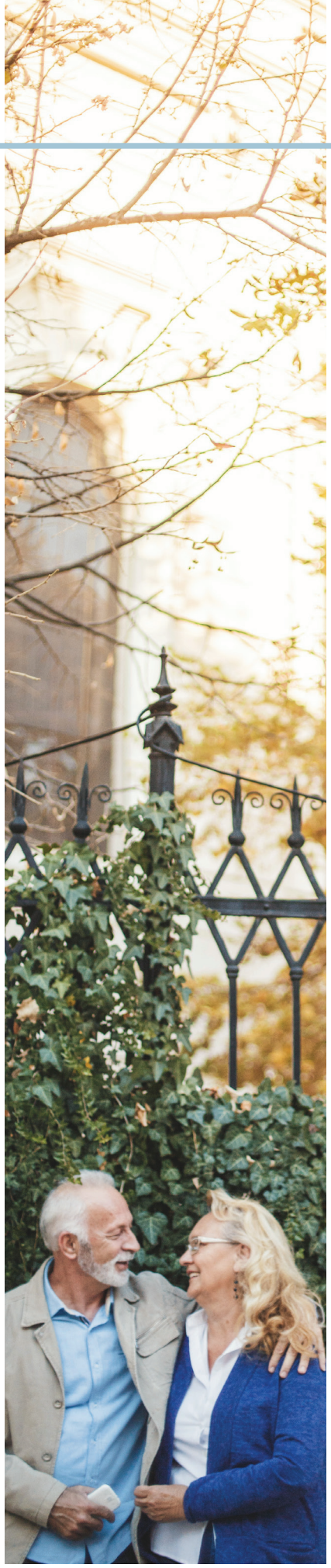
Hendrick Health provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Lincoln Financial Group, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1.5x annual base salary, up to $500,000 (subject to reduction at age 70). If you are a full-time employee, you automatically receive company-paid Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person(s) you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Lincoln Financial Group insurance, if elected.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



With Basic Life and AD&D Insurance offered by Lincoln Financial Group, you can access services that make a real difference now as well as in the future. LifeKeys℠ and TravelConnect℠ services are included at no additional cost and provide assistance to you and your family, helping you meet life's challenges.

EstateGuidance® Will Preparation

Create your will online — easily and economically. Follow a step-by-step guide through the entire process, and then use online instructions to execute your will.

GuidanceResources® Online

GuidanceResources® Online is the place to go for articles, tutorials, streaming videos and "Ask the Expert" personal responses on topics such as:

- Laws and regulations
- Health and wellness
- Money and investments
- Work and education
- Family and relationships
- Leisure and home

Identity Theft

Included in your Life and AD&D. Identity theft is one of the fastest-growing crimes in the U.S. Be sure you have the information you need to recognize and prevent it. Our online resource helps you:

- Spot the warning signs
- Take steps to protect your cell phone, computer and tax records from fraud
- Lessen the damage and repair your credit if identity theft occurs
- Link to essential resources such as credit reporting bureaus, the FBI Internet Crime Complaint Center, ID Theft Resource Center, and more

For Your Beneficiaries

Services are available for up to one year after a loss, and include:

- A combination totaling six in-person sessions for grief counseling, or legal or financial information, and
- Unlimited phone counseling

Access LifeKeys℠ Services

Call **855-891-3684** or visit **www.GuidanceResources.com** (Web ID = LifeKeys).

LifeKeys℠ services are provided by ComPsych® Corporation, Chicago, IL.

TravelConnect℠

TravelConnect℠ services provide travel assistance to you and your family at no additional cost

- Travel more than 100 miles from home
- Business and leisure travel
- Staff and resources provide 24/7 support

How TravelConnect℠ Services Help

- **Destination information.** Provide up-to-date information about weather, currency, local culture and more
- **Emergency arrangements.** Coordinate new travel plans if traveler is ill or injured including medical emergency evacuation and transportation, dependent child transportation and travel monitoring
- **Money transfers.** Arrange transfer of funds
- **Lost or stolen travel documents.** Arrange replacement passports, tickets and other travel documentation
- **Legal referrals.** Find an attorney and assist with bail bonds
- **Translation services.** Provide translation services or refer to a local translator
- **Emergency messages.** Send emergency messages for traveler
- **Emergency pet services.** Arrange for a pet's boarding or return home during a traveler's medical emergency

For a list of TravelConnect services, go to www.mysearchlightportal.com and enter your Group ID: LFGTravel123. To reach the 24/7 TravelConnect Global Response Center, call collect from anywhere in the world at 603-328-1955 or toll-free from U.S. or Canada at 866-525-1955.

TravelConnect℠ travel assistance services are provided by FrontierMEDEX, Baltimore, MD.

Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Employees must purchase Voluntary Life for themselves in order to purchase spouse or child coverage. Premiums are paid through payroll deductions. Premiums may change annually to reflect the age-grade rates.

BASIC EMPLOYEE LIFE/AD&D (FULL-TIME EMPLOYEES ONLY)	
COVERAGE AMOUNT	1.5 x annual base salary
WHO PAYS	Hendrick Health
BENEFITS PAYABLE	If you die while covered under the Plan
MAXIMUM BENEFIT	$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	Increments of $10,000
WHO PAYS	You pay the full cost
BENEFITS PAYABLE	If you die while covered under the Plan
MAXIMUM BENEFIT	$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For any elections over $150,000 at initial enrollment or any new or increased coverage amounts at Annual Enrollment
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	Increments of $5,000
WHO PAYS	You pay the full cost
BENEFITS PAYABLE	If your dependent dies while covered under the Plan
MAXIMUM BENEFIT	$500,000 or 100% of employee amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For any elections over $25,000 at initial enrollment or any new or increased coverage amounts at Annual Enrollment
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	14 days – 6 months: $500; 6 months – 26 years: $10,000
WHO PAYS	You pay the full cost
BENEFITS PAYABLE	If your dependent dies while covered under the Plan
MAXIMUM BENEFIT	$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

VOLUNTARY LIFE INSURANCE

RATES/$1,000 (BIWEEKLY)			
AGE (AS OF JANUARY 1, 2025)	EMPLOYEE & SPOUSE NON-SMOKER	AGE (AS OF JANUARY 1, 2025)	EMPLOYEE & SPOUSE SMOKER
Younger than 30	$0.034	Younger than 30	$0.061
30-34	$0.040	30-34	$0.084
35-39	$0.052	35-39	$0.119
40-44	$0.073	40-44	$0.183
45-49	$0.119	45-49	$0.299
50-54	$0.200	50-54	$0.483
55-59	$0.307	55-59	$0.675
60-64	$0.415	60-64	$0.830
65-69	$0.818	65-69	$1.464
70-74*	$1.523	70-74*	$2.434
75+*	$2.928	75+*	$3.924

*Benefits subject to age reduction schedule

VOLUNTARY CHILD LIFE INSURANCE

$0.92 biweekly

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

$	÷ 1,000 =	$	x Age Based Rate =	$
Benefit Elected				Biweekly Premium

Universal Life Insurance – Trustmark

In addition to Basic and Supplemental Life insurance, you have the opportunity to purchase Trustmark LifeEvents®, Universal Life insurance. This benefit provides permanent Life insurance to help shield your family from financial hardship.

Living Benefits

Living benefits make it easy to advance part of your death benefit to help pay for home healthcare, assisted living, nursing home and adult day care services, should you ever need them.

The LifeEvents Advantage

LifeEvents is designed to match your needs throughout your lifetime.

It pays a:

- Higher Death Benefit during working years when expenses are high and your family needs maximum protection. Then, at age 70 when financial needs are typically lower, the death benefit reduces to one-third.
- Consistent Level of Living Benefits throughout retirement when you are most likely to need long- term care services.

Your benefits can be paid as:

- A Death Benefit (reduces to 1/3 at age 70)
- Living Benefits, for long-term care, or
- A combination of both

Coverage is portable — you can take your coverage with you if you change employment status.

ADDITIONAL FEATURES	BENEFIT	DESCRIPTION
BUILT-IN LIVING BENEFITS	Long-Term Care Benefit[1]	Pays a monthly benefit equal to 4 percent of your death benefit for up to 25 months after 90 days of confinement. The Long Term Care benefit accelerates the death benefit and proportionately reduces it.
	Benefit Restoration Insurance Rider[2]	Restores the death benefit that is reduced by the Long-Term Care benefit, so your family receives the full death benefit amount when they need it most.

Additional Features
[1]The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details.
[2]Additional Term Life Insurance Rider in TX
Plan Form IUL.205 is underwritten by Trustmark Insurance Company, Lake Forest, Illinois.

Note

When considering Universal Life Insurance, think of short- and long-term expenses such as:

- Funeral cost
- Rent or mortgage payments
- Debt
- Retirement
- College tuition for children or grandchildren

Income Protection

You and your loved ones depend on your regular income. That's why Hendrick Health offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short Term Disability Insurance — Lincoln Financial Group

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. This insurance replaces up to 60% of your base income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	$1,000
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	13 weeks

VOLUNTARY STD/LTD		
AGE (AS OF JANUARY 1, 2025)		
AGE RANGE	STD	LTD
Under 25	$0.309	$0.052
25-29	$0.346	$0.094
30-34	$0.249	$0.120
35-39	$0.231	$0.177
40-44	$0.212	$0.293
45-49	$0.226	$0.379
50-54	$0.245	$0.607
55-59	$0.309	$0.761
60-64	$0.402	$0.825
65-69	$0.429	$0.825
70-74	$0.448	
75+	$2.926	

Voluntary Long Term Disability Insurance — Lincoln Financial Group

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. This insurance replaces up to 60% of your base income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	$3,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: Million Dollar Round Table)

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:									
$	÷ 52 =	$	x 60%	$	x Rate	$	÷ $10	$	
Annual Salary		Weekly Income		Weekly Benefit		Amount		Biweekly Premium	

TO CALCULATE HOW MUCH YOUR LTD COVERAGE WILL COST:						
$	÷ 12 =	$	x Rate	$	÷ $100	$
Annual Salary		Monthly Covered Payroll		Amount		Biweekly Premium

Please note: Evidence of Insurability (EOI) required for elections made after employees initial enrollment.

Hospital Indemnity — Lincoln Financial Group

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump sum cash benefit to help you take care of unexpected expenses — anything from deductibles to child care to everyday bills. Because you're selecting this coverage through your company, you can take advantage of group rates. This coverage is also guarantee issue, which means you don't have to answer medical questions to receive coverage.

CORE HOSPITAL BENEFITS	
Hospital Admission For the initial day of admission to a hospital for treatment of a sickness/an injury	$1,000 per day for 1 day per calendar year
Hospital Confinement For each day of confinement in a hospital as a result of a sickness/an injury	$200 per day for 30 days starting the 2nd day of confinement
Hospital Intensive Care Unit (ICU) Admission For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	$2,000 per day for 1 day per calendar year
Hospital ICU Confinement For each full or partial day of confinement in an ICU as a result of a sickness/an injury	$400 per day for 30 days starting the 2nd day of confinement
Complications of Pregnancy	Included

- If admitted to a hospital or ICU within 90 days after being discharged from a preceding stay for the same or related cause, the subsequent admission will be considered part of the first admission.
- If both hospital and ICU admission or hospital and ICU confinement become payable for the same day, only the larger of the two benefits will be paid. If the amount of the benefits is the same, only one will be paid.

HOSPITAL INDEMNITY COVERAGE	BIWEEKLY PAYROLL DEDUCTION
EMPLOYEE ONLY	$6.71
EMPLOYEE + SPOUSE	$14.54
EMPLOYEE + CHILD(REN)	$10.44
EMPLOYEE + FAMILY	$19.06

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

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

Looking for comprehensive health insurance?

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

Questions about this policy?

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

Critical Illness Insurance — Lincoln Financial Group

Critical Illness insurance pays a lump sum benefit in the event that you or a covered family member is diagnosed with a covered illness. The benefit can be used any way you choose, and benefits are paid regardless of any other insurance coverage you may have (unless otherwise assigned).

COVERED ILLNESSES	PAYMENT PERCENTAGES
HEART ATTACK	100%
STROKE	100%
MAJOR ORGAN TRANSPLANT	100%
END STAGE RENAL (KIDNEY) FAILURE	100%
CANCER (INTERNAL/INVASIVE)	100%
CARCINOMA IN SITU	25%
ARTERIAL/VASCULAR DISEASE	25%

Plan Features

- Benefits are payable upon diagnosis.
- Coverage options are available for your spouse. Children are covered for 25% of the employee's principal sum at no additional cost.
- Coverage is portable — you can take your coverage with you if you change employment status. (See your certificate for details.)
- Multiple benefits are payable for different conditions or for new diagnoses of previously paid conditions — so long as you meet the time limit between conditions.
- A Health Screening Benefit is included, which provides a $50 benefit per insured per calendar year for a covered health screening test.

Get Money Back for Health Screenings

Get the most out of Lincoln Critical Illness insurance while keeping up with important health screenings. All you've got to do is take the test and fill out the appropriate paperwork, and we'll put cash back in your pocket. Covered individuals, including children, can receive a $50 cash benefit for one of the covered tests per plan year. And there is no waiting period required.

Covered Tests Include

- Abdominal aortic aneurysm ultrasound
- Blood chemistry profile
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Colonoscopy
- CT Angiography
- Electrocardiogram (EKG/ECG)
- Double contrast barium enema
- Diabetes (A1C or fasting glucose)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Stress test
- Helical CT scan
- Hepatitis screening
- Human Papillomavirus screening
- Dental brush biopsy or other FDA approved screen for oral cancer

Accident Insurance — Lincoln Financial Group

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident insurance provides benefits for covered injuries for an employee or family. Since health insurance only covers certain expenses (and plan limits can apply), this coverage can help you cope with out-of-pocket expenses that result from a sudden accident.

The plan covers a wide variety of injuries and accident-related expenses such as:

- Hospitalization for accidents
- Hospital intensive care for accidents
- Physical therapy
- Lodging for family
- Transportation

Plan Features

- Benefits are paid for covered accidents.
- You can also elect to cover your spouse and children.
- There are no health questions or physical exams required.
- Coverage is portable — you can take your coverage with you if you change employment status. (See your certificate for details.)

ACCIDENT COVERAGE	BIWEEKLY PAYROLL DEDUCTION
EMPLOYEE ONLY	$4.07
EMPLOYEE + SPOUSE	$6.65
EMPLOYEE + CHILD(REN)	$7.14
EMPLOYEE + FAMILY	$9.70

Legal Benefits — ARAG Legal Center

ARAG Legal Center offers an enhanced group legal benefit because there are times when you may need legal advice or assistance but may not know where to turn to for reliable, affordable help. By offering a group legal plan, you have the opportunity to protect yourself and your eligible dependents by enrolling in UltimateAdvisor — a pre-paid legal plan — for biweekly rate of $8.08.

Listed below are just some of the services available:

- Online Document Preparation
- Telephone Legal Advice
- Online Education Center
- Standard and Complex Will Preparation
- Small Claims Assistance
- Purchase and Sale of Your Primary/Secondary Residence
- Traffic Violation Defense (excludes DWI)
- Bankruptcy
- Financial Education and Counseling
- ID Theft Protection
- Uncontested Divorce
- Contested Divorce (30 hours)
- Consumer Protection Including Debt Collection
- Eviction Defense
- Property Protection
- Neighbor Disputes
- Guardianship
- Tenant Matters (tenant only)
- Juvenile Court Defense
- Name Change
- Prenuptial Agreements
- Defense of Civil Damage Claims (excluding motorized vehicle)

In addition, for legal situations which are not excluded or specifically covered by plan you can employ a Reduced Fee Network Attorney.

For more information about the legal plan:

- Visit **www.ARAGLegalCenter.com** and type in your Access Code: 17962hhs for detailed information on plan benefits, how to use the plan and FAQs.
- Talk to an ARAG Customer Care Counselor toll-free from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday at **800-247-4184**.
- Email an ARAG Customer Care Counselor at **service@ARAGgroup.com**.

Identity Theft Protection – LifeLock

In an always-on, ever-connected world, the risk of identity theft is real. There is a new identity fraud victim every two seconds. You can help protect yourself with LifeLock. LifeLock monitors millions of transactions every second, alerting you to suspicious activity by text, phone or email. This protection is different than free credit monitoring and offers a full set of features to help proactively protect you and your covered family members against identity theft. You have two options to choose from — Benefit Essential or Benefit Premier.

Membership features:

- Identity Alert System
- Lost Wallet Protection
- Address Change Verification
- Privacy Monitor
- Live Member Service Support
- Identity Restoration Support
- Data Breach Notifications
- Three Bureau Credit Monitoring*
- Annual Credit Report and Credit Score*
- Monthly Credit Score Tracking*
- Bank Account Application Alerts*

*Only Available on Benefit Premier Plan

	BENEFIT ESSENTIAL	BENEFIT PREMIER
BIWEEKLY PREMIUM		
EMPLOYEE ONLY	$3.46	$5.53
EMPLOYEE + FAMILY*	$6.92	$11.07
MEMBERSHIP FEATURES		
PRIOR IDENTITY THEFT REMEDIATION	•	•
LIFELOCK IDENTITY ALERT™ SYSTEM	•	•
DATA BREACH NOTIFICATIONS	•	•
U.S.-BASED IDENTITY RESTORATION SPECIALISTS	•	•
401K & INVESTMENT ACCOUNT ACTIVITY ALERTS	•	•
CREDIT MONITORING		Three bureaus
MILLION DOLLAR PROTECTION™ PACKAGE	Up to $1 million each	Up to $1 million each
ANNUAL CREDIT REPORT & CREDIT SCORE		Three bureaus
MONTHLY CREDIT SCORE TRACKING		One bureau
CREDIT APPLICATION ALERTS	One bureau	One bureau
DARK WEB MONITORING	•	•
USPS ADDRESS CHANGE VERIFICATION	•	•
LOST WALLET PROTECTION	•	•
REDUCED PRE-APPROVED CREDIT CARD OFFERS	•	•
LIFELOCK MOBILE APP (ANDROID™ & IOS)	•	•
CREDIT, CHECKING & SAVINGS ACCOUNT ACTIVITY ALERTS	•	•
CHECKING & SAVINGS ACCOUNT APPLICATION ALERT		•
BANK ACCOUNT TAKEOVER ALERTS		•
SEX OFFENDER REGISTRY REPORTS	•	•
24x7 LIVE MEMBER SUPPORT	•	•
ONLINE ACCOUNT MONITORING	•	•
SECURES PCS, MACS, SMARTPHONES / TABLETS	Up to 3 devices	Unlimited
ONLINE THREAT PROTECTION	•	•
PASSWORD MANAGER	•	•
PARENTAL CONTROLS	•	•
SMART FIREWALL	•	•
CLOUD BACKUP	10 GB	100 GB
SECURE VPN FOR: PCS, MACS, SMARTPHONES / TABLETS	Up to 3 devices	Unlimited
SAFECAM	•	•

*Covering one or more family members

Retirement Planning

It is critical to plan for your retirement. Making contributions is an important step toward achieving your financial goals later in life. We offer several options to help you make the most of your retirement and live a secure and happy life once your work years are behind you.

A retirement plan can be a powerful tool in promoting financial security in retirement. The Hendrick 401(k) and 403(b) plans help eligible employees save and invest for retirement while receiving certain tax advantages. You can choose how your contributions and Hendrick's matching contributions are invested. Administrative and record-keeping services for the 401(k) and 403(b) plans are provided by Fidelity.

Eligibility

You are automatically enrolled in the retirement plan at a rate of 3% of earnings. Contributions taken are pre-tax and are placed in the appropriate date. If you do not wish to participate, please visit NetBenfits (www.netbenefits.com) and change your election to 0% or you may contact Fidelity for assistance. The pre-tax deductions will begin within 35 days of your hire date.

Contributing to the Plan

Deferred contributions are based on a percentage of earnings, not to exceed plan limits set by the IRS. Hendrick provides a company match to full-time employees, which equals up to 3% of your earnings you contribute, and up to IRS limits. Matching contributions will be made to your account on a per pay period basis and are subject to a five-year vesting schedule. Your participation is voluntary.

Catch-up Contributions

If you are or will be age 50 or older during this calendar year, you may also make a "catch-up contribution." This additional deposit of funds accelerates your progress toward your retirement goals. The maximum catch-up contribution is set by the IRS. See your Plan Administrator for more details.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. To make a change, please visit NetBenefits. All changes will become effective as soon as administratively feasible and will remain in effect until modified or terminated by you. You may also discontinue your contributions any time. Once you stop making contributions, you may start again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer or roll over that account into the plan any time. To initiate a rollover into your Hendrick plan, contact Fidelity at 800-343-0860.

Investing in the Plan

You decide how to invest the assets in your account. The Hendrick 401(k) and 403(b) Retirement and Saving Plans offers a selection of investment options for you to choose from. You may change your investment choices any time.

Note

If you dip into your retirement account before age 59½, you will pay a 10% early withdrawal penalty — in addition to income tax — on the amount.

For more details, visit www.netbenefits.com or call Fidelity at 800-343-0860.

After your first paycheck, you may register at NetBenefits to view your account balance and other important information. To register, visit www.netbenefits.com.

Discounts & Special Offers

A world of discounts is waiting...

Save big. Every day.

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories.

Visit BenefitHub to learn more about these exciting offers made available to the Hendrick Health team, including local offers from AAA Texas, ACU, Abilene Plastic Surgery and Medspa, AirMedCare Network, Archway Café, AT&T, Bra Te Da, Champion Energy, Day Nursery Of Abilene, Dell, First Watch Credit Union, Hendrick Health Club, Hendrick Medical Supply, Hendrick Pharmacy, HBU, RightNow Media @ Work, Sams, Skechers, TicketsAtWork, Vavoline Abilene, Vizient and more!

It's easy to access and start saving!

1) Go to https://hendrickperks.benefithub.com
2) Enter referral code: N4A525
3) Complete registration

Questions?

Call 866-664-4621 or
email customercare@benefithub.com.

Wonderschool

Looking for childcare or after-school care and need assistance? We've teamed up with Wonderschool to offer a free concierge service that helps our employees discover and sign up for quality childcare programs nearby.

To get started:

- Call 888-231-5603 (and leave a voicemail)
- Email hendrickhealth@wonderschool.com
- Company Code: HHWonderschool

Payactiv*

Payactiv, an earned wage access program, gives you access to 50% of your base wages as you earn them, giving you more control over when and how you want to use them. The funds you access simply get deducted from your next paycheck. It's not a loan, so there is no interest — just your money in your hands.

To get started, download the Payactiv app.

PAYACTIV		
DISBURSEMENT TYPE	SPEED	TOTAL FEES
Payactiv Visa card with direct deposit	Real-time	$0
Payactive Visa card without direct deposit	Real-time	$1.99
Other debit or payroll cards or Walmart cash pickup	Real-time	$2.99
Bank transfer	1–3 business days	$0

*Payactiv will be available after 30 days of employment.

Glossary

Annual Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

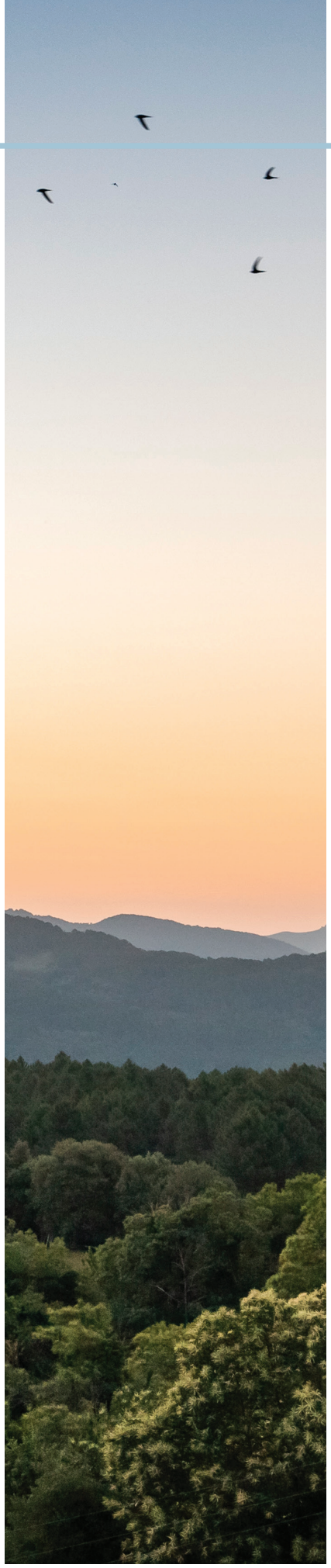
Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
- **Limited Use FSA** – Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.



High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – 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 R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice from Hendrick Health About Your Prescription Drug Coverage and Medicare under the HSA - Compatible and Copay Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hendrick Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Hendrick Health has determined that the prescription drug coverage offered by the HSA - Compatible and Copay plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Hendrick Health coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Hendrick Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Hendrick Health changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 1, 2025
Name of Entity/Sender:	Hendrick Health
Contact—Position/Office:	Human Resources
Address:	4310 Buffalo Gap Rd Abilene, TX 79606
Phone Number:	325-670-3163

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 325-670-3163.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 325-670-3163.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 325-670-3163.

Important Contacts

Medical
UMR
866-795-6676
www.umr.com

Pharmacy
Navitus
844-268-9789
www.navitus.com

Dental
MetLife
800-438-6388
www.metlife.com

Vision
Superior Vision
800-923-6766
www.superiorvision.com

Health Savings Account, Flexible Spending Accounts, and Dependent Care Flexible Spending Account
WEX
866-451-3399
www.wexinc.com/solutions/benefits/participants-employees

Employee Assistance Program
Lincoln Financial Group/ComPsych
888-628-4824
www.guidanceresources.com

Life and AD&D/Disability/ Supplemental Health (Accident, Critical Illness and Hospital Indemnity)
Lincoln Financial Group
855-818-2883
www.lfg.com
To submit a disability claim over the phone: 866-783-2255

Universal Life Insurance
Trustmark Voluntary Benefits
877-201-9373
www.trustmarksolutions.com

Retirement
Fidelity
800-343-0860
www.netbenefits.com

Beneficiary Assistance
Lincoln Financial Group/ComPsych
855-891-3684
www.lincoln4benefits.com

Identity Theft Protection
LifeLock
800-607-9174
www.norton.com

Legal Coverage
ARAG Legal Center
800-247-4184
www.araglegalcenter.com

Travel Assistance
Lincoln Financial Group
800-527-0218
www.lincoln4benefits.com

Benefits Enrollment Center
Benefits Communications Inc.
877-540-6761

Hendrick Health Human Resources
1900 Pine Street
Abilene, TX 79601
Benefits Hotline: 325-670-3163
Hendrick.Health/employeebenefits
benefits@hendrickhealth.org

Wellness Hotline: 325-670-7777
wellness@hendrickhealth.org

HR Service Center: 325-670-3181
HR HMC North: 325-670-3181
HR HMC South: 325-428-1062
HR HMC Brownwood: 325-649-3430

Notes

HENDRICK HEALTH