

Employee Benefits ***Open Enrollment***

Plan Year: 2024-2025

Mercy
COMMUNITY
HEALTHCARE

Boxwood Insurance Group LLC



Welcome to Open Enrollment!

- Elections made during open enrollment will become effective April 1, 2024.
- Mercy Community Healthcare offers you and your eligible family members a comprehensive and valuable benefits program.
- We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



Who Is Eligible?

- All full-time employees of Mercy Community Healthcare working an average of 30 or more hours per week.
- The following family members are also eligible for the following through Mercy Community Healthcare:
 - Legal spouse
 - Dependent children up to age 26
 - Child with a mental or physical incapacity incurred prior to age 26

How to Enroll

- Review your current benefit elections.
- Verify your personal information and make changes, if necessary.
- Make your benefit elections. (Once you make benefit elections, you will **not** be able to change them until the next open enrollment period, unless you have a qualified change of status).



When to Enroll

The open enrollment period runs

March 18 to March 22

If currently enrolled and do not want to make changes, your elections will rollover to next plan year, except Flexible Spending Accounts (FSA). The FSA requires an active annual enrollment.

The benefits you elect during open enrollment will be effective from April 1, 2024, through March 31, 2025.

How to Make Changes

- Unless you have a qualifying life event that affects your coverage, you cannot make changes to your benefits until the next open enrollment period. Qualified changes in status include:
 - Marriage
 - Divorce
 - Legal separation
 - Domestic partnership
 - Status change
 - Birth or adoption of a child
 - Change in child's dependent status
 - Death of a spouse, child or other qualifying dependent
 - Change in residence due to an employment transfer for you, your spouse or domestic partner
 - Commencement or termination of adoption proceedings
 - Change in spouse's or domestic partner's benefits or employment status

Medical and Prescription Drugs



Medical Summary Chart

	HSA	PPO
Services		
Physician Visit	80% after deductible	\$25 copay – Primary Care \$50 copay – Specialist
Deductible - Individual - Family	\$3,700 \$7,400	\$3,500 \$7,000
Hospitalization	80% after deductible	80% after deductible
Preventive Care	Covered at 100%	Covered at 100%
Emergency Room Copay	80% after deductible	\$250 copay
Out-of-pocket Maximum - Individual - Family	\$5,500 \$11,000	\$6,000 \$12,000
Prescription Drugs - Retail/Mail Order - Generic - Preferred - Non-preferred	80% after deductible	\$10 \$40 \$75

Health Savings Accounts

- If you participate in Mercy Community Healthcare's high deductible health plan (HDHP), you can set aside money in a health savings account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses.
- An HSA is similar to an FSA in that you are eligible to pay for health care expenses with pre-tax dollars.
- Money can be invested much like 401(k) fund.
- Unused money is not forfeited at the end of the year and is carried forward.
- The account is yours to keep. You can take it with you if you change jobs or retire.



Health Savings Accounts

- The maximum amount that you can contribute to an HSA in 2024 is **\$4,150 for individual coverage** and **\$8,300 for family coverage**.
- If you are age 55 or older, you may make additional “catch-up” contributions of \$1,000.



Mercy Health Services

Your Medical Plan Options

Plan year: 4/1/2024

Offered by Cigna Health and Life Insurance Company or its affiliates
In Utah, plans are offered by Cigna Health and Life Insurance Company.

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Understanding terms in your health plan

Deductible:

The annual amount you pay for care before your health plan begins to pay.

Copay:

A predetermined amount you pay for eligible health care services or medication. Your copay usually is due when you receive the service.

Co-insurance:

Your share of the cost of covered services, usually after you meet your deductible. The health plan pays the rest.

Out-of-pocket maximum:

The most you pay before the health plan begins to pay 100% of covered health care costs. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

In-network:

Health care providers and facilities that have contracts with us to deliver services at a discounted rate.

Out-of-network:

A health care provider or facility that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.



Understanding terms in your pharmacy plan

Generics:

Generic medications have the same active ingredients, strength, dosage, effectiveness, quality and safety as the brand-name medications.

Preferred brands:

You'll often pay more for a preferred brand-name medication than for generic medications because they typically have lower-cost generic alternative available to treat the same conditions.

Non-preferred brands:

Medications that typically have lower-cost generic and/or preferred brand alternatives available to treat the same conditions.

Specialty:

These high-cost medications are used to treat complex medical conditions. They're often injected or infused and may require special handling, such as refrigeration.



Medical plan options



Open Access Plus (OAP)



Primary Care Provider: A primary care provider (PCP) is recommended but not required



Specialist: You can see a specialist without a referral

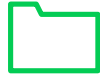


Network: Lower costs by using providers and health care facilities in the OAP network

- Use the Cigna Healthcare® network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care



Deductible: You may pay an annual amount — a deductible — before your health plan begins to pay for covered health care costs.¹ Only services covered by the health plan count toward the deductible



Copay and co-insurance: Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest²



Out-of-pocket maximum: Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs

1. Plans may vary; see your employer's plan documents for details related to your specific medical plan.
2. Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-of-network provider can bill you for charges that are more than what your benefit plan will pay.



LocalPlus®



Primary Care Provider: A primary care provider (PCP) is encouraged but not required



Specialist: See a specialist without a referral



Network: A local network¹ of health care providers, specialists and hospitals delivers care

- Use the Cigna Healthcare® network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care
- Enjoy added peace of mind with the Away From Home Care feature if you are temporarily away from home



Deductible: You may pay an annual amount — a deductible — before your plan begins to pay for covered costs.² Only services covered by the health plan count toward the deductible



Copays and co-insurance: Once you meet your deductible, you pay a copay or co-insurance amount and the plan pays the rest of covered costs³



Out-of-pocket maximum: Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs

1. The LocalPlus Network is smaller than Cigna Healthcare's national Open Access Plus (OAP) Network. In this plan, you have access to in-network benefits only from the health care professionals and facilities in the LocalPlus Network when in a LocalPlus Network service area. For a list of participating health care professionals and facilities, visit [Cigna.com](https://www.cigna.com). For a paper directory, ask your employer.
2. Plans may vary; see your employer's plan documents for details related to your specific medical plan.
3. Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-of-network provider can bill you for charges that are more than what your benefit plan will pay.



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Virtual care¹



Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.

Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/ wellness screenings available at no additional cost²
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, grief and depression

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.



Virtual medical care¹



Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. Conditions treated include:²



- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory and sinus infections
- Sore throats
- Urinary tract infections

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2. This is not an all-inclusive list. See your plan documents for details.



Take control of your health and your health costs

Here are a few easy ways to save on out-of-pocket health care expenses:



Stay with in-network
providers and facilities



Visit an urgent care center
instead of the ER for
non-life-threatening health
concerns



**Use a convenience care
clinic** (inside supermarkets,
pharmacies and other retail
stores) for routine care



**[Access virtual care¹ through
MDLIVE® 24/7 for a range of
minor conditions]**

1. [Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.]

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.

Take control of your health and your health costs

Additional ways to save



In-network providers

Visit **myCigna.com**[®] and use the “Find Care & Costs” tool to locate in-network providers and facilities



Lower-cost labs

Stay with lower-cost national labs like Quest Diagnostics[®] or LabCorp[®]



MRIs and CT scans

Choose independent radiology centers (versus hospital-based radiology) for MRIs and CT scans



Outpatient centers

Select an in-network, freestanding outpatient surgery center for procedures like colonoscopy, endoscopy or arthroscopy

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Behavioral health support



Emotional well-being resources

When your challenges are large or small, Cigna Healthcare is here to connect you with solutions.¹

Emotional health:

- Three face-to-face visits with a licensed behavioral health provider in our employee assistance program (EAP) network
- Live chat with an EAP advocate
- Unlimited telephone counseling
- Access to work/life resources and self-service tools on **myCigna.com**

Legal services: Services include a 30-minute consultation with a program attorney for civil, personal/family, and Internal Revenue Service (IRS) issues, with 25% off select fees if the program attorney is retained.

Financial services: Get 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist on debt counseling, student loans and more

Identity theft support: Support includes a 60-minute consultation with a fraud resolution specialist who can help with identity theft recovery and how to protect yourself in the future

1. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law.



Enhanced, rich emotional well-being support integrated into your plan

Self-service digital tools



Self-directed program to help employees reduce stress, gain confidence and boost overall health.¹



Online peer counseling and therapy. Helps employees overcome barriers like stigma, distance, and the need to take time off work to access effective support.



Easy access to real-time behavioral health coaching, video therapy, psychiatry appointments and skill-building.¹

Face-to-face assistance

Additional employee assistance programs to promote health and well-being²

- Three in person or virtual **face-to-face** visits
- **Live chat** with an employee assistance program advocate
- **Unlimited telephone counseling** and access to work-life resources
- Access to **legal and financial consultations**

- **258k+** contracted behavioral health care providers nationwide³ (doubled in the last five years)
- National **network** of clinicians, counselors, psychiatrists and psychologists
- **Virtual counseling sessions**
- **High performing mental health and substance use** Centers of Excellence
- **Online therapy** with a licensed therapist
- **No prior authorizations** for routine counseling
- **Specialized programs** for autism, eating disorders, substance use and more

#1

largest virtual network in the country³

51%

reduction in outpatient behavioral spending

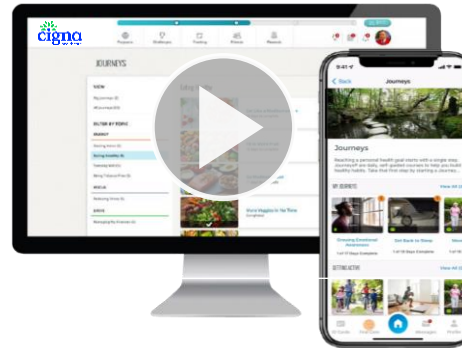
1. Program services are provided by independent companies/entities and not by Cigna. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change. 2. Employee assistance program services are in addition to, not instead of, health plan benefits. These services are separate from health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law. *The Cigna Center of Excellence designation is a partial assessment of quality and cost-efficiency and should not be the only basis for decision-making (as such measures have a risk of error). Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Quality designations and ratings found in Cigna's online provider directories are not a guarantee of the quality of care that will be provided to individual patients. Providers are solely responsible for any treatment provided and are not agents of Cigna. 3. Cigna unique provider data as of Jan. 2023. 4. Cigna Analytics, EAP and Medical Study, 2020.

Cigna Healthcare Well-Being Solution

Powered by one of the world's largest digital health activation and engagement companies, Virgin Pulse®

Available through myCigna® as part of your plan

Personalized fitness challenges, digital journeys, and wellness tools, along with real-time insights to help drive healthy routines for lasting change.



**Personalized
experience**

**Exceptional
engagement**

**Holistic and
inclusive**

73%

of members reported developing positive daily habits¹

68%

of members improved clinical metrics²

52%

of members reported decreased stress³



1. Virgin Pulse 2021 Engage Clients Member Satisfaction Survey, Number of respondents: 42,635. 2. B.O.B Trend HRA Analysis, 2019-2021. n = 1,104,000 members. Health risk evaluated across blood pressure, BMI, cholesterol, diabetic level, diet, activity, sleep, and stress. Risk groupings based on combined activity levels & health risk indicators. 3. Virgin Pulse Comparing 2020 self-reported HRA results to 2021 results. Components vary by solution. Confidential, unpublished property of Cigna Healthcare. Do not duplicate or distribute. Use and distribution limited solely to authorized personnel. © 2024 Cigna Healthcare.

Your pharmacy plan options



Consider a 90-day supply for maintenance medications

90-day supplies are more convenient and help make your life easier.¹

90-day (or 3-month) supply²

- Use Express Scripts® Pharmacy (our home delivery pharmacy)³
OR an approved in-network retail pharmacy

30-day supply

- Use any retail pharmacy in your plan's network
- Option to switch to 90-day supply at any time

1. Internal Cigna analysis performed Jan 2019, utilizing 2018 Cigna national book of business average medication adherence (customer adherent > 80% Proportion Days Covered), 90-day supply vs. those who received a 30-day supply taking antidiabetics, blood pressure medications and statins.
2. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
3. Not all plans offer home delivery as a covered pharmacy option. Log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna maintains an ownership interest in Express Scripts Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions. To find a retail pharmacy in your plan's network, log in to the myCigna App or myCigna.com and use the Price a Medication tool.



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Use the myCigna® App¹ or website – 24/7

Manage all your prescriptions on the My Medications page

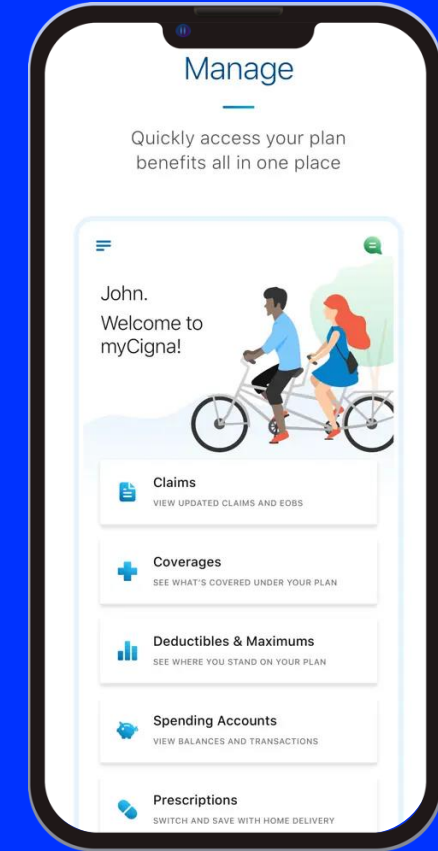
- Find out how much your medication costs²
- See which medications your plan covers
- Find an in-network pharmacy
- View all the prescriptions you've filled in the last 18 months
- Search for lower-cost alternatives, if available
- Ask a pharmacist a question

1. App/online store terms and mobile phone carrier/data charges apply.

2. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information.



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Cigna One Guide®

Personalized support helps you:

- Resolve health care questions and issues
- Save time and money
- Get the most out of your plan(s)
- Find in-network providers, hospitals and labs
- Get cost estimates
- Understand your bills
- Navigate the health care system

1. App/online store terms and mobile phone carrier/data charges apply.



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Access Cigna One Guide the way that's most convenient to you.



Access One Guide on myCigna® website or mobile app¹



Live chat at [myCigna.com](https://mycigna.com)



Phone 1-800-244-6224

RecoveryOne

Get started at www.RecoveryOne.com/Cignaselect

recoveryone™ for Cigna®
get back out there

5x7 Postcard Front/Back

OFFERED THROUGH Cigna

More than physical therapy.

This is getting back to a happier, healthier you.

If nagging injuries, muscle aches, or joint pain have you down, we have good news. You have access to RecoveryOne™ for Cigna®, an online physical therapy program that's included in your health plan benefits.

recoveryone™ for Cigna®
get back out there

OFFERED THROUGH Cigna

You have access to RecoveryOne™ for Cigna®, an online physical therapy program that's included in your health plan benefits. There's no added cost to you or your covered dependents (ages 18+) to use it.*

With RecoveryOne for Cigna, you get:

- ▶ Online PT you can do when you want, from the comfort and safety of home
- ▶ Customized recovery plans to meet your needs
- ▶ A multimedia app that guides you through your exercises
- ▶ Video, voice, and chat conversations with your support team
- ▶ Weekly check-ins with a certified health coach to help keep you on track

Get started at myCigna.com. **

The program and services are provided by an independent company/entity and not by Cigna. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. This program does not provide medical advice and is not a substitute for proper medical care provided by a physician. Information provided should not be used for self-diagnosis. Always consult with your physician for appropriate medical advice. The downloading and use of the app is subject to the terms and conditions of the app and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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*Cost and usage of this program is included in premium and administrative fees; no additional out-of-pocket expense applies.

**If you haven't created a myCigna account, go to myCigna.com and click "Register." Follow the instructions to complete the short form and click "Submit."

recoveryone™ for Cigna®
get back out there

More than physical therapy.

This is getting back to a happier, healthier you. Online physical therapy that you can do anytime, anywhere.

\$0 cost to you.

Get Started at myCigna.com**

*Cost and usage of this program is included in premium and administrative fees; no additional out-of-pocket expense applies. **If you haven't created a myCigna account, go to myCigna.com and click "Register." Follow the instructions to complete the short form and click "Submit."

- Disease \$0 cost share
- No pre-authorization required
- MSK treatment for pain or injury
- Overlap with in-person PT

- Phone (833-548-3879)

Omada[®] for Cigna Healthcare[®]¹

Omada is a digital lifestyle change program focused on building healthy, long-lasting habits.

- Designed to help you lose weight, gain energy and reduce the risks of type 2 diabetes and heart disease
- Surrounds you with the tools and support you need to make lasting, meaningful changes to the way you eat, move, sleep and manage stress — one small step at a time
- Teaches healthy habits — guided by interactive online lessons and support groups, professional health coaching and a digitally connected scale
- Receive the program at no additional cost if you or your covered adult dependents are enrolled in the company medical plan offered through Cigna Healthcare[®], are at risk for type 2 diabetes or heart disease, and are accepted into the program

1. The Omada[®] program is administered by Omada Health, Inc., an independent third-party service provider. Cigna Healthcare does not endorse or guarantee the products or services of any third parties and assumes no liability with respect to any such products or services.



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Identity theft protection

CONSIDER THE FACTS:

- 1 Every two seconds, there's a new identity theft victim.¹
- 2 15 billion consumer credentials are circulating on the dark web.²

TWO WAYS TO ENROLL:

1. IdentityForce will **email an enrollment link to registered myCigna customers.** (remind employees to register on myCigna³)
2. Customers can visit our dedicated IdentityForce website <https://cigna.identityforce.com/starthere> or phone line **(833-580-2523)** to get started



We're committed to the physical, emotional and financial well-being of those we serve. That's why Cigna teamed up with IdentityForce, a top-rated provider of identity theft protection.⁴

We'll help protect your Cigna medical plan subscribers and their children against ID theft and help fix any identity theft compromises – at no additional cost for eligible members

Once enrolled, customers can access **IdentityForce** directly through the **IdentityForce** app or website

The program and services are provided by Sontiq, Inc. and not by Cigna Corporation or its operating subsidiaries. Program and services are subject to all applicable program terms and conditions. Program availability may vary by location and plan type and is subject to change. References to third-party organizations or companies, and/or their products, processes or services, does not constitute an endorsement or warranty thereof. Your use of such products, processes or services are at your sole risk. 1. Sadler, AT. "There's a new victim of identity theft every two seconds: Here's the best way to protect yourself online." Clark.com. April 3, 2017. <https://clark.com/technology/theres-a-new-victim-of-identity-theft-every-twoseconds-heres-the-best-way-to-protect-yourself-online/> 2. Forbes. "New Dark Web Audit Reveals 15 Billion Stolen Logins From 100,000 Breaches." <https://www.forbes.com/sites/daveywinder/2020/07/08/new-dark-webaudit-reveals-15-billion-stolen-logins-from-100000-breaches-passwords-hackerscybercrime/?sh=6e53c5bf180f>. July 8, 2020. 3. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. 4. White, A. "Best identity theft protection services of September 2021." CNBC.com. August 27, 2021. <https://www.cnbc.com/select/best-identity-theft-protection-services/>. Frankel, RS. "Best Identity Theft Protection Services Of 2021." Forbes Advisor. June 10, 2021. <https://www.forbes.com/advisor/personal-finance/best-identity-theftprotection-services/>.

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A Member **Self-Pay** Fitness Program



- Two networks to choose from: Standard (\$28/month) and Premium (\$30-200/month)
- Have a gym close to work and one close to home for greater convenience
- Access to online health education classes
- Favorite gym not in the network? You can nominate them to be!

Dental Benefits

Our Metlife dental plan allows you to choose any dentist. You will maximize your dental benefits when choosing in-network providers.

Services	
Preventive Services	Exams, cleanings, X-rays – Covered at 100%, No deductible
Deductible	Applies to basic and major services only – \$25 per person, \$75 family maximum
Basic Services	Fillings, simple extractions , oral surgery– Covered at 80%
Major Services	Dentures, bridges, crowns – Covered at 50%
Annual Maximum	\$1,500
Orthodontic Services	\$1,500 Lifetime Maximum



Vision Insurance

- Metlife Vison

Services	In-network	Frequency
Eye Exam	\$10 copay	Once every 12 months
Prescription Glasses	\$10 copay	Once every 12 months
Frames	\$120 allowance	Once every 24 months
Contacts	\$120 allowance	Once every 24 months



Vision Insurance

- Our vision plan has a Second Pair Option. You have the choice of one of the following:
 - Two pairs of glasses
 - One pair of glasses and the allowance for contacts
 - Double your contact lens allowance



Disability Insurance

Mercy Community Healthcare provides long-term disability income benefits at no cost to you. Short-term disability coverage is available for you to elect.

	Short-term Disability (STD)	Long-term Disability (LTD)
Benefits Begin	On the 8 th Day	On the 91 st Day
Benefits Payable	Up to 11 weeks	Up to your Normal Retirement Age
Percentage of Income Replaced	60% of your weekly earnings	60% of your monthly earnings
Maximum Benefit	\$500 per week	\$5,000 per month



Basic Life Insurance

- Mercy Community Healthcare provides full-time employees with \$25,000 group life and accidental death and dismemberment (AD&D) insurance.
- Make sure your beneficiary information is current.



Voluntary Life Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. You can purchase coverage on yourself, your spouse and your children.

If currently enrolled, you may increase your Life Insurance amount by up to \$50,000 without proof of health, not to exceed plan maximums or the guaranteed issue amount.

Evidence of Insurability is required when electing Voluntary Life Insurance outside your initial new hire eligibility period.



Health Care and Dependent Care Flexible Spending Accounts

- Mercy Community Healthcare provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through flexible spending accounts (FSAs).
- A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to the care of eligible dependents while you and your spouse work
- You cannot have both the Health Care FSA and contribute to an HSA.
- You must enroll/re-enroll in the plan to participate for the plan year 2024-2025.



Health Care and Dependent Care Flexible Spending Accounts

- The maximum amount you can contribute to your **health care FSA** in 2024 is \$3,050.
- The maximum that you can contribute to the **dependent care FSA** is \$5,000, if you are a single employee or married filing jointly, or \$2,500, if you are married and filing separately.



Accident Insurance

Accidents happen when you least expect. Accident Insurance through Metlife will pay a lump-sum payment to cover expenses associated with a qualified accident.

Our plan includes an Organized Sports Activity Injury Benefit rider. This increases the payable benefit by 25%.

Pays an annual cash benefit of \$50 for obtaining health screenings and preventive care.



Critical Illness Insurance

Critical Illness insurance provides lump-sum payments following the diagnosis of a critical illness or event.

Examples of covered conditions are cancer, heart attack, stroke, kidney failure and Alzheimer's Disease

Pays an annual cash benefit of \$50 for obtaining health screenings and preventive care.



Employee Assistance Program

Life isn't always easy. Sometimes a personal or professional issue can affect your health, work and general well-being. With Mutual of Omaha's Employee Assistance Program (EAP) you can get the help you need.

- Three counseling sessions per year, face-to-face or video
- Valuable resources for financial, legal, childcare, elder care, substance abuse and many more.



**Thank you for
your time!**

