



 **St. Claire HealthCare**
Medical Pavilion



OPEN ENROLLMENT
BENEFITS GUIDE

Enrollment Period: Oct. 23 - Nov. 12

Plan Year: 2024

Exciting News for 2024!

*Introducing Exclusive
St. Claire Preferred
Health Insurance
Plans with Anthem!*





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WE'RE HERE FOR YOU. **YOUR HEALTH.** *Your Plans!*

This Year's Highlights...

- **Exciting News for 2024: Introducing Exclusive St. Claire Preferred Health Insurance Plans with Anthem!** We're dedicated to providing you with top-notch healthcare that puts your well-being first. That's why we're thrilled to introduce our two brand-new St. Claire Preferred Health Insurance Plans, designed to give you the best care and savings available.
 - **Exclusive SCH Cost Savings Tier:** With our Preferred Plans, you gain access to our premium hospital, clinic, and pharmacy services, ensuring you receive care from the finest medical professionals here at St. Claire HealthCare.
 - Enjoy substantial savings on your healthcare expenses, including lower co-pays, reduced deductibles, and minimal out-of-pocket costs when you utilize our preferred hospital network.
 - **Wide Coverage:** While our Preferred Plans prioritizes care within our network, you still benefit from comprehensive coverage, including emergency services and out-of-network options when needed.
- **Dental Insurance Options:** For '24 we are continuing to offer the same Delta Dental PPO Plans with the same benefits and no premium increases. See page 11 for premiums and coverage details.
- **Vision Insurance Options:** For '24, we are continuing to offer Anthem Blue View Vision with the same benefits & no premium increase. See page 12 for premiums and coverage details.
- We are also thrilled to announce an exciting addition to our employee benefits package – **the Health Savings Account (HSA) plan!** We believe this new offering will provide valuable options for managing healthcare expenses while enjoying significant tax advantages. We look forward to introducing this exciting addition to our benefits package and helping you make the most of your healthcare savings. We are committed to supporting your health and financial well-being, and we believe the HSA plan aligns with this commitment. *HSA is only available to those who elect the SCH Savings Plan.*

Full benefit summaries and more for each plan are available online through ADP, or at schstaff.org.

BENEFITS FAIR
Thursday, Oct. 19
9 AM - 3 PM | Café Meeting Room D

MAXIMIZE SAVINGS BY UTILIZING ST. CLAIRE SERVICES!

Preferred Access Plan:

- \$0 Deductibles
- \$5 Copay
- RX generic \$5 copay
- RX preferred brand \$10 copay

Savings Plan:

- Lower deductibles
- Lower Premiums
- Lower out of pocket
- Eligible to enroll in new Health Savings Plan

ADDITIONAL INFORMATION

401K Information:

Standard Insurance Company (The Standard) bought Securian Financials' retirement plan business in 2022. The retirement plan accounts will move to The Standard through a secure, automated process. Accounts will automatically move late 2023 through mid-2024. You will receive more information prior to the migration of accounts. No action is necessary at this time.

For more information, contact Anthem at 1-800-331-1476, visit www.anthem.com, or download the Sydney Health Mobile App.

For a complete list of preventative services covered by the **Affordable Care Act (ACA)** please visit www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventative-services-covered-under-aca/

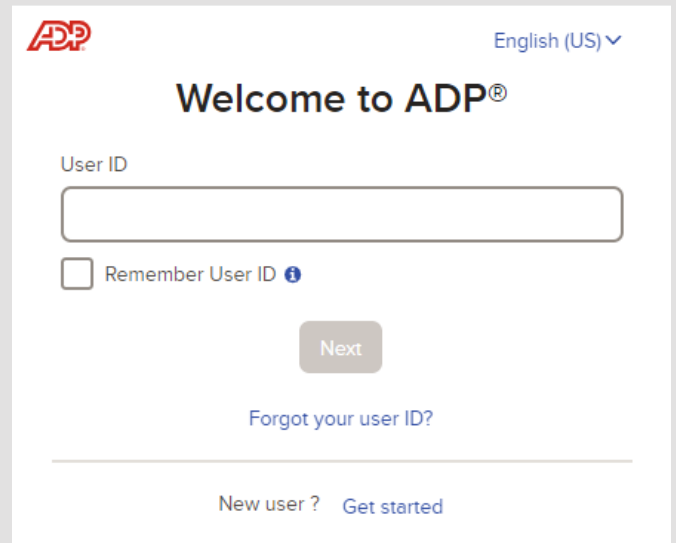
OPEN ENROLLMENT

ONLINE ENROLLMENT PERIOD:

Oct. 23 - Nov. 12

1. Log into **Workforce Now/ADP**.
2. Click on the **Open Enrollment** link on home page or go to Myself – Benefits – Enrollments – Open Enrollment.

For difficulty with navigation or to obtain assistance, please contact a MyLife Advisor at 1-855-547-8508.



FREQUENTLY ASKED QUESTIONS

Do all FT & PT SCH employees need to participate in Open Enrollment? Yes. The Open Enrollment period gives you the opportunity to make election changes for certain benefits. All Open Enrollment changes will take effective January 1, 2024. Since switching from Humana to Anthem it is imperative all FT & PT employees review new plans. Employees **MUST** complete an Open Enrollment election. Failure to complete could result in no coverage. Our intention is to move back to a passive Open Enrollment for plan year 2025.

ADP is available on a 24-7 basis so you can make your 2024 benefit elections at the time and location of your choosing. Please be sure to review all available insurance information contained in this guide to assist with your election. Additional documents and complete plan summaries can be found in ADP.

*Surcharges only apply to those enrolled in health insurance (excludes dental, vision and supplemental coverage).

If I don't make "changes" during Open Enrollment can I make them later? Only under special circumstances. As a result of IRS rules, SCH can only make Open Enrollment benefits available during the 'open enrollment' period, unless you have a family status qualifying event. For example: new dependent (due to birth or adoption), marriage, divorce, spouse/dependent gains or loses other group coverage, dependent becomes ineligible, death of spouse or child. Changes must be submitted in ADP within 30 days of the event. Exception: Guardian supplemental coverage can only be changed at Open Enrollment.

Do all FT SCH employees need to complete surcharge certifications every year? No, only if there is a change in your surcharge status. Surcharge attestations will no longer be collected via the Employee Portal. Surcharge attestations can be changed via the ADP enrollment site.

PREFERRED ACCESS PLAN

EMPLOYEE COST PER MONTH

Employee Only	\$110.10
Employee Plus Spouse.....	\$337.00
Employee Plus Child(ren).....	\$297.40
Family.....	\$502.30

Covered Medical Benefits	TIER 1 <i>Cost if you use a SCH Provider</i>	TIER 2 <i>Cost if you use an Anthem In - Network Provider</i>	TIER 3 <i>Cost if you use a Non-Network Provider</i>
Overall Deductible	\$0 person \$0 family	\$3,000 person \$6,000 family	\$9,000 person \$18,000 family
Overall Out-of-Pocket Limit	\$1,250 person \$2,500 family	\$6,000 person \$12,000 family	\$13,500 person \$27,000 family
<ul style="list-style-type: none"> The deductibles for Tier 1 and Tier 2 cross apply. Satisfy one helps satisfy the other. The out-of-pocket limits for Tier 1 and Tier 2 cross apply as well. Out of Network deductibles and Out of Network out-of-pocket limits do not apply to either Tier 1 or Tier 2. 			
DOCTOR VISITS (VIRTUAL AND OFFICE) - You are encouraged to select a Primary Care Physician (PCP).			
Primary Care (PCP) and Mental Health and Substance Use Disorder Services	\$5 copay per visit <i>(medical deductible does not apply)</i>	\$30 copay per visit <i>(medical deductible does not apply)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Specialist Care	\$10 copay per visit <i>(medical deductible does not apply)</i>	\$60 copay per visit <i>(medical deductible does not apply)</i>	50% coinsurance <i>(after medical deductible is met)</i>
OTHER PRACTITIONER VISITS			
Routine Maternity Care <i>Prenatal and Postnatal</i>	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Retail Health Clinic <i>Routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$20 copay per visit <i>(medical deductible does not apply)</i>	\$20 copay per visit <i>(medical deductible does not apply)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	\$10 copay per visit <i>(medical deductible does not apply)</i>	\$60 copay per visit <i>(medical deductible does not apply)</i>	50% coinsurance <i>(after medical deductible is met)</i>
OTHER SERVICES IN AN OFFICE			
Allergy Testing <i>When allergy injections are billed separately by network providers, the member is responsible for a \$0 copay. When billed as part of an office visit, there is no additional cost to the member for the Injection.</i>	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Prescription Drugs Dispensed in the office	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Surgery	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Preventive Care/Screenings/ Immunizations	No Charge	No Charge	50% coinsurance <i>(after medical deductible is met)</i>
Preventive Care for Chronic Conditions per IRS guidelines	No Charge	No Charge	50% coinsurance <i>(after medical deductible is met)</i>

Covered Medical Benefits	TIER 1 <i>Cost if you use a SCH Provider</i>	TIER 2 <i>Cost if you use an Anthem In - Network Provider</i>	TIER 3 <i>Cost if you use a Non-Network Provider</i>
DIAGNOSTIC SERVICES: LAB			
Office	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Freestanding Lab/ Reference Lab	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Outpatient Hospital	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
DIAGNOSTIC SERVICES: X-RAY			
Office	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Outpatient Hospital	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
PRESCRIPTION DRUG COVERAGE (Per Prescription)			
Tier 1 - Typically Generic	Retail - \$5 copay Home Delivery - \$10 copay	Retail - \$10 copay Home Delivery - \$20 copay	Retail - 50% coinsurance Home Delivery - Not covered
Tier 2 - Typically Preferred Brand	Retail - \$10 copay Home Delivery - \$20 copay	Retail - \$20 copay Home Delivery - \$40 copay	Retail - 50% coinsurance Home Delivery - Not covered
Tier 3 - Typically Non-Preferred Brand	Retail - \$20 copay Home Delivery - \$40 copay	Retail - \$40 copay Home Delivery - \$80 copay	Retail - 50% coinsurance Home Delivery - Not covered
Tier 4 - Typically Specialty <i>(brand and generic)</i>	10% coinsurance up to \$100 per prescription <i>(retail and home delivery)</i>	25% coinsurance up to \$350 per prescription <i>(retail and home delivery)</i>	Retail - 50% coinsurance Home Delivery - Not covered
ADVANCED DIAGNOSTIC IMAGING (Ex. MRI, PET and CAT Scans)			
Office	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Freestanding Lab/ Reference Lab	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Outpatient Hospital	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	50% coinsurance <i>(after medical deductible is met)</i>
EMERGENCY ROOM & URGENT CARE			
Urgent Care <i>Includes doctor services</i>	\$25 copay per visit <i>(medical deductible does not apply)</i>	\$75 copay per visit <i>(medical deductible does not apply)</i>	50% coinsurance <i>(after medical deductible is met)</i>
Emergency Room Facility Services <i>Your copay will be waived if admitted</i>	\$150 copay per visit <i>(medical deductible does not apply)</i>	Covered a Tier 1 benefit level	Covered a Tier 1 benefit level
Emergency Room Doctor and Other Services	No Charge	Covered a Tier 1 benefit level	Covered a Tier 1 benefit level
Ambulance <i>Authorized Non-Network non-emergency ambulances services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	10% coinsurance <i>(after medical deductible is met)</i>	Covered a Tier 1 benefit level	Covered a Tier 1 benefit level

Introducing

ST. CLAIRE HEALTHCARE

SAVINGS PLAN

EMPLOYEE COST PER MONTH

Employee Only	\$28.00
Employee Plus Spouse.....	\$80.00
Employee Plus Child(ren).....	\$71.40
Family.....	\$117.60

Covered Medical Benefits	TIER 1 <i>Cost if you use a SCH Provider</i>	TIER 2 <i>Cost if you use an Anthem In - Network Provider</i>	TIER 3 <i>Cost if you use a Non-Network Provider</i>
Overall Deductible	\$3,200 person \$6,000 family	\$4,000 person \$8,000 family	\$5,000 person \$10,000 family
Overall Out-of-Pocket Limit	\$4,500 person \$9,000 family	\$6,000 person \$12,000 family	\$6,000 person \$12,000 family

- The deductibles for Tier 1 and Tier 2 cross apply. Satisfy one helps satisfy the other. The out-of-pocket limits for Tier 1 and Tier 2 cross apply as well.
- Out of Network deductibles and Out of Network out-of-pocket limits do not apply to either Tier 1 or Tier 2.

DOCTOR VISITS (VIRTUAL AND OFFICE) - You are encouraged to select a Primary Care Physician (PCP).

Primary Care (PCP) and Mental Health and Substance Use Disorder Services	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Specialist Care	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>

OTHER PRACTITIONER VISITS

Routine Maternity Care Prenatal and Postnatal	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Retail Health Clinic <i>Routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>

OTHER SERVICES IN AN OFFICE

Allergy Testing	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Prescription Drugs Dispensed in the office	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Surgery	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Preventive Care/Screenings/ Immunizations	No Charge	No Charge	30% coinsurance <i>(after medical deductible is met)</i>
Preventive Care for Chronic Conditions per IRS guidelines	No Charge	No Charge	30% coinsurance <i>(after medical deductible is met)</i>

Covered Medical Benefits	TIER 1 <i>Cost if you use a SCH Provider</i>	TIER 2 <i>Cost if you use an Anthem In - Network Provider</i>	TIER 3 <i>Cost if you use a Non-Network Provider</i>
DIAGNOSTIC SERVICES: LAB			
Office	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Freestanding Lab/ Reference Lab	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Outpatient Hospital	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
DIAGNOSTIC SERVICES: X-RAY			
Office	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Outpatient Hospital	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
PRESCRIPTION DRUG COVERAGE (Per Prescription)			
Tier 1 - Typically Generic	0% coinsurance Retail and Home Delivery <i>(after medical deductible is met)</i>	10% coinsurance Retail and Home Delivery <i>(after medical deductible is met)</i>	Retail - 30% coinsurance <i>(after medical deductible is met)</i> Home Delivery - Not covered
Tier 2 - Typically Preferred Brand	0% coinsurance Retail and Home Delivery <i>(after medical deductible is met)</i>	10% coinsurance Retail and Home Delivery <i>(after medical deductible is met)</i>	Retail - 30% coinsurance <i>(after medical deductible is met)</i> Home Delivery - Not covered
Tier 3 - Typically Non-Preferred Brand	0% coinsurance Retail and Home Delivery <i>(after medical deductible is met)</i>	10% coinsurance Retail and Home Delivery <i>(after medical deductible is met)</i>	Retail - 30% coinsurance <i>(after medical deductible is met)</i> Home Delivery - Not covered
Tier 4 - Typically Specialty <i>(brand and generic)</i>	0% coinsurance Retail and Home Delivery <i>(after medical deductible is met)</i>	10% coinsurance Retail and Home Delivery <i>(after medical deductible is met)</i>	Retail - 30% coinsurance <i>(after medical deductible is met)</i> Home Delivery - Not covered
ADVANCED DIAGNOSTIC IMAGING (Ex. MRI, PET and CAT Scans)			
Office	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Freestanding Lab/ Reference Lab	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Outpatient Hospital	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
EMERGENCY ROOM & URGENT CARE			
Urgent Care <i>Includes doctor services</i>	10% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>	30% coinsurance <i>(after medical deductible is met)</i>
Emergency Room Facility Services <i>Your copay will be waived if admitted</i>	10% coinsurance <i>(after medical deductible is met)</i>	Covered a Tier 1 benefit level	Covered a Tier 1 benefit level
Emergency Room Doctor and Other Services	10% coinsurance <i>(after medical deductible is met)</i>	Covered a Tier 1 benefit level	Covered a Tier 1 benefit level
Ambulance <i>Authorized Non-Network non-emergency ambulances services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	10% coinsurance <i>(after medical deductible is met)</i>	Covered a Tier 1 benefit level	Covered a Tier 1 benefit level



SURCHARGE CERTIFICATIONS

An employee who submits inaccurate or false information on any surcharge certification may be subject to having the surcharge applied retroactively for the applicable plan year and possibly receive disciplinary action for dishonesty and falsification of documents. Surcharges only apply to the health insurance (excludes dental, vision, and supplemental coverage).

No Increases!

HEALTH INSURANCE SURCHARGES

TOBACCO SURCHARGE

For 2024, employees will incur a \$90 surcharge per month via payroll on their healthcare premiums if they, their spouse, or their dependent child(ren) enrolled on SCH's health plan uses a tobacco product. Tobacco is defined as cigarettes, pipes, cigars, e-cigarettes, vape pens/juuls (containing nicotine) chewing, and/or smokeless tobacco. (Note: only one surcharge per plan.)

Are there any options available that enable me to not incur the surcharge?

Each tobacco using member would need to enroll and successfully complete a tobacco cessation program and notify Human Resources upon successful program completion.

SPOUSAL SURCHARGE

What is the Spousal Premium Surcharge?

For 2024, employees will incur a \$60 surcharge per month via payroll on their healthcare premiums if they elect coverage under SCH's health plan for their spouse who is eligible for subsidized health care benefits of a (comparable plan) through their own employer.

What does SCH consider to be a comparable plan?

SCH considers a comparable plan, a plan that provides minimum essential coverage under a group health plan as outlined by ACA guidelines.

Why do we have this surcharge?

The cost of health insurance coverage for a spouse because they are adults is very high. SCH must look at all possible ways to manage costs.

What if my spouse is not employed, or is not eligible for their own health insurance through their employer?

If your spouse is currently unemployed, self-employed, or is not eligible for their own employer health insurance then no surcharge will be applied.



DENTAL INSURANCE

SCH is continuing to offer 2 Delta Dental PPO plans. These plans include Delta's preferred provider organization which offers comprehensive dental coverage.

<i>No Rate Increases!</i>	PLAN 1	PLAN 2
DELTA DENTAL	<i>Staff Cost Per Month</i>	<i>Staff Cost Per Month</i>
Employee Only	\$6.44	N/A
Two Person	\$28.16	\$16.00
Family	\$47.96	\$30.46
BENEFIT OVERVIEW		
6 Month Exam & Cleaning	No Cost	No Cost
Individual/Family Deductible	\$25/\$75	\$50/\$150
Maximum Benefit (Per Person - Per Benefit Year)	\$1,500	\$1,000
Orthodontics (Per Person - Per Lifetime)	\$2,000	50%/\$1,000 max

Maximum Benefit Carryover (Plans 1 & 2):

- Member receives annual maximum at the beginning of the group's benefits period.
- Member must have one covered dental service during the benefit period.
- Paid claims for the benefit period must be less than half of the annual maximum.
- A portion of the unused maximum will be carried over for future use.

Questions? Call 1.800.423.2184

VISION INSURANCE

NO RATE INCREASES - Take advantage of group rates to get affordable Anthem Blue View Vision coverage for eye exams, frames, lenses, contacts, and more.

ANTHEM <i>Blue View Vision</i>	<i>Staff Cost Per Month</i>
Employee Only	\$6.60
Employee & Spouse	\$11.55
Employee & Child(ren)	\$12.52
Family	\$19.10
BENEFIT OVERVIEW	
Routine Eye Exam <i>(once every 12 months)</i>	\$10 Copay
Eyeglass Frames <i>(once every 24 months)</i>	\$130 Allowance 20% Off Balance Over \$130
Eyeglass Lenses <i>(once every 12 months)</i>	\$15 Standard Plastic lenses
Contact Lenses Fitting & 2 Follow-Up Visits	Up to \$55 10% Off Retail
Contact Lenses (instead of, but not in addition to, eyeglass lenses) <i>(once every 12 months)</i>	\$130 Allowance 15% Off Balance Over \$130

RELIGIOUS EMPLOYER EXEMPTION CERTIFICATION

Under the Affordable Care Act, SCH meets the requirements to be exempt from including contraceptive services from its health plans. At this time, upon receipt of SCH's self-certification, Anthem is required by the federal government to assume sole responsibility, independent of SCH and its plan, to pay for contraceptive services without cost-sharing, premium, fee, or other charge to plan participants and beneficiaries.

YOU MAY QUALIFY FOR OTHER COVERAGE OPTIONS

Health Insurance Exchange

Staff who are not eligible for St. Claire HealthCare's health insurance may want to consider enrolling through the Federal Marketplace @ [Healthcare.gov](https://www.healthcare.gov).

Medicaid/KCHIPs

If your income and/or family size meets the requirements for Medicaid, make sure to see a St. Claire HealthCare Financial Counselor prior to enrolling in SCH's benefits.

Medicare

If you are 65 years of age or older and would like to consider a Medicare Supplement and/or a Medicare Advantage Plan please contact Trademark Insurance & Investments at **606-784-7474**, or a Medicare representative of your choice.

Medicare Part D RX Disclosure

If you (or your covered dependent) have Medicare or will become eligible for Medicare in the next 12 months, current Federal law gives you choices about your prescription drug coverage. For more details go to www.schstaff.org.



SUPPLEMENTAL INSURANCE

Voluntary Term Life - You now have the ability to buy up to \$250,000 of group term life insurance on yourself, \$50,000 on your spouse and \$10,000 on your children. For currently enrolled employees, up to an additional \$50,000 of life coverage can be purchased without Evidence of Insurability (EOI). Amounts over require EOI; Any increase/new enrollments to spouse or dependent children require EOI.

Short Term Disability - Protect yourself from loss of income due to a short term disability. You have 3 options to choose from; 40%, 50% or 60% of gross earnings up to \$1,000 of weekly benefit. Any new elections require Evidence of Insurability. The duration of the benefits perfectly coincides with your employer paid Long Term Disability.

Accident Insurance - Protect you and your family from out of pocket medical expenses due to an accident, 24 hours per day! The schedule of benefits covers a wide variety of expenses from an ambulance ride, ER visit, to specific injuries, such as fractures and dislocations! Please review the schedule of benefits to see all that it covers for you, your spouse and children. Also, the wellness benefit provided to you and your family will pay for the majority of premium itself all for just getting your annual well check. No health questions required!

Hospital Indemnity - Out of pocket expenses due to a stay at a hospital are very expensive. This line of coverage provides you a benefit to help ease that burden. Did you know that over 70% of hospital admissions are due to the delivery of a baby? This product covers pregnancy! No health questions required!

Critical Illness - St. Claire employees are once again offered a very generous guaranteed issue (GI) up to \$30,000 on yourself and \$30,000 on your spouse if you should suffer from one of the critical illnesses on the schedule of benefits. Including, but not limited to, heart attack, cancer, stroke and 30 other severe illnesses. No health questions required up to the GI amount of \$30,000. Amounts over this require Evidence of Insurability.

Cancer - A cancer diagnosis can be one of the most difficult situations a family can go through. Besides the physical and emotional trauma, there is potential for great financial disruption! Protect yourself and your family by electing Guardian's Cancer coverage. The benefit includes an initial diagnosis benefit, inpatient confinement benefits, surgical benefits, radiation, chemo-therapy coverage, and so much more. Employees electing coverage for the first time, require Evidence of Insurability.

INTRODUCING OUR NEW FLEXIBLE SPENDING CARRIER & HEALTH SAVINGS PLAN!



We are thrilled to announce a significant enhancement to our employee benefits program. Starting January 1, 2024 we will be transitioning to a new Flexible Spending Carrier, Flores, to better serve your needs and provide more flexibility when managing your healthcare expenses.

Key Highlights of the Change:

- **Enhanced Flexibility:** Our new flexible spending carrier offers a user-friendly platform that allows you to manage your healthcare spending with ease, including tracking expenses, submitting claims, and accessing account information conveniently.
- **Modernized Mobile Experience:** Enjoy a seamless mobile app that puts the power of managing your flexible spending account right at your fingertips, making it easier than ever to access your account on the go.
- **Important Dates:** The transition to the new flexible spending carrier will take place on January 1, 2024. During this period, there will be important dates and deadlines, including account setup and claims transfer instructions, which will be communicated to you directly.
- **Minimal Disruption:** Rest assured, we are committed to minimizing any disruption during this transition. Our dedicated HR team will be available to provide guidance and answer any questions you may have.
- **Learn More:** We will host informational sessions at the Benefits Fair and provide resources to ensure that you are well-informed about the new flexible spending.

We believe that this change will bring added convenience and flexibility to your healthcare spending, ultimately improving your overall benefits experience.

FLEXIBLE SPENDING ACCOUNTS Medical Reimbursement & Dependent Care

A Flexible Spending Account (FSA) allows you to **save up to 30%** on your eligible healthcare and/or dependent care expenses every year by using **pretax dollars**. Your Health FSA contributions are deducted from your taxable pay on a pretax basis before federal, state, and Social Security (FICA) taxes are taken out.

Medical Reimbursement Accounts: Set aside pretax money for medical expenses not covered by insurance including deductible/co-pays/co-insurance and prescription costs. Also, covers eyeglasses and dental costs. The IRS annual maximum is projected to be \$3,200 in 2024.

Dependent Care Accounts: Set aside pretax money for child care expenses. The IRS annual maximum is \$5,000.

In 2024, SCH is moving from the 75-day grace period to carryover (\$610 max). Employees will be able to utilize grace period for FEBCO even though SCH is transitioning to Flores.



Introducing HEALTH SAVINGS ACCOUNT

What is an HSA? An interest-earning, tax-free account that is an option with certain qualified health insurance plans. SCH savings plan can be used with an HSA. You own and control the money, like a personal savings account. However, the money in it is used to pay only for healthcare-related expenses. The new limits for health savings accounts (HSA) for 2024 are \$4,150 for individual coverage and \$8,300 for family coverage. The catch-up contribution limit for those over 55 is \$1,000.

For more details visit: <https://www.healthcare.gov/glossary/health-savings-account-HSA/> or <https://www.irs.gov/pub/irs-pdf/p969.pdf>


Wellbeing Solutions





Focus on your well-being and earn rewards up to \$200

The more activities you complete, the greater your reward

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of \$200.

Activity Type	Activities	Amount
 Preventive care	Have an annual preventive wellness exam or well woman exam with your doctor	\$25
	Get an annual cholesterol test ¹	\$20
	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have an annual eye exam ²	\$25
	Get an annual dental exam	\$25
	Get an annual flu shot	\$20



Activity Type	Activities	Amount
 Condition management programs	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program ³	Up to \$50 (\$20/\$30)
	Building Healthy Families: Support is available through the Sydney SM Health app wherever you are in your family planning process, such as trying to conceive or raising your toddler ⁴	Up to \$40 (\$10/\$10/\$10/\$10)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁵	\$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁶	\$25
 Digital & wellness activities	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$25 (\$5 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins ⁷	Up to \$20 (\$4 per milestone)
	Update your contact information	\$10

Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app offers you 24/7 personalized support. Well-being Coach can help you maintain a healthy weight, quit tobacco, and improve your nutrition, exercise habits, mindfulness, and sleep. If you need extra support with weight management or quitting tobacco, talk to a certified health coach.



Earn rewards

Here's how and when you'll earn rewards for completing the activities already mentioned.

Preventive care: Simply visit your doctor for any of the screenings or appointments listed in the chart. Your rewards are added to your account after your claim is processed, which may take up to 60 days.

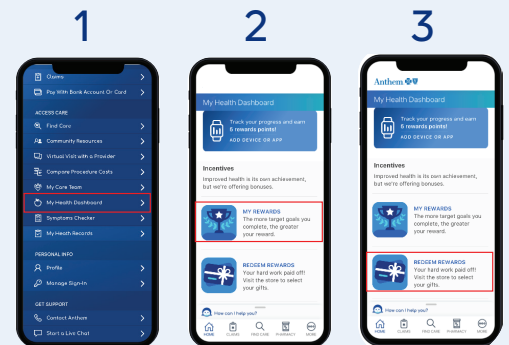
Condition management: Rewards are added to your account as you meet certain benchmarks or complete a program. Programs include: ConditionCare (for asthma, diabetes, and heart or lung conditions), Building Healthy Families, and Well-being Coach for weight management and tobacco cessation.

Digital and wellness activities: Log in to the Sydney Health app or **anthem.com** to complete available activities, such as taking a health assessment, participating in the Well-being Coach digital program, and tracking your steps. Rewards are added to your account as activities are completed.



Use your rewards toward electronic gift cards for select retailers.

- 1 To view your rewards, open the Sydney Health app or go to **anthem.com**. Next, go to *My Health Dashboard*.
- 2 Select **My Rewards**.
- 3 Select **Redeem Rewards** to see how much you've earned. Use your rewards toward electronic gift cards from popular retailers, including Amazon, Uber, Gap Options (all brands), Apple, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.



Download the Sydney Health mobile app by scanning this QR code with your phone's camera.

Do you have questions?

Log in at **anthem.com** or open the Sydney Health app. Then go to *My Health Dashboard* and select **My Rewards** to learn more. You can also call Member Services at the number on your ID card.

BENEFITS PLAN DIRECTORY

Benefit Plan	Administrator/ Contact	Telephone	Web & Mobile
HEALTH PLANS			
SCH Preferred Access Plan SCH Savings Plan Vision	Anthem	1-800-331-1476 • Order ID cards • Check on claims 1-866-723-0515	www.anthem.com Sydney Health Mobile App • Order ID cards • View claims
DENTAL PLANS			
PPO Dental Plan 1 PPO Dental Plan 2	Delta Dental of Kentucky	1-800-955-2030 • Check on claims • Order ID cards • Check eligibility and benefits	www.deltadentalky.com • View claims • Order ID cards • Check eligibility & benefits
IRS SECTION 125 PLANS			
Medical Reimbursement Account	Flores	1-800-532-3327	www.flores247.com Flores Mobile App
Dependent Care Account	Flores	1-800-532-3327	www.flores247.com Flores Mobile App
SUPPLEMENTAL INSURANCE			
Accident, Hospital Income, Cancer, Critical Illness, Intensive Care, Universal Life, Level Term & Group Term Life, Short Term Disability	Guardian	1-888-600-1600	www.guardiananytime.com
RETIREMENT PLAN			
St. Claire HealthCare 401(k) Plan	Securian Plan # 002 Contract # 69558	1-800-233-2881	www.securianretirementcenter.com www.securianretirementcenter.com/enroll • View statements • Funds selection and more

This document is for informational and illustrative purposes only. All respective and relevant and in effect benefit summaries and/or insurance policies govern the administration of any and all actual circumstances.

