



**NORTH  
SHORE  
HEALTH**



# **2026 EMPLOYEE BENEFITS GUIDE**

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## Questions, Problems or Concerns

This guide is your comprehensive resource for understanding the valuable benefits available to you and your family, designed to support your well-being in and out of the workplace. We are here to help with any issues that may arise. If you require assistance, have your ID number or Social Security Number available and follow these steps:

- **For claims assistance** call the applicable insurance carrier. Have your ID number, date of service, and provider name available.
- **If you require further assistance** contact the Employee Benefits Center. North Shore Health has partnered with AssuredPartners and AP Enroll (PEC Worksite) as our benefits administrator to provide expert assistance with benefit related questions, enrollment procedures, eligibility assistance, and transfers to carriers for claims and ID card assistance.
- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or register online at the carrier's site to download an ID card.

## Important Contact Information

| Carrier  | Group # | Web / Email  | Phone                                      |
|--|---------|--|--|
| <b>Medical</b><br>Anthem BCBS / Anthem Health Guide  | L15161  | www.Anthem.com                                     | 1-833-952-2060                             |
| <b>Pharmacy</b><br>MedImpact Direct Specialty  |         | www.MedImpact.com<br>CustomerService@MedImpact.com | 1-877-391-1099<br>1-877-391-1103 (TTY 711) |
| <b>Health Savings Account</b><br>HSA Central   |         | www.hsacentral.net                                 | 1-833-232-4676                             |
| <b>Flexible Spending Accounts</b><br>ASI Flex  |         | www.asiflex.com                                    | 1-800-659-3035                             |
| <b>Dental</b><br>Anthem BCBS   | L15161  | www.Anthem.com                                     | 1-833-952-2060                             |
| <b>Vision</b><br>Lincoln Financial   | 1165762 | www.LVC.LFG.com                                    | 1-800-440-8453                             |
| <b>Basic Life and AD&amp;D Insurance</b><br><b>Voluntary Life Insurance</b><br>Lincoln Financial   | 1165762 | www.LFG.com  | 1-800-423-2765                             |
| <b>Short-Term Disability</b><br><b>Long-Term Disability</b><br>Lincoln Financial   | 1165762 | www.LFG.com  | 1-800-423-2765                             |
| <b>Voluntary Accident Insurance</b><br><b>Voluntary Critical Illness Insurance</b><br><b>Voluntary Hospital Indemnity Insurance</b><br>Lincoln Financial | 1165762 | www.LFG.com  | 1-800-423-2765                             |
| <b>401(k) Retirement Plan</b><br>Voya  | 817812  | www.voyaretirementplans.com                        | 1-888-311-9487                             |
| <b>Employee Assistance Program (EAP)</b><br>EmployeeConnect  |         | www.GuidanceResources.com<br>Web ID: LFGSupport    | 1-888-628-4824                             |
| <b>Tuition Reimbursement</b><br><b>Pregnant Workers Fairness Act (PWFA)</b><br><b>Family Medical Leave Act (FMLA)</b>                                    |         | benefits@nshorehc.com                              | 1-414-962-5250                             |
| <b>Enroll by Phone Helpline</b><br>Monday – Friday 8:00 AM – 7:00 PM CST; Saturday 9:00 AM – 3:00 PM CST;<br>Closed on Sundays and holidays              |         |  | 1-855-203-7722                             |
| <b>Employee Benefits Center</b><br>Monday-Friday, 8 am - 5:30 pm ET  |         | NSH@AssuredPartners.com                            | 1-855-203-7722                             |

PLEASE NOTE: This booklet provides a summary of the benefits available, but is not your Summary Plan Description (SPD). North Shore Health reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.



# Welcome to your Employee Benefits!

North Shore Health is pleased to offer a wide range of benefits to its employees and their families. These company sponsored benefits are an important part of a total compensation package. They represent both a valuable asset to our employees and to their families, and demonstrate an investment by North Shore Health in our employees. We are proud of our compensation benefits program and are committed to continuously improving the plans that make up our benefits offerings.

This guide was created to answer some of the questions you may have about your benefits. Whether you're a new hire or a long-term member, we encourage you to review this guide carefully and take full advantage of the benefits that best meet your needs and those of your family.


If you have any benefits related questions or concerns, please do not hesitate to call the Employee Benefits Center.

## Employee Benefits Center

 **1-855-203-7722**

 **NSH@AssuredPartners.com**

## Enroll by Phone

 **1-855-203-7722**

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# How to Enroll

## Open Enrollment Period

North Shore Health's annual enrollment period will be held November 3 through November 14, 2025.



Have social security numbers and birth dates for all dependents and beneficiaries available prior to logging on.



To enroll in your benefits or for questions contact one of our Benefits Counselors at the Employee Benefits Center to learn more about your benefits and complete your enrollment process.

Before you speak with a Benefits Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

**Employee Benefits Center:  
1-855-203-7722**

**Monday - Friday: 8am – 7pm CST  
Saturday: 9am – 3pm CST**

## Newly Hired/Eligible Employees

New hires and newly eligible employees **MUST** complete online enrollment even if choosing to waive coverage in order to provide beneficiary information for your company-paid life insurance. Most of your benefits are effective on the first day of the month following 30 days of employment.

### Enrolling In Your Benefits

Please review this guide to gain a full understanding of the plans being offered. Contact the Employee Benefit Center for assistance with your benefits enrollment, or go online to review your current benefits and make any changes for the upcoming plan year.

<https://go.smartlinx6.com/login>

To log into Smartlinx Go you will need:

- Badge ID or email address
- Company (Alias): **nshorehc**
- Password



Once logged in, click **Benefits** on the left side of the navigation menu to be redirected to the benefit system. Next click **Visit the Enrollment Center**, then **Enroll Now**. The enrollment process will then be broken into 4 steps:

- **Your Information**
  - Employee** - Verify accuracy of all information and add an email address.
  - Family** - You may add new or edit existing dependent information as necessary. Please remember to include social security numbers for all dependents.
- **Your Benefits** - You will be automatically enrolled in benefits that are company-paid. These benefits will be checked off as completed. All Benefits that indicate "Selection Required" must be completed. To make an election, click on the "View Plan Options" button next to each benefit plan type.
- **Enroll** - You will be asked to assign beneficiaries, confirm other coverage, do a final review of your elections and confirm.
- **Complete** - After you have made your benefit elections and verified them for accuracy, click **"COMPLETE ENROLLMENT."** You will then have the option to e-mail and/or print a copy of the Confirmation Statement for your records.

You can make changes to your selections prior to the enrollment deadline by logging back into the system and clicking on "Change My Elections."



# Eligibility

Active full-time employees scheduled to work **30 or more hours per week** are eligible for all of the benefits described in this guide. Part-time employees scheduled to work **between 20 and 29 hours per week** are eligible for dental, vision, accident, critical illness, and hospital indemnity insurance.

## When Benefits Become Effective

Most of your benefits are effective on the first day of the month following 30 days of employment. Seasonal, temporary, internship, and contracted employees are not eligible to participate.

## Eligible Dependents

Your dependents are eligible to participate in North Shore Health's benefit plans. Your eligible dependents include\*:

- A spouse to whom you are legally married.
- A dependent child under age 26. Coverage may be extended past the age of 26 for disabled dependents. Dependent children include natural, adopted children, and stepchildren.

Coverage for eligible dependents generally begins on the same day your coverage is effective. Completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

*\*Additional carrier conditions may apply and may vary by state.*

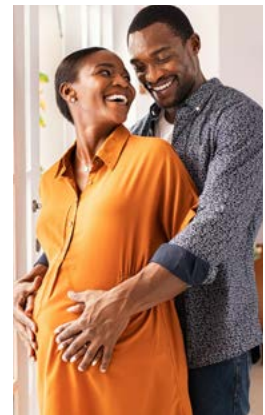
## Spousal Surcharge

We will add a spousal surcharge to the Employee + Spouse and Family medical plans if a spouse has access to outside coverage.

**The surcharge of \$115.39 per pay period** will be deducted separate from the plan premium deductions.



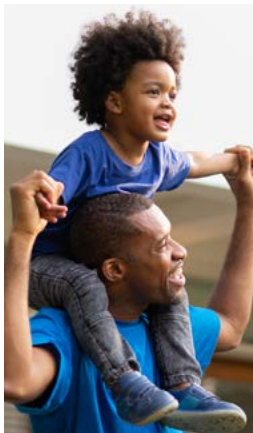
For all benefits except the 401(k) Retirement Plan, you must enroll within 30 days from your date of hire by going to <https://go.smartlinx6.com/>.



## Pre-Tax Benefits: Section 125

North Shore Health's benefit plans utilize Section 125. This enables you to elect to pay premiums for health, dental, vision and flexible spending account coverage on a pre-tax basis. When you use pretax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck. Under Section 125, you can actually have more spendable income than if the same deductions were taken on an after tax basis.

**Pre-tax Note:** When you pay for your dependent's benefits on a pre-tax basis you are certifying that the dependent meets the IRS' definition of a dependent. [IRC §§ 152, 21 (b)(1) and 105(b)]. Children/spouses that do not satisfy the IRS' definition will result in a tax liability to you, such as changing that dependent's election to a post-tax election, or receiving imputed income on your W-2 for the dependent's coverage that should not have been taken on a pre-tax basis.



# Benefit Changes

The benefit elections you make during open enrollment or as a new hire will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless a life event status change occurs.

For purposes of health, dental, vision and flexible spending accounts, you will be deemed to have a life event status change if:


- your marital status changes through marriage, the death of your spouse, divorce, legal separation, or annulment;
- your number of dependents changes through birth, adoption, placement for adoption, or death of a dependent;
- you, your spouse or dependents terminate or begin employment;
- your dependent is no longer eligible due to attainment of age;
- you, your spouse or dependents experience an increase or reduction in hours of employment (including a switch between part-time and full-time employment; strike or lock-out; commencement of or return from an unpaid leave of absence);
- gain or loss of eligibility under a plan offered by your employer or your spouse's employer;

In order to be permitted to make a change of election relating to your health, dental or vision coverage due to a life event status change, the change must result in you, your spouse or dependent gaining or losing eligibility for health, dental or vision coverage under this plan or a plan sponsored by another employer by whom you, your spouse or dependent are employed. The election change must correspond with that gain or loss of eligibility.

You may also be permitted to change your elections for health coverage under the following circumstances:

- a court order requires that your child receive accident or health coverage under this plan or a former spouse's plan;
- you, your spouse or dependent become entitled to Medicare or Medicaid;
- you have a Special Enrollment Right;
- there is a significant change in the cost or coverage for you or your spouse attributable to your spouse's employment.

For purposes of all other benefits under the plan, you will be deemed to have a life event status change if the change is on account of and consistent with a change in status, as determined by the plan administrator, at its discretion, under applicable law and the plan provisions.



**You must notify the Employee Benefits Center at 1-855-203-7722 within 30 days from the life event status change in order to make a change in your benefit selections.**



# Benefit Changes *continued...*

| Event   | Action Required  | Results If Action Not Taken  |
|---|--|--|
| <b>New Hire:</b>  | Make elections within 30 days of hire date.  | You and your dependents are not eligible until the next annual Open Enrollment.                              |
| <b>Marriage:</b>  | Your new spouse must be added to your elections within 30 days of the marriage date. A copy of the marriage certificate must be presented.   | Your spouse is not eligible until the next annual Open Enrollment period.                                    |
| <b>Divorce:</b>   | The former spouse must be removed within 30 days of the divorce. Proof of the divorce will be required. A copy of the divorce decree must be presented.  | Benefits are not available for the divorced spouse and will be recouped if paid erroneously.                 |
| <b>Birth or adoption of a child:</b>  | The new dependent must be enrolled in your elections within 30 days of the birth and adoption, even if you already have family coverage. A copy of the birth certificate, footprints, or hospital discharge papers must be presented. Once you receive the child's Social Security Number, be sure to contact AssuredPartners to update your child's insurance information record. | The new dependent will not be covered on your health insurance until the next annual Open Enrollment period. |
| <b>Death of a spouse or dependent:</b>                                      | Remove the dependent from your elections within 30 days from the date of death. Death certificate must be presented.   | You could pay a higher premium than required and you may be overpaying for coverage.                         |
| <b>Your spouse gains or loses employment that provides health benefits:</b> | Add or drop health benefits from your elections within 30 days of the event date. A letter from the employer or insurance company must be presented.   | You need to wait until the next annual Open Enrollment period to make any change.                            |
| <b>Loss of coverage with a spouse:</b>                                      | Change your elections within 30 days from the loss of coverage. A letter from the employer must be provided.   | You will be unable to enroll in the benefits until the next annual Open Enrollment period.                   |
| <b>Changing from full-time to part-time employment:</b>                     | Individuals have 60 calendar days after the qualifying event occurs to enroll in COBRA. Complete your COBRA medical election within the 60 days if you want to continue medical coverage as a COBRA beneficiary.   | Benefits may not be available to you or your dependents if you wait to enroll in COBRA.                      |
| <b>Changing from part-time to full-time employment:</b>                     | If you want medial coverage, you have 30 days from the employment status change to enroll in the medical benefit. You will automatically be covered by Basic Life/AD&D.  | You will be unable to enroll in the benefits until the next annual Open Enrollment period.                   |

## If you Experience a Life Event Status Change

Log onto <https://go.smartlinx6.com/> to add or drop dependents from your coverage if you experience a qualified IRS life event status change. Your user-name and password will be the same as you used during open enrollment. Click on "Life Events" and a series of easy-to-follow instructions will lead you through the enrollment process.

**You must update your elections within 30 days** of your life event status change or you will not be able to make changes until the next annual open enrollment. If adding or removing dependents, you are required to submit specific documents and the change will be pending until proper documentation is received and approved. For additional information on how to submit a life event status changes, you can call the Employee Benefits Center at 1-855-203-7722 or e-mail [NSH@AssuredPartners.com](mailto:NSH@AssuredPartners.com).

## When does my coverage end?

Your North Shore Health medical, dental, vision, life and AD&D benefits coverage will end on the last day of the month when your employment ends or you become ineligible for the benefits. Your remaining benefits will end on your last day of employment or the date you become ineligible for the benefit. You may be eligible to continue coverage under COBRA for certain benefits. If applicable, you have 60 days from the date on your COBRA election notice or from the loss of coverage date, whichever is later, to select coverage through COBRA.



### What is an "Embedded" Deductible?

An "embedded" individual deductible is a lower, per-person deductible within a larger family plan deductible. An embedded individual out-of-pocket maximum is a similar per-person limit on costs like copayments and coinsurance. These embedded individual maximums are in place for family plans to ensure no single person pays an excessive amount, even if the total family costs haven't met the overall family deductible or out-of-pocket maximum. Family coverage refers to all tiers of coverage other than employee only.



### Build a Strong Relationship with Your Primary Care Physician

- 1. Personalized Care:** A good relationship allows your PCP to understand your medical history, lifestyle, and preferences, leading to more tailored and effective healthcare.
- 2. Trust and Communication:** Trust fosters open communication, making it easier to discuss sensitive issues and follow medical advice.
- 3. Preventive Health:** Regular visits and a strong rapport can help in early detection and prevention of health issues.
- 4. Coordination of Care:** Your PCP can coordinate with specialists and manage your overall healthcare plan, ensuring continuity and comprehensive care.
- 5. Mental Health Support:** A trusted PCP can provide support for mental health concerns, offering guidance and referrals when needed.

New Medical/Rx Carrier

Anthem

# Medical Coverage

North Shore Health is proud to offer you a choice between three different health plan options. Coverage under these plans includes comprehensive medical care and prescription drug coverage. The plans offer many resources and tools to help you maintain a healthy lifestyle.

*Option 1: Gold Plan*

*Option 2: Silver HDHP w/ HSA Plan*

*Option 3: Bronze HDHP w/ HSA Plan*

Anthem BCBS offers a broad network and access to personalized support and concierge level customer service through Anthem Health Guide. As part of our commitment to helping you get the most out of your health benefits, we want to remind you of the importance of using in-network providers whenever possible.

### Health Savings Account

If you enroll in the Silver or Bronze Plan, North Shore will contribute to your Health Savings Account (HSA). See [page 13](#) for more information.

### Why choose In-Network Providers?

- ✓ Lower out-of-pocket costs
- ✓ Simplified billing, reducing the Likelihood of unexpected charges or paperwork
- ✓ Comprehensive coverage

You can easily locate in-network doctors, specialists, and facilities by visiting [www.Anthem.com/find-care](http://www.Anthem.com/find-care) or calling 1-833-952-2060.

### Out-of-Network Providers

You may choose to seek care outside the Anthem BCBS network without a referral, however you will pay a higher deductible and coinsurance for care received from an out-of-network physician, facility, or other health care professional. In addition, Anthem BCBS only pays a portion of those charges and it is your responsibility to pay the remainder if you choose to seek care outside the network. The amount you are required to pay, which could be significant, contributes to a separate out-of-network out-of-pocket maximum.

Using out-of-network providers **may result in significant patient liability**. It is important to ask your Provider if they are "Contracted" with Anthem BCBS WI. It's recommended that you ask the out-of-network physician or health care professional about their billed charges before you receive care.

New Medical/Rx Carrier

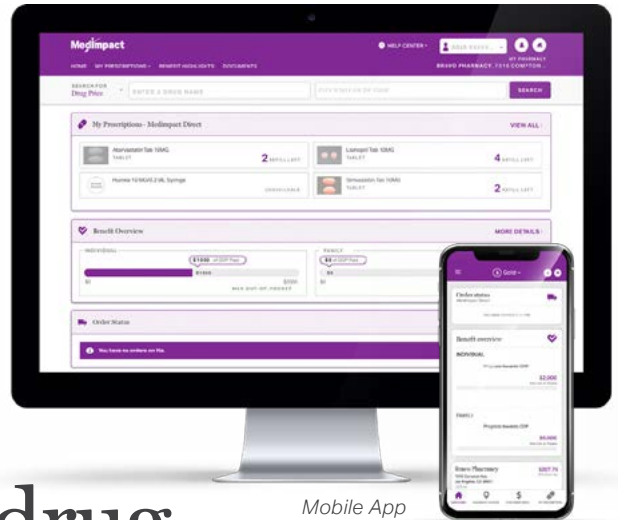


# Medical Plan Comparison

|  | Gold Plan  | Silver HDHP w/HSA  | Bronze HDHP w/HSA  |
|--|--|--|--|
|  | In-Network, You Pay:                                       | In-Network, You Pay:                                       | In-Network, You Pay:                                       |
| <b>Anthem Network</b><br>Reside in WI<br>Reside outside of WI  | Blue Preferred Plus POS<br>Blue Access PPO                 | Blue Preferred Plus POS<br>Blue Access PPO                 | Blue Preferred Plus POS<br>Blue Access PPO                 |
| <b>Deductible</b><br>Individual / Family   | \$1,500 / \$3,000  | \$3,400 / \$6,000  | \$5,000 / \$10,000   |
| <b>North Shore Contribution to Health Savings Account (HSA)</b><br>More information on <a href="#">page 13</a> .                   | n/a  | \$19.23 per pay<br>If you contribute to the HSA            | \$500 lump sum<br>after 60 days                            |
| <b>Out-of-Pocket Maximum</b><br>Individual / Family  | \$3,000 / \$6,000  | \$6,000 / \$12,000   | \$8,500 / \$17,000   |
| <b>Office Visits</b><br>Primary Care Physician<br>Specialist<br>Virtual Care w/ Live Health Online                                 | \$35 Copay<br>\$50 Copay<br>No charge                      | Deductible, then 20%<br>Deductible, then 20%<br>No charge  | Deductible, then 35%<br>Deductible, then 35%<br>No charge  |
| <b>Urgent Care Visit</b>   | \$75 Copay   | Deductible, then 20%                                       | Deductible, then 35%                                       |
| <b>Emergency Room</b>  | \$250 copay, then 20%<br>(copay waived if admitted)        | Deductible, then 20%                                       | Deductible, then 35%                                       |
| <b>Inpatient</b>   | Deductible, then 20%                                       | Deductible, then 20%                                       | Deductible, then 35%                                       |
| <b>Outpatient</b>  | Deductible, then 20%                                       | Deductible, then 20%                                       | Deductible, then 35%                                       |
| <b>Pharmacy - MedImpact</b><br>Rx Deductible (Individual / Family)   | \$50 / \$100   | Combined with Medical                                      | Combined with Medical                                      |
| <b>Retail</b><br>Preventive (ACA Drugs)<br>Generic<br>Preferred Brand<br>Non-Preferred Brand<br>Specialty                          | \$0<br>\$0<br>Ded then 35%<br>Ded then 50%<br>Ded then 50% | \$0<br>\$0<br>Ded then 35%<br>Ded then 50%<br>Ded then 50% | \$0<br>\$0<br>Ded then 35%<br>Ded then 50%<br>Ded then 50% |
| <b>Retail Choice 90 and Mail Order</b><br>Preventive (ACA Drugs)<br>Generic<br>Preferred Brand<br>Non-Preferred Brand<br>Specialty | \$0<br>\$0<br>Ded then 25%<br>Ded then 35%<br>Ded then 50% | \$0<br>\$0<br>Ded then 25%<br>Ded then 35%<br>Ded then 50% | \$0<br>\$0<br>Ded then 25%<br>Ded then 35%<br>Ded then 50% |
|  | <b>Out-of-Network:</b>                                     | <b>Out-of-Network:</b>                                     | <b>Out-of-Network:</b>                                     |
| <b>Deductible</b> (Individual / Family)  | \$6,500 / \$13,000   | \$6,000 / \$12,000   | \$10,000 / \$20,000  |
| <b>Out-of-Pocket Max</b> (Ind / Family)  | \$13,000 / \$26,000  | \$12,000 / \$24,000  | \$17,000 / \$34,000  |
| <b>Coinurance for Most Services</b>  | Deductible, then 50%                                       | Deductible, then 50%                                       | Deductible, then 50%                                       |

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

| Plan Cost Per Pay Period (26) | Gold Plan | Silver HDHP w/HSA | Bronze HDHP w/HSA |
|-------------------------------|-----------|-------------------|-------------------|
| <b>Employee Only</b>          | \$249.79  | \$162.46          | \$42.46           |
| <b>Employee + Spouse</b>      | \$565.71  | \$413.07          | \$249.23          |
| <b>Employee + Child(ren)</b>  | \$425.62  | \$315.70          | \$95.54           |
| <b>Family</b>                 | \$587.99  | \$433.18          | \$290.77          |



Mobile App

**CONSUMER PORTAL OVERVIEW**

# Access personalized drug information. Anywhere. Anytime.

Managing your pharmacy benefit has never been easier! Our online member portal and mobile app lets you easily access the tools and info you need for healthier, more informed choices.



**Pricing, Savings & Adherence**

See prescription drug information and find ways you may be able to save money.

- View past price paid for a current prescription drug
- View fill history for a current prescription drug
- See upcoming refills
- Identify new prescription drug price
- Review cost-savings options\*



**Home Delivery**

View information about home delivery.

- View your mail-order and specialty drugs
- Manage shipping and contact information
- Review estimated copay, order status and next refill date
- Refill mail-order drugs or renew expired prescription
- Set reminders and alert via text, phone or call



**Convenience**

MedImpact offers convenience at your fingertips.

- Print/access ID card
- View/update account information, password & email
- View prescription history
- Manage dependent accounts when authorized
- Set communication preferences (Text/Email)



**Benefit Highlights**

Understand more about your benefit plan.

- View member copays
- Formulary status of drugs
- View accumulators
- View year-to-date drug spend



**View Prescription Drug Information**

Know more about the prescription drugs you take, including:

- Indications or what conditions the prescription drug are used to treat
- Potential side effects
- Drug interactions
- Generic or therapeutic alternatives



**Pharmacy Locator**

View information about different pharmacies.

- Find a pharmacy near you
- View interactive map and get driving directions
- Find lowest-cost drug options\*

*\*Per your benefit plan*

**What To Do Next?**

Go to [www.medimpact.com](http://www.medimpact.com) on your computer or mobile device to register or sign in. First-time users will need Member ID, Name, Date of Birth

For questions regarding benefits coverage, pharmacy network, account, or site navigation: Call toll-free: **+1 (877) 391-1099** or the number on your ID card; Email: [customerservice@medimpact.com](mailto:customerservice@medimpact.com)



Download the MedImpact mobile app from your **App Store Today!**





 HOME DELIVERY. EASY WAYS TO HELP MANAGE YOUR HEALTH.

# Welcome to Convenient, Personal Drug Care.

Welcome to the MedImpact Direct Mail® Program. The Program includes Birdi™ as your mail pharmacy for home delivery of maintenance medicine. These are drugs you take for conditions like high blood pressure and diabetes. You can get up to a 90-day supply of medicine. Get started today at [www.medimpact.com](http://www.medimpact.com). A one-time registration allows access to the portal or mobile app. The MedImpact app is available in the Apple App Store and Google Play Store.

Birdi makes it easy to manage the medicine you take to help stay healthy. Birdi also:

- Offers after hours service: Call Birdi at 1-855-873-8739 (TTY dial 711).
- Sends refill reminders to help you have the right amount of medicine on hand.
- Accepts manufacturer coupons to save on copay amounts.

## Getting Started.

Register online at [www.medimpact.com](http://www.medimpact.com) to get started. Information needed includes any allergies or medical conditions, contact information and shipping address. Your doctor will need to submit a 90-day-supply prescription to Birdi to start home delivery service. Most orders are processed and shipped within 5 business days from receipt of prescription.

## Online Tools to Help You.

You can set your notification preferences by signing in to [www.medimpact.com](http://www.medimpact.com) or MedImpact mobile app. Use the portal or app anytime 24/7/365 for Birdi to provide you with these services:

- Order new prescriptions.
- Refill mail-order drugs or renew expired mail-order prescriptions.
- Opt in or out of Auto Refill.
- Review estimated copay amount, last order status, and date for next refill.
- Get reminders and alerts via automated call, email, or text.
- View and sort your list of drugs.
- Manage account information.
- Make payments (if applicable).
- Get tax statement.

## Questions? Birdi is here to help!

If you have questions, please call Birdi toll-free at **1-855-873-8739** (TTY dial 711). Birdi Patient Care Center hours are:

Monday-Friday 8:00 am – 8:00 pm Eastern Time

Saturdays 9:00 am – 5:00 pm Eastern Time

Or email Birdi at [patientcare@birdirx.com](mailto:patientcare@birdirx.com). For security and privacy, please do not include personal health information. Standard response time to email messages is two business days.

## After-hours Care.

### If you are experiencing a medical emergency, call 911.

If you have a clinical need, Birdi pharmacists are available 24/7/365 at **1-855-873-8739** (TTY dial 711). After normal business hours, call **1-855-873-8739** (TTY dial 711), press 4 and you will be routed to the answering service. Please leave a message. A pharmacist will return urgent calls. Non-urgent messages are handled the next business day by pharmacy staff.



# Health Savings Accounts

## Only Silver & Bronze Plan Participants are Eligible

If you enroll in one of the High Deductible Health Plans (HDHP), you are eligible to open and use a Health Savings Account (HSA) with HSA Central. An HSA is a financial account that you can use to accumulate tax-free funds to pay for qualified health care expenses, as defined by the IRS. The account is similar to a traditional savings account with a debit card. The money in the account is owned by you and is fully portable. Funds can accumulate over time and roll over each year. If you use the funds for qualified health care expenses, you will pay no taxes. If you use the money for other expenses, you will pay a tax and a penalty fee.



### How You Save With an HSA

As an HSA user, you will save in several ways:

- HSA contributions are not taxed
- You earn tax-free interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed



### HSA Funds Remain Yours to Grow

With an HSA, you own the account and all contributions. Unlike flexible spending accounts (FSAs), the entire HSA balance rolls over each year and remains yours even if you change health plans, retire or leave the company.



### You Can Win With an HSA

Regardless of your personal medical situation, an HSA can empower you to maximize savings while building a reserve for the future.

## Use your HSA for qualified medical expenses

HSA funds can be used for a variety of qualified medical, dental and vision expenses; for yourself, your spouse, and your qualified dependents. Eligible expenses include:

- Birth control
- Physical exams
- Chiropractor
- Prescriptions
- Contact lenses
- Stop-smoking programs
- Dental treatment
- Surgery (non-cosmetic)
- Prescription eyeglasses
- Therapy
- Hearing aids
- and more...

## Helpful HSA Calculators

We've compiled a couple of helpful planning tools to assist you in making your HSA decisions. These tools will help you figure out whether your HSA contributions align with your financial goals — or whether you need to reevaluate your HSA strategy. Maybe it's time to contribute more or start investing! These tools will show you the financial potential of your HSA benefit.

- [Health Plan Comparison Calculator](#)
- [Health Savings Account Goal Calculator](#)

## North Shore Health Contribution

If you enroll in the Silver Plan *and contribute to the HSA*, North Shore will contribute **\$19.23 per pay period**. If you enroll in the Bronze Plan, North Shore will contribute a **\$500 lump sum** after 60 days.

North Shore's contribution is included in the 2026 IRS maximum of **\$4,400 for individuals** or **\$8,750 for all other coverage tiers**. If you are or will be age 55 or over during the calendar year, you may also make a "catch-up" HSA contribution of an additional \$1,000 each year. Change your contribution amount throughout the year by contacting HSA Central.

*Note: As a taxpayer, it is your responsibility to ensure that your HSA contributions do not exceed the maximum possible for your specific tax situation. Please consult your attorney, CPA or tax adviser about your specific tax situation before deferring monies to your Health Savings Account. The benefits of an HSA, who is qualified to have an HSA, etc. can be found in IRS Publication 969, beginning on page 2. <https://www.irs.gov/pub/irs-pdf/p969.pdf>*



# The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney<sup>SM</sup> Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

## Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

## My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

## Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

## Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

## Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

## My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



## Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE<sup>SM</sup> Managed Care, Inc. (RIT), Healthy Alliance<sup>SM</sup> Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the tradename of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



# LiveHealth Online Virtual Care & Behavioral Health Resources

## Receive virtual care and support 24/7 with our Sydney Health app

Now you can connect more easily to the care you need through our **Sydney<sup>SM</sup> Health** app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.

### Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.<sup>1</sup>



### What people say about virtual care visits<sup>2</sup>

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

were able to book a virtual visit sooner than an in-person visit

### How to download our Sydney Health app:



Scan the QR code with your phone's camera or visit the App Store<sup>®</sup> or Google Play<sup>™</sup>.



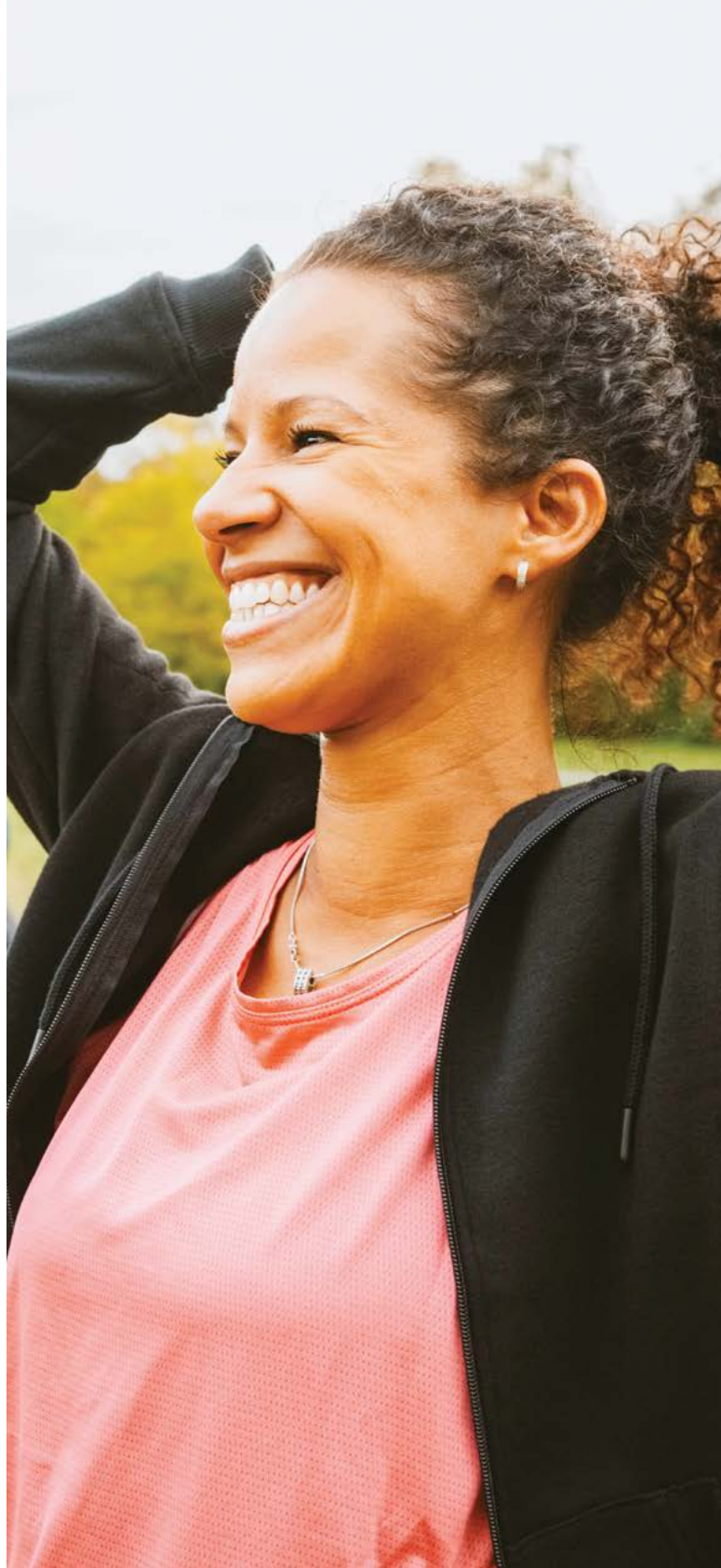
## Here's how to access the program through virtual care:

Download our no-cost **Sydney Health** app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **anthem.com**.
3. Select **Care** and then select **Virtual Care**.

Visit **anthem.com**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. From the **Care** tab, select **Virtual Care** in the drop down menu. Then, click **Video Visit Options**.



<sup>1</sup> Prescription availability is defined by physician judgment.

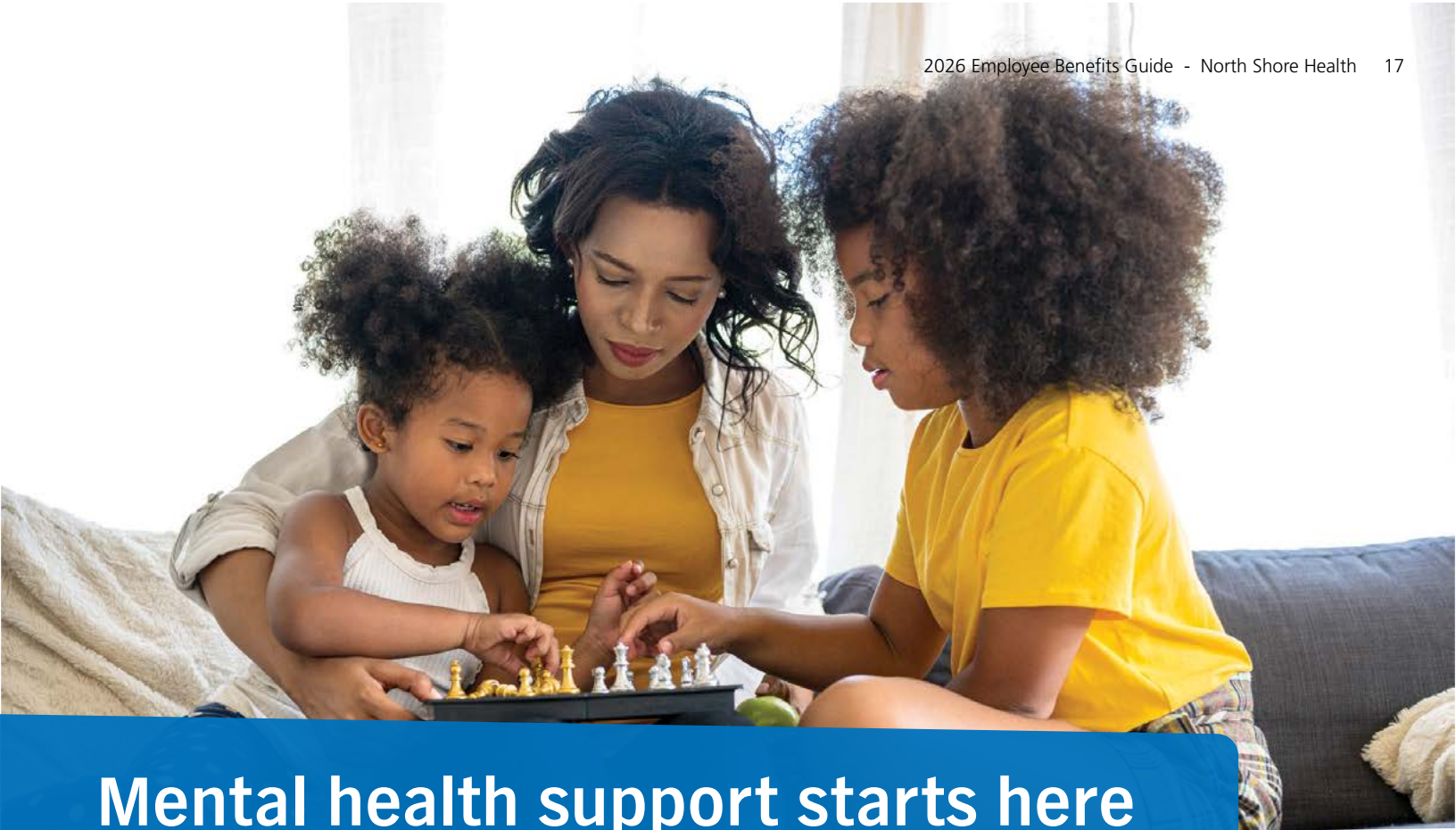
<sup>2</sup> Based on Sydney Health utilization trends from top national clients.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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# Mental health support starts here

Connect to healing. Find hope. Live your best life.

If you or a loved one needs help with a mental health issue, you're not alone. Through your Anthem benefits, you can find expert, compassionate, and confidential care — often at low or no extra cost. Access our wide range of programs and services online, on the phone, in person, or through video — whatever is most convenient for you.



## Have a telehealth visit with a mental health professional

### LiveHealth Online

Have a private and secure video visit with a therapist, psychologist, or psychiatrist without leaving the privacy and comfort of home. Using your smartphone, tablet, or computer with a camera, you can:

- **Talk with a licensed therapist in seven days or less.**<sup>1</sup> They can help with stress, anxiety, depression, grief, panic attacks, and family issues. Sessions are 45 minutes and cost about the same as an in-office therapy visit.
- **Visit a board-certified psychiatrist within two weeks.**<sup>1</sup> Psychiatrists provide medication support to help you manage a mental health condition.<sup>2</sup> A session usually costs the same as an in-office psychiatrist visit.

To make an appointment, visit [livehealthonline.com](https://livehealthonline.com), call **888-548-3432**, or go through Anthem's Sydney Health<sup>SM</sup> mobile app. Appointments are available from 7 a.m. to 11 p.m., seven days a week.



## Empower yourself with digital tools

### Emotional Well-being Resources

Emotional Well-being Resources, administered by Learn to Live, provides the support you need to develop resilience, reduce stress, and practice mindfulness. The online programs and personalized coaching help you work through thoughts and behaviors that affect your emotional well-being. You'll learn effective ways to manage stress, anxiety, depression, and sleep issues — at no extra cost to you. Log in to **anthem.com**, go to *My Health Dashboard*, choose **Programs**, and select **Emotional Well-being Resources** to begin.

### Sydney Health mobile app

Anthem's secure mobile app serves as an excellent connection point for mental health support. Use Sydney Health to:

- Find behavioral health professionals in your plan's network.
- Check cost and what your plan covers.
- Discover resources that support your well-being.
- Connect to LiveHealth Online for a virtual visit with a therapist.



## Let our caring team help you find the right support

### Behavioral Health Resource Center

Extra support can make a big difference when facing issues such as anxiety, depression, eating disorders, or substance use. Our caring experts will work with you at no extra cost to find treatment programs and arrange confidential counseling and support services that meet your individual and family needs. Available 24/7.

### Employee Assistance Program (EAP)

You and your household members can find support for life's challenges — big or small — through your EAP. This confidential service connects you to helpful online tools, resources, and information, as well as to professionals such as licensed therapists and legal advisors.

### Autism Spectrum Disorder Program

This no-cost, confidential program builds a support system for families of members on the autism spectrum and helps parents understand care options. Our specially trained case managers can coordinate medical and community resources for you, including Applied Behavior Analysis (ABA) therapy.



## We are here with support, whatever your needs

If you have questions about your benefits or need help finding a mental health professional or program, chat with us live on the Sydney Health app or **anthem.com**, or call Member Services at the number on your ID card.

<sup>1</sup> Appointments subject to availability of a therapist. Members must be 10 years or older to see a therapist online and 18 years or older to see a psychiatrist online.

<sup>2</sup> Prescription availability is defined by physician judgment. Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health™ is offered through an arrangement with CareMarket, Inc. ©2020-2021.



# Building Healthy Families



A new program to support growing families

## Benefits to help you thrive

Family Care Coaches

Interactive health trackers

24/7 access

Personalized content

Every family grows in its own way. That's part of what makes each one unique. Anthem's new, all-in-one program can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Building Healthy Families offers personalized, digital support through the Sydney<sup>SM</sup> Health mobile app or on **anthem.com** at no extra cost to you. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

# Designed with you in mind

When you enroll in Building Healthy Families, you can count on personalized support at every stage, from family planning and pregnancy through the toddler years. Plus, if you have a family story that includes adoption, surrogacy, or single parenthood, the resources, tools, and information on your profile will be tailored to what you need. Depending on your situation, you'll have unlimited access to:



## Tools to help you stay organized

- Log newborn feedings, diaper changes, growth, vaccinations, and your child's developmental milestones.
- Monitor prenatal health risks, such as blood pressure and weight.



## Health and wellness expertise for you and your family

- Explore a library with thousands of educational articles and videos on everything from family planning to parenting tips.
- Connect with a maternity nurse and access virtual lactation support, if needed.



## Personalized pregnancy support

- Chat with a Family Care Coach during pregnancy for help navigating your Building Healthy Families experience.
- Receive updates on your pregnancy progress, like development of your baby and body changes.

It's exciting to watch your family grow, but that doesn't mean there aren't challenges along the way. Building Healthy Families can help you nurture your family's health and tackle every stage of growth with confidence.



## Enroll today

1. Visit [anthem.com](https://www.anthem.com) or log in to Sydney Health.
2. Find *Featured Programs* at the bottom of the homepage.
3. Select **View All** then choose the **Building Healthy Families** tile.

You can also scan this QR code with your phone's camera to get started.



Sydney Health is offered through an arrangement with Cereon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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# How to Find Network Providers



Go to: <https://www.anthem.com/find-care/>

For New Members looking for in-network providers:

- 1) Select: 'Use Member ID for Basic Search'

The screenshot shows the 'Find Care' page with two main options. The 'Use Member ID for Basic Search' option is highlighted with a yellow box. Below it, there is a text input field for the ID number or prefix (first three values) and a 'Continue' button. The 'Log in for Personalized Search' option is also visible on the left.

- 2) Search your medical plan without logging in – enter the 3-digit prefix to review the network:

- For employees that reside inside Wisconsin, you'll enter **AIH** for the Blue Preferred POS Network.
- For employees and families that reside outside of Wisconsin, you'll enter **AMF** for the Blue Access PPO Network.

The screenshot shows the 'Find Care' page with the 'AIH' prefix entered in the search field under the 'Use Member ID for Basic Search' option. The search field and the 'Continue' button are highlighted with a yellow box.

- 3) On the next page you will put in the city/state or city that you want to search in and the doctor's name, provider name, specialty or license number to find your list of providers that are in network.

The screenshot shows the 'Find Care' page with the search bar containing 'AIH' and a 'Change Plan' button. The search bar is highlighted with a yellow box.



**New Dental Carrier**




# Dental Coverage

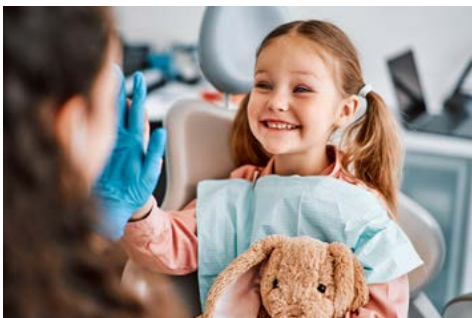
## Anthem Dental Essential Choice

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

|  | Anthem Dental Essential Choice                         |
|--|--|
| <b>Deductible</b> (Individual / Family)  | <b>\$25 / \$50</b>                                     |
| <b>Annual Plan Maximum Per Person</b>  | \$1,500 (excluding orthodontia)                        |
| <b>Diagnostic and Preventative Services</b><br>Two cleanings per calendar year. Diagnostic & Preventive Services are applied to the Annual Plan Maximum. | 100%   |
| <b>Basic Restorative Services</b><br>Extractions, fillings, root canal, oral surgery, periodontics   | Deductible, then 20% of reasonable & customary charges |
| <b>Major Services</b><br>Crowns, bridges, dentures   | Deductible, then 50% of reasonable & customary charges |
| <b>Orthodontia</b><br>(Adults and dependent children through age 25)   | Deductible, then 50%<br>\$1,250 lifetime maximum       |

*This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.*

|  <b>Plan Cost Per Pay Period (26)</b> | North Shore Health Dental Plan |
|--|--------------------------------|
| <b>Employee Only</b>   | \$18.42                        |
| <b>Employee + Spouse</b>   | \$29.20                        |
| <b>Employee + Child(ren)</b>   | \$29.20                        |
| <b>Family</b>  | \$44.57                        |



### In-Network & Out-of-Network Dentists

You'll save money when you visit a dentist in your plan network because Anthem BCBS and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing and may bill you for the difference between what Anthem pays them and what the dentist usually charges.

**It's recommended that you ask the out-of-network dental provider about their billed charges before you receive care.**

New Vision Carrier



# Vision Coverage



## Lincoln VisionConnect

To find a network provider, visit [www.LVC.LFG.com](http://www.LVC.LFG.com) or call **1-800-440-8453**. At your appointment, tell them you have Lincoln VisionConnect. Lincoln Financial will handle the rest—there are no claim forms to complete when you see a network provider!

### Out-of-Network Benefits

The plan participant pays full fee to the provider and the member submits a claim for reimbursement of services rendered up to maximum allowance. There are no copays.

|  | Network | Out of Network                 |
|--|---------|--------------------------------|
| <b>Exam copay</b>  | \$10    | Not applicable                 |
| <b>Material copay</b>  | \$25    | Not applicable                 |
| <b>Eye examination</b>   | 100%    | Up to \$40                     |
| <b>Eyeglass lenses</b><br>Single / Bifocal / Trifocal / Lenticular | 100%    | Up to \$40/ \$60 / \$80 / \$80 |

**Eyeglass lens options:** When visiting in-network providers, most popular lens options are provided at negotiated prices, providing a savings to members. All other lens options are offered up to a 20% discount off the retail price at participating providers. Members can obtain a listing of lens options at [www.lvc.lfg.com](http://www.lvc.lfg.com).

**Value-added lens options:**

- Standard scratch-resistant coating is provided at no additional charge for all lenses covered in full.
- Polycarbonate lenses for Dependent Children up to age 19 provided at no additional charge.

|  |                     |                            |
|--|---------------------|----------------------------|
| <b>Frames</b>  | 100% (up to \$130)  | Up to \$45                 |
| <b>Elective contact lenses</b><br>Contact lens selection (material copay applies)<br>Contact lens non-selection (no copay) | 100%<br>Up to \$125 | Up to \$125<br>Up to \$125 |
| <b>Necessary contact lenses</b>  | 100%                | Up to \$210                |

**Mail order contacts:** Member may also purchase mail order contact lenses online at a 10% discount. The member will visit [www.myvisionlenses.com](http://www.myvisionlenses.com) and will be required to submit an Out-of-Network claim for reimbursement.

**LASIK Vision Correction through QualSight® LASIK**

- Free LASIK consultation with in-network providers.
- Preferred pricing with in-network providers.
- Convenient access to experienced LASIK surgeons at more than 900 locations nationwide.
- A personal QualSight Care Manager for one-on-one help throughout the process.
- Flexible 0% financing options available to qualified applicants.

|  |                     |
|--|---------------------|
| <b>Service frequencies</b><br>Exam / Lenses / Frames | 12 / 12 / 24 months |
|--|---------------------|

*This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.*

### Plan Cost Per Pay Period (26)

### Vision Service Plan

|                              |        |
|------------------------------|--------|
| <b>Employee Only</b>         | \$2.56 |
| <b>Employee + Spouse</b>     | \$4.05 |
| <b>Employee + Child(ren)</b> | \$4.14 |
| <b>Family</b>                | \$6.65 |



# Flexible Spending Accounts



## Eligibility Based on Medical Plan Election

Flexible Spending Accounts (FSAs) offer another way to save money on health care and dependent care expenses. You may submit expenses incurred by any of your dependents, whether or not they are covered by the insurance plans you have through your employer.

If you enroll, you fund the accounts via a payroll deduction each pay period. Money that you contribute to your FSAs is not subject to social security taxes, federal, and in most cases, state income taxes.

### Health Care Flexible Spending Account (HCFSAs)

**Federal regulations do not allow participation in an HSA and this type of account.** Eligible health care expenses include many of the out-of-pocket expenses you pay to maintain your health and well-being. These include deductibles and coinsurance expenses not covered by your medical plan, expenses for glasses or contact lenses, and more. You can contribute up to **\$3,400 for the 2026 plan year** into your HCFSAs.

### Limited Purpose Flexible Spending Accounts (LPFSAs)

A "Limited Purpose FSA" is an option for employees that currently use a Health Savings Account. This type of FSA can be used for dental, vision, and post-deductible medical and prescription drug expenses. You can contribute up to **\$3,400 for the 2026 plan year** into your LPFSA.

### Dependent Care Flexible Spending Account (DCFSA)

You may use pre-tax dollars from your DCFSA to pay expenses for care when the services enable you and your spouse to work. These include expenses for the custodial care of a dependent child, spouse or elderly parent (provided they are your tax dependents). Also included are baby-sitters, nursery schools, and day care centers.

Only the portion of expenses which enable you to remain employed are eligible. Educational expenses are not eligible. You can contribute up to **\$5,000 for the 2026 plan year** into your DCFSA, or \$2,500 if you are married and file a separate tax return.



## The FSA Plan Year is January 1 until December 31.

Each year the Health Care Flexible Spending Account has a 2 ½ month grace period (until March 15) that will allow you to use up any money still left in your account.

### "Use it or Lose it" FSA Rule

Consider your expenses carefully before you decide how much to contribute to each FSA account. If your eligible expenses for the calendar year turn out to be less than the amount contributed to your FSA account, federal law requires that the unused balance beyond the allowed grace period extension, be forfeited (the "Use it or Lose it" rule). As a reminder, your election will cover the period from January 1 through December 31. You should not contribute more than you are reasonably certain to use.

### 2 1/2 Month Extension

Plan participants have an additional 2.5 months to incur claims to be submitted to their FSA for qualified health and dependent care expenses. This means, if you have an unused balance at the end of the plan year you will have 2.5 months in the next plan year to incur expenses and use these funds.

New Life Insurance Carrier



# Basic Life and AD&D Insurance

Life insurance provides financial protection for your family in the event of your passing. North Shore Health offers all active full-time employees life and accidental death and dismemberment insurance through Lincoln Financial. North Shore Health covers the full cost of this benefit.

**Basic Life Benefit Amount:** \$25,000      **AD&D Benefit Amount:** Equal to Life amount

**You must assign a beneficiary for these benefits.**

Your benefit amount will reduce to 65% at age 70; to 50% at age 75; and terminates upon retirement.

**Basic Life/AD&D Plan Cost: 100% Employer Paid**

New Life Insurance Carrier



# Voluntary Life and AD&D Insurance



## Increase Your Coverage

You may elect to increase your life insurance coverage for yourself, your spouse and your dependent children – all at an affordable group rate provided by Lincoln Financial. Elect coverage up to the Guaranteed Issue during the initial enrollment period and you will not be required to answer health questions to qualify for coverage. Amounts over the Guaranteed Issue amount will require Evidence of Insurability (EOI).

**You must assign a beneficiary for these benefits.**

## Portability Options for Basic & Voluntary Life Insurance

Portability is available when an Insured Person's employment terminates for a reason other than sickness or injury or retirement at the Social Security Normal Retirement Age (SSNRA). The Insured Person's coverage must be enforce for at least 12 months in a row just prior to the date employment ends.

## How to Calculate your Premium

Divide your desired election by \$1,000 then multiply that number by the age-banded amount in the below chart.

For example, you are 40 years old and want to purchase \$100,000 of coverage for yourself:

- $\$100,000 / \$1,000 = 100$
- $100 \times \$0.112 = \mathbf{\$11.20 \text{ per month}}$
- $\$11.20 \times 12 / 26 = \mathbf{\$5.17 \text{ per pay deduction}}$

## Employee Voluntary Life/AD&D Insurance

**Coverage Amount:** increments of \$25,000 up to \$500,000, not to exceed 5 times the employee's annual salary. Rounded to the next higher \$10,000.

**Guarantee Issue:** \$250,000

## Spousal Voluntary Life/AD&D Insurance

**Coverage Amount:** increments of \$5,000 up to \$200,000, not to exceed 5 times the employee's annual salary or 100% of the employee's benefit amount. Rounded to the next higher \$5,000.

**Guarantee Issue:** \$25,000

## Dependent Child Voluntary Life/AD&D Insurance

**Coverage Amount:** \$10,000

**Vol Life/AD&D Cost: 100% Employee Paid. Monthly Rate per \$1,000 of Coverage:**

| Age      | < 34    | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 | 75+     | AD&D Rate |
|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------|
| Employee | \$0.073 | \$0.092 | \$0.112 | \$0.159 | \$0.234 | \$0.387 | \$0.596 | \$1.119 | \$1.793 | \$3.370 | \$0.016   |
| Spouse   | \$0.071 | \$0.091 | \$0.109 | \$0.157 | \$0.233 | \$0.385 | \$0.595 | \$1.117 | \$1.791 | \$3.401 | \$0.031   |
| Child    | \$0.191 |         |         |         |         |         |         |         |         |         | \$0.038   |



# When Evidence of Insurability (EOI) is Required

To apply for Life coverage, you may be required to provide EOI, which is a statement or proof of medical history. Below are some examples of when you may need to provide EOI.



## Employee elects coverage after first eligibility period

Employee did not elect coverage when first eligible and would like to elect coverage during the current Annual Enrollment period.

**EOI would be required for the employee due to being a late entrant.**

## Employee increases coverage

Employee currently has a Life benefit of \$150,000 and wants to increase coverage during the Annual Enrollment period to \$300,000.

**EOI would be required for the employee due to the increase being greater than the allowed incremental increase amount of \$25,000.**



## Employee adds coverage for spouse

Employee currently has a Life benefit of \$300,000 and did not elect coverage for their spouse when first eligible. During the Annual Enrollment period the employee adds Life coverage for their spouse.

**EOI would be required for the spouse due to being a late entrant.**

## Spouse increases coverage

Employee currently has a Life benefit of \$200,000 and their spouse has a Life benefit of \$25,000, which is the Guaranteed Issue amount. During the Annual Enrollment period the employee increases their spouse's coverage to \$60,000.

**EOI would be required for the spouse due to electing an amount over the Guaranteed Issue amount.**



**If you have questions about EOI, contact your benefits plan administrator.**

New Disability Carrier



# Voluntary Short-Term Disability

To ensure your income will continue if you are unable to work due to a disability that extends for more than 14 consecutive days, North Shore Health offers short-term disability (STD) through Lincoln Financial. Benefits are payable for a non-occupational injury or illness that keep you from performing the normal duties of your job. If a medical condition is job-related, it is considered Workers' Compensation rather than STD.

- Benefits Begin On:** 15th day
- Benefit Amount:** 60% of basic earnings up to \$1,000 / week
- Benefit Duration:** 13 weeks

| <b>Plan Cost: 100% Employee Paid</b>      |         |         |         |
|---|---------|---------|---------|
| <b>Monthly Rate per \$10 of Coverage:</b> |         |         |         |
| Age                                       | 0-49    | 50-64   | 65-99   |
| Rate                                      | \$0.718 | \$0.848 | \$1.088 |

## How to Calculate your Premium

Divide your annual income by 52 to get your weekly pay. Multiply weekly pay by 0.6 to discover your covered earnings, then divide covered earnings by \$10. Then finally, multiply that number by the age-banded amount in the below chart.

For example, you are 50 years old with income of \$52,000:

- $\$52,000 / 52 = \underline{\$1,000 \text{ of weekly pay}}$
- $\$1,000 \times 0.6 = \underline{\$600 \text{ of covered earnings}}$
- $\$600 / \$10 = \underline{60 \text{ units}}$
- $60 \times \$0.848 = \underline{\$50.88 \text{ per month}}$
- $\$50.88 \times 12 / 26 = \underline{\$23.48 \text{ per pay period}}$

New Disability Carrier



# Voluntary Long-Term Disability

Long-Term Disability (LTD) insurance helps replace a portion of your income if you are disabled for an extended period of time. Eligibility for long-term benefits are generally defined as, due to sickness or accidental injury which you are receiving appropriate care and treatment; are complying with your treatment requirements and unable to earn more than 80% of your predisability earnings.

- Benefits Start After:** 90 days      **Benefit Duration:** 5 years
- Benefit Amount:** 60% of predisability monthly earnings up to \$6,000 / month

## Pre-Existing Condition Limitations

The carrier will not pay benefits for any period of Disability caused or contributed to by, or resulting from, a Pre-existing Condition. A "Pre-existing Condition" means any Injury or Sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before your most recent effective date of insurance.

The Pre-existing Condition Limitation will apply to any added benefits or increases in benefits. This limitation will not apply to a period of Disability that begins after you are covered for at least 12 months after your most recent effective date of insurance, or the effective date of any added or increased benefits.

| <b>Plan Cost: 100% Employee Paid</b>       |         |       |         |
|--|---------|-------|---------|
| <b>Monthly Rate per \$100 of Coverage:</b> |         |       |         |
| Age  | Rate    | Age   | Rate    |
| 0-29                                       | \$0.136 | 50-54 | \$0.832 |
| 30-34                                      | \$0.216 | 55-59 | \$1.336 |
| 35-39                                      | \$0.304 | 60-64 | \$2.048 |
| 40-44                                      | \$0.472 | 65-69 | \$2.048 |
| 45-49                                      | \$0.624 | 70-99 | \$1.224 |

## Use this formula to calculate your premium payment:

$$\frac{\text{Enter your annual salary.}}{\div 12} \times \frac{\text{Enter your monthly earnings (cannot be more than \$10,000).}}{\div 100} \times \frac{\text{Enter your rate from the table above.}}{\div 100} = \text{Monthly premium. This amount is an estimate of how much you would pay each month.}$$

To get a sense of your per pay premium, multiply your monthly premium by 12 and then divide by your number of pay periods.

New Voluntary Carrier



# Voluntary Benefits

The following Voluntary Benefits can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to you, to spend as you choose.

All three plans are portable (you can continue coverage if you leave the company).



## Accident Insurance

Lincoln Accident Insurance helps deliver financial security for the unexpected—allowing you to help protect your budget against unforeseen expenses if you suffer an accidental injury. You can use the cash benefits from this coverage to help meet copayments and other expenses while you recover, or any other way they see fit.

### Coverage for accidental injury, minor or catastrophic.

Below are some examples of covered accidents and the Benefit Amount that you will be paid:

**Basic Accidental Death:**

Employee: \$50,000  
Spouse: \$25,000  
Child: \$12,500

**Ambulance:** \$400

**Emergency Dental (Crown):** \$350

**Emergency Room Benefit:** \$200

**Burns, 2nd Degree (10-36%):** \$1,000

**Coma and other Severe Brain Injuries:** \$12,000

**Concussion:** \$400

**Fractured Finger, Toe:** \$50

**Dislocated Hip:** \$2,625

**Hospital Admission:** \$1,000

**Hospital Admission (ICU):** \$2,000

**Health Maintenance Screening:** \$100

## Critical Illness Insurance

Critical Illness Insurance is designed to help you offset the financial effects of a catastrophic illness with a lump sum benefit if you are diagnosed with a covered critical illness. The benefit is based on the amount of coverage in effect on the date of diagnosis or the date treatment is received according to the terms and provisions of the policy.

### Coverage if diagnosed with a covered critical illness.

Select coverage of \$10,000, \$20,000, or \$30,000 for yourself, \$5,000, \$10,000, or \$15,000 for your spouse, and your child(ren) will be offered 50% of your election. Employee Guarantee issue: \$30,000, Spouse Guarantee issue: \$15,000, Children: all Guarantee issue.

Below are some examples of covered critical illnesses and the percent of benefit election that you will be paid:

**Invasive Cancer:** 100%

**Non-Invasive Cancer/Cancer in situ:** 25%

**Skin Cancer:** \$1,000

**End-stage Kidney Failure:** 100%

**Major Organ Failure:** 100%

**Heart Attack:** 100%

**Arterial / Vascular Disease:** 25%

**Stroke:** 100%

**Health Maintenance Screening:** \$100

## Hospital Indemnity Ins.

Hospital Indemnity insurance is designed to help provide financial protection by paying a benefit due to a hospitalization and, in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. You may use the benefit to meet the out-of-pocket expenses and extra bills that occur.

### Coverage if you are hospitalized, and for some treatments.

Below are some examples of covered incidents and the Benefit Amount that you will be paid:

**Hospital Confinement Benefit:**  
\$100/Day

**Number of Covered Days per Hospital Confinement:** 30 days

**Hospital Admission:**  
\$1,000/Calendar year

**Critical Care Unit (CCU) Confinement (in addition to Hospital Confinement):** \$200/Day

**Number of Covered Days per CCU Confinement:** 10 days

**Newborn Care:** \$500

**Health Maintenance Screening:** \$100

Please refer to the Certificates of Coverage for specific coverage amounts and limits on payments.

**Monthly Plan Costs on Next Page**

**New Voluntary Carrier**



# Voluntary Benefits *continued...*

## Plan Cost Per Pay Period (26)

### Accident Insurance

|                       |         |
|-----------------------|---------|
| Employee Only         | \$4.12  |
| Employee + Spouse     | \$6.68  |
| Employee + Child(ren) | \$7.71  |
| Family                | \$12.15 |

## Plan Cost Per Pay Period (26)

### Critical Illness Insurance - Employee

| Attained Age    | 18-29  | 30-39  | 40-49   | 50-59   | 60-69   | 70+      |
|-----------------|--------|--------|---------|---------|---------|----------|
| <b>\$10,000</b> | \$2.03 | \$2.82 | \$5.08  | \$9.55  | \$16.62 | \$43.38  |
| <b>\$20,000</b> | \$4.06 | \$5.63 | \$10.15 | \$19.11 | \$33.23 | \$86.77  |
| <b>\$30,000</b> | \$6.09 | \$8.45 | \$15.23 | \$28.66 | \$49.85 | \$130.15 |

### Critical Illness Insurance - Spouse

| Attained Age    | 18-29  | 30-39  | 40-49  | 50-59   | 60-69   | 70+     |
|-----------------|--------|--------|--------|---------|---------|---------|
| <b>\$5,000</b>  | \$1.02 | \$1.41 | \$2.54 | \$4.78  | \$8.31  | \$21.69 |
| <b>\$10,000</b> | \$2.03 | \$2.82 | \$5.08 | \$9.55  | \$16.62 | \$43.38 |
| <b>\$15,000</b> | \$3.05 | \$4.22 | \$7.62 | \$14.33 | \$24.92 | \$65.08 |

*Dependent children are included with employee only coverage.*

## Plan Cost Per Pay Period (26)

### Hospital Indemnity Insurance

|                       |         |
|-----------------------|---------|
| Employee Only         | \$6.29  |
| Employee + Spouse     | \$10.91 |
| Employee + Child(ren) | \$8.95  |
| Family                | \$15.86 |

*Per pay rates are estimated and are subject to change due to rounding.*

# 401(k) Retirement Account

## Eligibility

You are eligible to participate in the plan the first of the month following your start date with North Shore. You are 100% vested in employee contributions immediately.

## Employee Contributions

Employees may contribute between 1-92% of their earnings up to the IRS annual limit. You may make contributions on a pre-tax or Roth (post-tax) basis. If you are 50 years of age or older or if you will reach age 50 by the end of the year, you may make a catch-up contribution in addition to the normal IRS annual limit.

## Investment Options

Voya offers a variety of investment options to fit your situation, whether you prefer to manage your own investments or have Voya manage them for you. Target Date Funds are managed based on your estimated retirement date, with the goal to provide income years beyond retirement.

## Enrollment

Enroll online at [www.voyaretirementplans.com/enrollmentcenter](http://www.voyaretirementplans.com/enrollmentcenter). Use the plan number **817812** and verification number **81781299**.

You can also enroll by phone at **1-888-311-9487**. Representatives are available Monday – Friday, 7 a.m. – 8 p.m. Central Time.

## Rollovers

Employees may rollover funds from a previous employer's 401(k) into the North Shore 401(k) plan. However, employees must establish their account (on-line or via phone) prior to initiating the rollover. For assistance with rollovers, contact the Voya Account Consolidation Team at **1-866-865-2660**.

## For More Information

To change your contribution rates or investment elections, request a hardship withdrawal or loan, or for other customer service issues, go to [www.voyaretirementplans.com](http://www.voyaretirementplans.com) or contact Voya Customer Service at **1-800-584-6001**.

### Accessing your account for the first time on the web or over the phone is easy!

After you complete your enrollment, you will receive a Personal Identification Number (PIN) in a separate mailer via U.S. Mail. Your PIN is required to access your account by phone or to register for online access. If you wish to use Voya phone services or register for online access before receiving your PIN, follow the prompts to request a new PIN to be delivered to your e-mail address or mobile number you provided during the enrollment process.



## Starting earlier can pay off

It's important to save enough for your future, and it's also important to understand the concept of compounded returns. The chart shows how starting earlier puts compounding to work for you over time.

### Save \$200 a month:

#### Start now

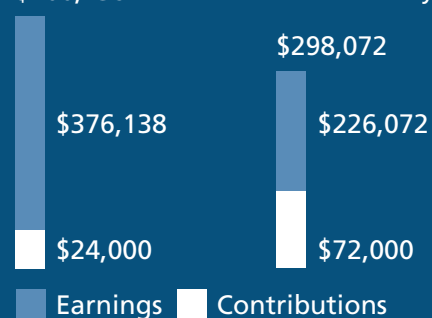
Save for 10 years

\$400,138

#### Wait 10 years

Save for 30 years

\$298,072



*This hypothetical illustration assumes pre-tax contributions made at the beginning of each month and an annual effective rate of return of 8% and reinvestment of earnings.*

*\*Start now assumes the contributions are invested for 40 years;*

*\*\*Wait 10 years assumes contributions are invested for 30 years. Results are for illustrative purposes only and are not meant to represent the past or future performance of any specific investment vehicle.*

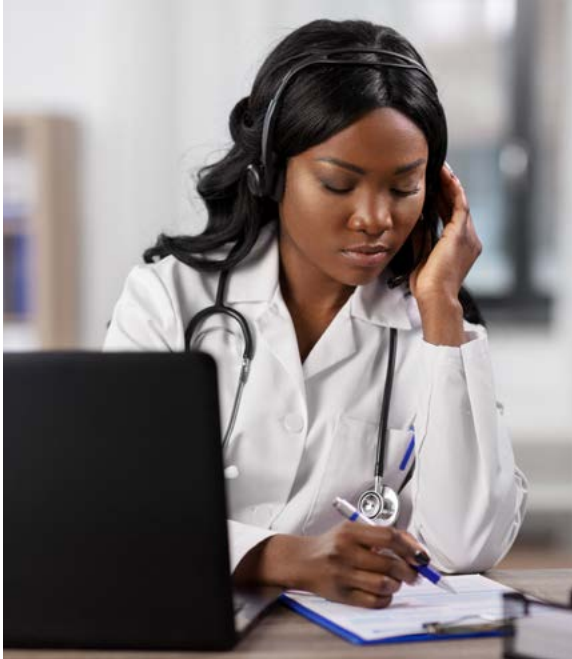
New EAP Carrier



# Employee Assistance Program

The resources you need to meet life's challenges

EmployeeConnect<sup>SM</sup> offers professional, confidential services to help you and your loved ones improve your quality of life.



## In-person guidance

Some matters are best resolved by meeting with a professional in person. With EmployeeConnect, you and your family get:

- Up to five in-person sessions with a counselor per person, per issue, per year
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

## Unlimited 24/7 assistance

You and your family can access the following services anytime online, via the mobile app, or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning

## Online resources

EmployeeConnect offers a range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit [GuidanceResources.com](https://www.guidanceresources.com) or download the GuidanceNow<sup>SM</sup> mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more

## EmployeeConnect counselors are experienced and credentialed.

When you call the toll-free number, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills, and at least three years of experience in counseling on a variety of issues. For face-to-face sessions, you'll meet with a credentialed, state-licensed counselor.

To learn more, visit [GuidanceResources.com](https://www.guidanceresources.com).

New users click Register (**Web ID: LFGSupport**)

Follow the prompts to create your username and password

Don't forget to download the **GuidanceNow<sup>SM</sup> Mobile App**.

For telephonic assistance, please call **1-888-628-4824**.



New EAP Carrier



# Employee Assistance Program *cont.*

## LifeKeys through Lincoln

No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby thanks to LifeKeys® services from Lincoln. LifeKeys services include:

### Help with important life matters

You'll find support tools and advice on a wide range of topics, including legal, financial, family, and career, on GuidanceResources online. Stay informed on matters that impact your personal and professional life.



### Online will preparation

Creating a will allows you to make vital decisions ahead of time, including naming a guardian for your children or designating who'll receive your property and assets after you pass away, handling your estate as you intended. EstateGuidance® offers a secure, efficient way to create and execute a will so you can rest easy knowing you've planned ahead for your family.

### Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes online resources for information to help you recognize and prevent identity theft and restore your good name should your identity be compromised.

### Guidance and support for your beneficiaries

Your beneficiaries will have access to six in-person sessions for grief counseling, access to legal or financial information, and unlimited phone counseling. Services are available for up to one year after a loss. Beneficiary support includes:

#### Grief counseling — advice, information, and referrals on:

- Coping with loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about family, including children and teens

#### Legal support — access to legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents for beneficiaries

#### Financial services — online resources and advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

#### Help with everyday life — comprehensive information on:

- Finding child or elder care
- Financing a home
- Moving and relocation
- Making major purchases

To access LifeKeys services, visit [GuidanceResources.com](https://www.guidanceresources.com), download the **GuidanceNow<sup>SM</sup> Mobile App**, or call **1-855-891-3684**.

First-time users enter **Web ID: LifeKeys**.



# Time Off

## Paid Time Off (PTO)

Paid Time Off will be accrued at the following rates, based on the number of hours worked up to a maximum of 2080. This accrual rate is subject to change at any time. Your PTO balance can be viewed in Smartlinx.

Paid Time Off cannot be taken in advance or before it is earned. In addition, PTO may not be "cashed out."

| Years of Service     | Accrual Rate |
|----------------------|--------------|
| 0-1 years of service | .0385        |
| 2-4 years of service | .0577        |
| 5-9 years of service | .0769        |
| 10+ years of service | .0962        |



## Holidays

North Shore Health generally observes the following paid holidays:

- New Year's Day
- Independence Day
- Thanksgiving Day
- Memorial Day
- Labor Day
- Christmas Day

In addition, full-time employees receive one floating holiday each calendar year. You can find North Shore's full paid time off and holiday policies in the Employee Handbook.

# Questions about Medicare?

**If you're 65 years of age or older and have questions about Medicare and coverage, you can reach out to Tony Montgomery to answer your questions.**

We are here to answer your questions and help guide you through the process!

## TONY MONTGOMERY

Assistant VP—Senior Plan Advisors

Direct Line: **1-717-740-6535**

[Tony.Montgomery@assuredpartners.com](mailto:Tony.Montgomery@assuredpartners.com)

Let us answer your questions:

- Medicare Parts A & B
- Medigap - Supplements
- Part C - Advantage Plans
- Part D - Drug Plans
- When to enroll - Late Penalties
- Dental, Vision & Hearing
- Coverage Gap - Donut Hole

**Q: What is Medicare and who can get it?**

**Q: Do I need to sign up for Medicare if I am working and have health insurance through my employer?**

**Q: How do I sign up for Medicare?**

**Q: How do I sign up for Medicare Part B if I already have Part A?**

**Q: How can I get help with my Medicare Part A and Part B premiums?**

**Q: Can I contribute to an HSA if I'm eligible for Medicare?**

# Minnesota Earned Sick and Safe Time

The Minnesota sick and safe time is a government run program and only applies to the following centers: Rochester East, Rochester West, LaCrescent, Hopkins, and Whitewater

## WHAT IS SICK AND SAFE TIME?

Sick and safe time is paid leave employers must provide to employees in Minnesota that can be used for certain reasons, including when an employee is sick, to care for a sick family member or to seek assistance if an employee or their family member has experienced domestic abuse.



## WHO IS ELIGIBLE?

An employee is eligible for sick and safe time if they:

- work at least 80 hours in a year for an employer in Minnesota; and
- are not an independent contractor.

Temporary and part-time employees are eligible for sick and safe time. Sick and safe time requirements will not apply to building and construction industry employees who are represented by a building and construction trades labor organization if a valid waiver of these requirements is provided in a collective bargaining agreement.

## HOW MUCH LEAVE CAN EMPLOYEES EARN?

An employee earns one hour of sick and safe time for every 30 hours worked and can earn a maximum of 48 hours each year unless the employer agrees to a higher amount.

## AT WHAT RATE MUST THE LEAVE BE PAID?

Sick and safe time must be paid at the same hourly rate an employee earns when they are working.

## WHAT CAN THE LEAVE BE USED FOR?

Employees can use their earned sick and safe time for reasons such as:

- the employee's mental or physical illness, treatment or preventive care;
- a family member's mental or physical illness, treatment or preventive care;
- absence due to domestic abuse, sexual assault or stalking of the employee or a family member;
- closure of the employee's workplace due to weather or public emergency or closure of a family member's school or care facility due to weather or public emergency; and
- when determined by a health authority or health care professional that the employee or family member is at risk of infecting others with a communicable disease.

## WHICH FAMILY MEMBERS ARE INCLUDED?

Employees may use earned sick and safe time for their following family members:

1. their child, including foster child, adult child, legal ward, child for whom the employee is legal guardian or child to whom the employee stands or stood in loco parentis (in place of a parent);
2. their spouse or registered domestic partner;
3. their sibling, stepsibling or foster sibling;
4. their biological, adoptive or foster parent, stepparent or a person who stood in loco parentis (in place of a parent) when the employee was a minor child;
5. their grandchild, foster grandchild or step-grandchild;
6. their grandparent or step-grandparent;
7. a child of a sibling of the employee;
8. a sibling of the parents of the employee;
9. a child-in-law or sibling-in-law;
10. any of the family members listed in 1 through 9 above of an employee's spouse or registered domestic partner;
11. any other individual related by blood or whose close association with the employee is the equivalent of a family relationship; and
12. up to one individual annually designated by the employee.

# Minnesota Earned Sick and Safe Time

## WHAT ADDITIONAL SICK AND SAFE TIME RESPONSIBILITIES DO EMPLOYERS HAVE?

In addition to providing their employees with one hour of paid leave for every 30 hours worked, up to at least 48 hours each year, employers are required to:

- include the total number of earned sick and safe time hours accrued and available for use, as well as the total number of earned sick and safe time hours used, on earnings statements provided to employees at the end of each pay period;
- provide employees with a notice by Jan. 1, 2024 — or at the start of employment, whichever is later — in English and in an employee’s primary language if that is not English, informing them about earned sick and safe time; and
- include a sick and safe time notice in the employee handbook, if the employer has an employee handbook.

The Minnesota Department of Labor and Industry will prepare a uniform employee notice that employers can use and will make it available in the five most common languages spoken in Minnesota.

## CURRENT SICK AND SAFE TIME LOCAL ORDINANCES

Earned sick and safe time local ordinances already exist in the cities of Bloomington, Duluth, Minneapolis and St. Paul, Minnesota. When Minnesota’s statewide earned sick and safe time law goes into effect Jan. 1, 2024, employers must follow the most protective law that applies to their employees.



### Sick time

For physical or mental health conditions, illness or injury



### Safe time

To address domestic abuse, sexual assault or stalking



Labor Standards • 443 Lafayette Road N. • St. Paul, MN 55155  
651-284-5075 • 800-342-5354 • [dli.mn.gov](http://dli.mn.gov) • [dli.laborstandards@state.mn.us](mailto:dli.laborstandards@state.mn.us)

Notice: This is a brief summary of Minnesota law. It is intended as a guide and is not to be considered a substitute for Minnesota Statutes regarding earned sick and safe leave.



# PREGNANT WORKERS FAIRNESS ACT (PWFA)

## WHAT IS PWFA?

The Pregnant Workers Fairness Act (PWFA) is a federal law that requires covered employers to provide “reasonable accommodations” to a qualified worker’s known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an “undue hardship.” An undue hardship is defined as causing significant difficulty or expense.

A “**reasonable accommodation**” means a change in the work environment or how things are usually done in order to remove work-related barriers.

## WHAT ARE SOME POSSIBLE ACCOMMODATIONS FOR PREGNANT WORKERS?

- Schedule changes or time off to go to health care appointments
- Extra bathroom breaks
- A chair or stool to sit on while working
- The ability to telework full or part-time
- A private place to pump breast milk
- Leave to recover from childbirth
- Breaks to eat and drink
- Light duty



## WHAT OTHER FEDERAL EMPLOYMENT LAWS MAY APPLY TO PREGNANT WORKERS?

Other laws that apply to workers affected by pregnancy, childbirth, or related medical conditions, include:

- Title VII of the Civil Rights Act of 1964 which prohibits employment discrimination based on sex, pregnancy, or other protected categories (enforced by the U.S. Equal Employment Opportunity Commission (EEOC))
- The Americans with Disabilities Act (ADA) which prohibits employment discrimination based on disability (enforced by the EEOC)
- The Family and Medical Leave Act which provides unpaid leave for certain workers for pregnancy and to bond with a new child (enforced by the U.S. Department of Labor)
- The PUMP Act which provides nursing mothers a time and private place to pump at work (enforced by the U.S. Department of Labor)



Learn more at [www.EEOC.gov/Pregnancy-Discrimination](http://www.EEOC.gov/Pregnancy-Discrimination)

**Please contact a member of the North Shore Benefits Team if you have any questions regarding the Pregnant Workers Fairness Act.**

# Tuition Reimbursement

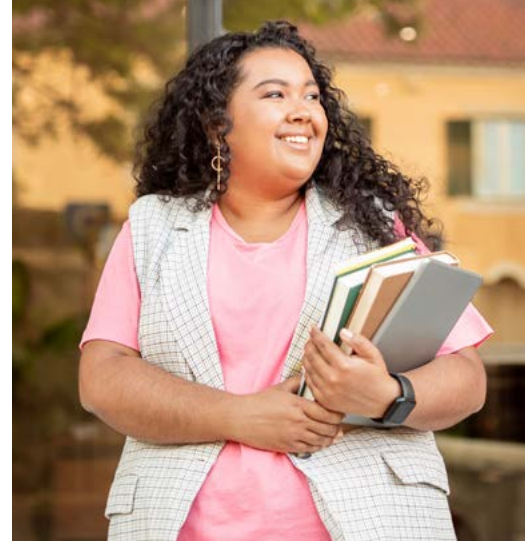
**North Shore Health is excited to offer up to \$3,000.00 per calendar year in tuition reimbursement benefits to our team members!**

This program is designed to encourage self-development by providing financial assistance for certain education-related and other training medium expenses. Because we value the professional and personal development of our employees, we have adopted the following program details pertaining to reimbursement for certain preapproved educational expenses.

## Eligibility

To qualify under this program, you must be a full-time or part-time employee, working at least 24 hours per week, in good standing who has completed more than six (6) months of employment within the organization. To be eligible for reimbursement, the courses of instruction must be related to present duties or prepare you for future advancement opportunities within North Shore.

To request additional information, employees must contact their Local Business Office Manager.



## Tuition Reimbursement Process

Employees who want to take advantage of the \$3,000.00 reimbursement must make a formal request for assistance.

## Approved Degree Programs/Coursework

Approved degree programs and coursework are defined as: Certificate, Associates, Bachelor's, Master's, or PhD's degree program that is business or job related.



# Family Medical Leave Act

In order to request FMLA leave, employees must complete a Leave of Absence Request Form and return to the Human Resources Department. The Human Resources Department will notify the employee if they are eligible for FMLA leave and request specific documentation to verify if your leave request qualifies for FMLA protection.

**You are required to return the documentation within 15 days of the request.**

# Glossary of Terms

This glossary has many commonly used terms, but it isn't a full list. These are not contract terms. Those can be found in your insurance policy or certificate.

**Allowed Amount:** Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

**Appeal:** A request for your health insurer or plan to review a decision or a grievance again.

**Balance Billing:** When a provider bills you 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 \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you.

**Co-insurance:** Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount. (Jane pays 20%, her plan pays 80%.)

**Complications of Pregnancy:** Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency cesarean section aren't complications of pregnancy.

**Co-payment:** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible:** The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services. (Jane pays 100%, her plan pays 0%.)

**Durable Medical Equipment (DME):** Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

**Emergency Medical Condition:** An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Emergency Room Care:** Emergency services received in an emergency room.

**Emergency Services:** Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

**Excluded Services:** Health care services that your health insurance or plan doesn't pay for or cover.

**Grievance:** A complaint that you communicate to your health insurer or plan.

**Habilitation Services:** Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Health Insurance:** A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

**Home Health Care:** Health care services a person receives at home.

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

**Hospitalization:** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital Outpatient Care:** Care in a hospital that usually doesn't require an overnight stay.

**In-network Co-insurance:** The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

**In-network Co-payment:** A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

**Medically Necessary:** Health care services or supplies needed to prevent, diagnose or treat an illness, injury, disease or its symptoms and that meet accepted standards of medicine.

**Network:** The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Non-Preferred Provider:** A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Out-of-Network Co-insurance: The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

**Out-of-Network Co-payment:** A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network copayments.

**Out-of-Pocket Limit:** The most you pay during policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit. (Jane pays 0%, her plan pays 100%.)

**Physician Services:** Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

**Plan:** A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

**Preauthorization:** A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes

called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

**Preferred Provider:** A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

**Premium:** The amount that must be paid for your health insurance or plan. You and or your employer usually pay it yearly.

**Prescription Drug Coverage:** Health insurance or plan that helps pay for prescription drugs and medications.

**Prescription Drugs:** Drugs and medications that by law require a prescription.

**Primary Care Physician:** A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**Primary Care Provider:** A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Provider:** A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

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

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

**Skilled Nursing Care:** Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

**Specialist:** A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

**UCR (Usual, Customary and Reasonable):** The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

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

# Annual Notices

## Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice. Plan participants in the Company-sponsored health and welfare benefit plan are reminded that the Company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

## Newborns' and Mothers' Health Protection Act

Group health plans and health issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

## Notice Regarding Special Enrollment

If you are waiving enrollment in the Medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Medical plan, provided that you request enrollment within 30 days after your other coverage ends. 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 provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## States with Individual Mandate

Taxpayers in CA, DC, MA, NJ, RI, and VT (this list is neither complete nor exhaustive) are reminded that your state imposes an individual mandate penalty (tax) should you, your spouse, and children choose to not have (and keep) medical/rx coverage for each tax year. Please consult your tax advisor for how a non-election for health coverage may affect your tax situation.

## Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

## Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Company asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## Qualified Medical Child Support Order

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

# Annual Notices *continued...*

## Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits.

## Women's Preventive Health Benefits

The following women's health services are considered preventive. These services generally will be covered at no cost share, when provided in network:

- Well-woman visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Human papilloma virus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast-feeding support, supplies and counseling
- Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

## Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

## Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

## Notice to Covered Members

The plans you have selected through your employer-provided employee benefits program are insured by the carrier listed on the confirmation statement or are self-funded plans and the listed carriers is the Plan's claims payer. Administrative services for the billing and collection of premiums from your plan sponsor for the insurance coverages are provided by AP Benefit Advisors, LLC, a licensed Third Party Administrator, pursuant to the agreement previously entered into by AP Benefit Advisors, LLC and the insurer/claims payer. The insurer/claims payer is responsible for eligibility and benefit determination, payment of claims, and all other services associated with your coverage.

# COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the

covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

# Health Insurance Marketplace

The Patient Protection Affordability Care Act ("PPACA") was signed into law on March 23, 2010. Under PPACA, individuals are required to have creditable health insurance coverage or pay a penalty (if applicable) to the Internal Revenue Service. This is known as the Individual Mandate. For more information on the details of PPACA please visit <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-workers-and-families>.

PPACA created a new way to buy health insurance which is called the Health Insurance Marketplace ("Marketplace"), also known as Exchanges. These Marketplaces are established by each individual state, the federal government or as a partnership between the state and the federal government. Through the Marketplaces, individuals can compare and purchase coverage (with a possible premium subsidy for those qualifying as low income; subsidies are made available as a federal tax credit through the Marketplace for individuals that are not eligible for coverage through their employer.

If you are enrolled in North Shore Health's medical plan, then PPACA may have little effect on you. North Shore Health's medical plans meet or exceed the minimum coverage requirements set by PPACA. If you are eligible for our plans,

you will not be eligible for federal tax credits. You still have the option to visit the Marketplace to see the coverage options available. If you purchase a health plan through the Marketplace instead of purchasing health coverage offered by North Shore Health, you will lose any contribution your employer makes for your health coverage, and your payments for coverage through the Marketplace will be made on an after-tax basis. (See <https://www.healthcare.gov/have-job-based-coverage/>).

If you are not eligible to enroll in North Shore Health's medical plan, you may have a few options to purchase medical coverage. These options, if applicable, may include but are not limited to: your spouse's medical plan, your parent's medical insurance plan (if you are under age 26), or from several insurance companies offered through the Marketplace. If you shop for coverage through the Marketplace, you may be eligible for a federal tax credit and/or subsidy if you qualify as low income. (See also: [healthcare.gov](https://www.healthcare.gov)).

## How Can I Get More Information?

For more information about purchasing medical coverage through the Marketplace please visit [healthcare.gov](https://www.healthcare.gov) or call 800-318-2596.

# Appendix Enrollment Guide



## Employee Benefits Login and Enrollment Instructions

To enroll in or waive benefits that you are eligible for, you must do so through Smartlinx Bswift, our online benefits portal. Enrollment must be completed within your enrollment window established by your HR team. For questions on your enrollment window, please contact your HR representative.

With Smartlinx Bswift, employees enjoy convenient online access to their benefit coverage 24 hours a day, seven days a week. You may begin using Smartlinx Bswift by accessing the platform via SmartLinx GO.

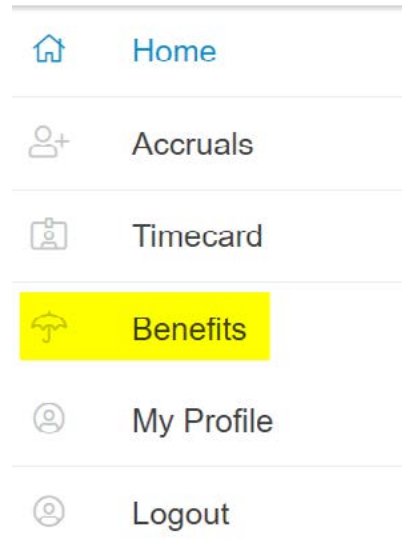
### Accessing Bswift via Smartlinx GO

Navigate to Smartlinx GO either through the app or in your browser by going to <https://go.smartlinx6.com/login>. Use the login credentials provided by your HR team.

A screenshot of the Smartlinx Go login interface. The background is a solid blue color. At the top left, the word "smartlinx" is written in white, lowercase, sans-serif font. To its right is the "Go" logo, which consists of the word "Go" in white, uppercase, sans-serif font inside an orange location pin icon. Below the logo, there are three input fields, each with a white icon on the left and a white underline on the right. The first field has a person icon and the text "Badge ID or E-mail Address". The second field has a building icon and the text "Company (Alias)". The third field has a key icon and a series of dots for the password, with an eye icon on the right to toggle visibility. Below the input fields, there is a radio button labeled "Save my user ID" and a link labeled "Forgot Password?". At the bottom, there is a line of text: "By continuing, I agree to Smartlinx Go's [Terms & Conditions](#) and [Privacy Policy](#)." Below this text is a large, grey, rounded rectangular button with a white lock icon and the text "Login".

# Enrollment Guide *continued...*

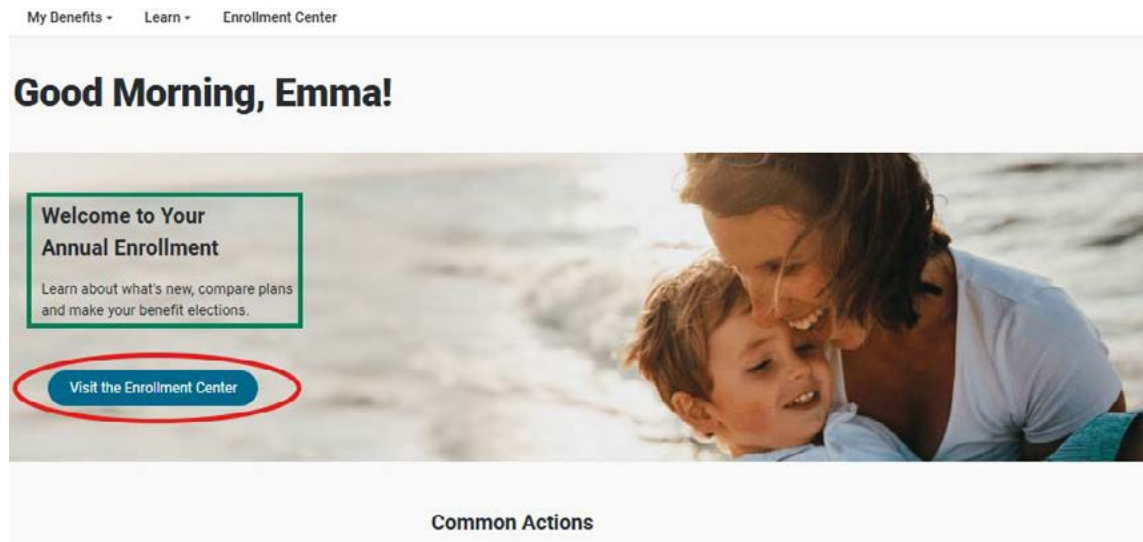
Once logged in, click the Umbrella icon (also labeled as Benefits) on the left side of the navigation menu to be redirected to the benefit system.



# Enrollment Guide *continued...*

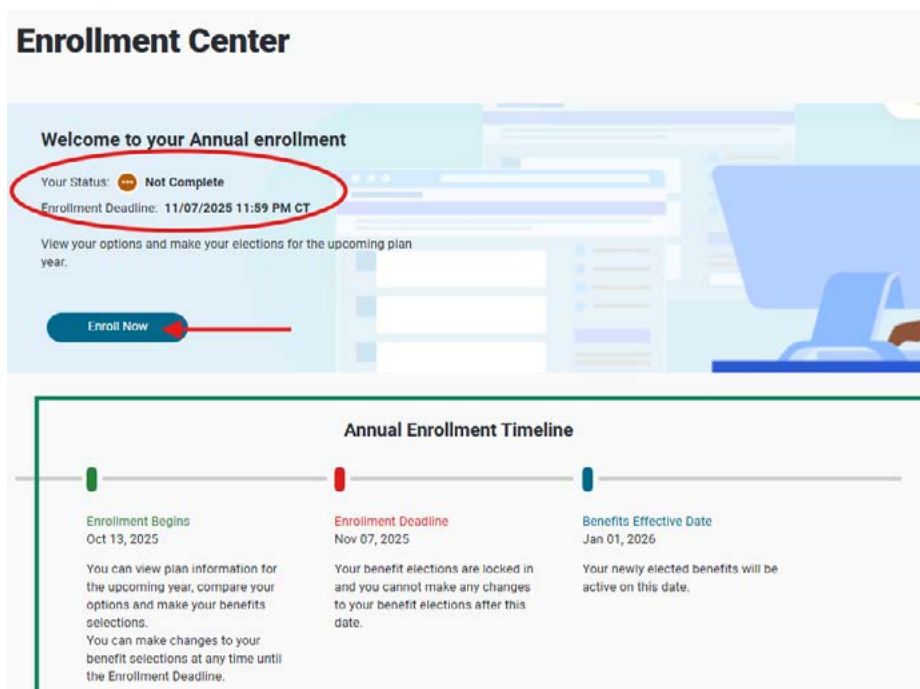
## Bswift Navigation and Enrollment

Once you arrive at the Benefits system, you will see the Employee home screen



If you have an enrollment available to you, you will see a brief note indicating what kind of enrollment is available (outlined in green above). To access the enrollment, select the “Visit the Enrollment Center” button to begin the enrollment (circled in red in the photo above).

This will bring you to the Enrollment Center. Here you will see the timeline of your available enrollment (outlined in green below), your enrollment status and deadline (circled in red below), and your Enroll Now button which will start your enrollment.



# Enrollment Guide *continued...*

The enrollment begins by having you confirm the employee demographic information. Please confirm the employee information on this page then check the agree box at the bottom and select continue.

**Note:** Any updates to this information, outside of adding an alternate email, need to be made in the Smartlinx 6 system. Contact your HR representative for assistance.

## Employee Information

Please review the information below for accuracy and complete the additional fields. If any information is not correct and you are unable to edit it here, please contact your administrator for assistance. Once complete, please check the box at the bottom to verify that your personal information is correct and then click Continue.

### Demographics

First Name Alex

Middle Initial D

Last Name Test

Suffix

Social Security Number 101-01-2222

Date of Birth 12/2/1989

### Address

**ADDRESS INFORMATION**

Address 1 123 Main Street

Address 2

City Anywhere

State IL - Illinois

Zip 90210

Home Phone

Cell Phone

Home Email

**WORK CONTACT INFORMATION**

Work Phone

Work Email noreply@gmail.com

Alternate Email

Preferred Email  Home Email  Work Email  Alternate Email  None

- 1 Your Info
- 2 Employee Information
- 3 Family Info
- 4 Your Benefits
- 5 Enroll
- 6 Complete

Continue

I agree that this information is correct.

I agree

# Enrollment Guide *continued...*

The next screen allows you to add or update dependent information. Once complete, check the agree box at the bottom and select continue.

The screenshot displays the 'Family Information' section of the smartlinx portal. At the top left is the smartlinx logo, and at the top right are links for 'Help' and 'Exit Enrollment'. A blue header bar contains the text 'Family Information'. Below this is a light green banner with a woman's profile icon and the text 'Tell me about your family.' The main content area features a white card for 'Indiana Jones', identified as a 'Male Employee', '49 years old (11/2/1970)', with SSN '223-45-6789'. An 'Edit >' link is at the bottom of the card. To the right is a large white button with a blue plus sign and the text 'Add Dependents'. On the right side of the page is a vertical progress indicator with four steps: 1. Your Info (sub-steps: Employee Information, Family Info), 2. Your Benefits, 3. Enroll, and 4. Complete. A blue 'Continue' button is positioned below the progress indicator. At the bottom of the page, there is a 'Dependent Information Notice' with a yellow 'I agree' checkbox and links for 'Privacy Policy' and 'Browser Requirements'.

The Ask Emma function will then begin. This feature provides you updated information on your Medical plan options.

The screenshot shows the 'askEMMA' interface within the smartlinx 'Special Enrollment' section. It features the smartlinx logo and 'Special Enrollment' header. A woman's profile icon is on the left, followed by the 'askEMMA' logo and the text 'Get started with your benefits enrollment.' Below this is a colorful illustration of various medical-related characters: a pink piggy bank, a yellow pill bottle, a pink heart, a blue stethoscope, and a yellow bandage. At the bottom of the illustration area are two buttons: 'Start with audio' and 'Enroll without Audio'. At the very bottom of the page are links for 'Privacy Policy' and 'Browser Requirements'.

# Enrollment Guide *continued...*

Next you will be brought to your election options (options shown in screenshot may differ to the ones offered by your company they will be sorted by coverage type).

The screenshot displays a web interface for benefit enrollment. On the left, four benefit categories are listed, each with a 'View Plan Options' button:

- Medical:** Marked as 'WAIVED'. Text: 'You have waived this benefit.'
- Health Savings Account:** Marked as 'NO PLAN SELECTED'. Includes a button: 'I don't want this benefit (waive)' and a 'View Plan Options' button.
- Dental:** Marked as 'WAIVED'. Text: 'You have waived this benefit.' Includes a 'Completed' status indicator and a 'View Plan Options' button.
- Vision:** Marked as 'WAIVED'. Text: 'You have waived this benefit.' Includes a 'Completed' status indicator and a 'View Plan Options' button.

On the right sidebar, a progress indicator shows four steps: 1 Your Info, 2 Your Benefits, 3 Enroll, and 4 Complete. Below this, it shows 'Your Cost per pay period \$0.00' and a 'Continue' button with the text: 'Finished selecting benefits? Click the button below to continue.'

## Ask Emma

When you click into your Medical options, the Ask Emma decision-making tool will be available. Typically, it will start automatically when the medical plans load. However, you can also start it separately by clicking here:

The screenshot shows the 'Medical' section of the enrollment page. At the top left, there is a 'Back to Benefits' link. The main heading is 'Medical'. Below this, there are three main sections:

- Need Some Help?**: Contains a button labeled 'Which Plan Is Best for Me?' with a red arrow pointing to it.
- Medical Coverage FAQs**: Includes a search bar with the placeholder text 'Select a question about health insurance' and a 'GO' button.
- VOICEOVER AUDIO**: Contains speaker and mute icons.

At the bottom of the page, there is a small dark box with the text 'Who will be covered by this plan?'.

# Enrollment Guide *continued...*

The decision-making tool will walk you through several questions to determine the medical plan that would best meet your needs based on your answers. You can either go through each screen one by one or jump ahead to the calculator by clicking the link at the top (outlined in red below)

**Medical**

Short on time?  
Jump ahead to cost calculator >

Medical Coverage FAQs

Select a question about health insurance

Go

VOICEOVER AUDIO

## Finding the Right Plan

Your:

- Answer a few questions about your expected medical needs during the period you're covered ("the plan year")

You'll get:

- An estimate of the total cost you could end up paying under each plan
- A plan recommendation

Continue

You do not need to use Ask Emma to enroll in Medical coverage but it can be helpful in determining which plan would be best for your situation.

Once you have made your medical coverage selection, you will be brought back to the main enrollment screen to continue reviewing and making your elections.

Once you have made all of your elections, click Continue on the right-hand side.

# Enrollment Guide *continued...*

If you made any elections that require the designation of a beneficiary, you will be prompted to make that designation on the next page.

To add a beneficiary, click Add Beneficiary under the appropriate plan (outlined in red below).

If you have added dependents to your profile, you will see a list of them to select from for beneficiary (outlined in red below). **Note:** you can select more than one to divide up on the next screen.

If you want to add another person not listed to be your beneficiary, you can do so by clicking Add New Beneficiary on the right (outlined in green below) and adding in their information.

Once you select your beneficiaries, the next screen will have you designate the percentage of your benefit that you would like them to have. If you selected more than 1 beneficiary, you can use the percentage to divide up the coverage as you see fit. Otherwise, if you only have 1 beneficiary, you will put 100 in the percentage box to continue.

# Enrollment Guide *continued...*

**Optional:** you may also designate secondary beneficiaries following the same process.

### Basic Employee Life

Please choose your beneficiaries

**Primary Beneficiaries (required)**

| Name                | Percentage                            | Remove         |
|---------------------|---------------------------------------|----------------|
| test Spouse(spouse) | <input type="text" value="0.0000"/> % | <span>✕</span> |
| test 2 child(child) | <input type="text" value="0.0000"/> % | <span>✕</span> |

Total: 0.0000% (must equal 100%)

[+ Add Beneficiary](#)

**Secondary Beneficiaries (optional)**

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

[+ Add Beneficiary](#)

Once you have finished adding your beneficiaries, click Continue on the right-hand side.

The final step of the enrollment process is the Review and Confirm page. Here you will review the elections that you made for accuracy.

## Review and Confirm

**! Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

Your Total Cost **\$51.59**  
Per Pay Period

**Medical**

Waived

[Edit Selection](#)

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
  - Beneficiaries
  - Review and Confirm
- 4 Complete

Complete Enrollment

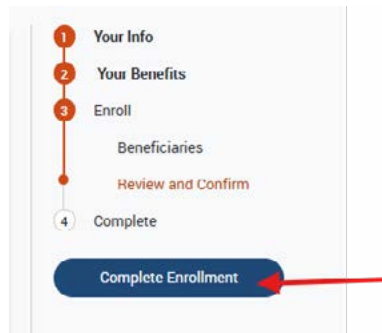
# Enrollment Guide *continued...*

If everything looks correct, you check off the box at the bottom of the page and then click Complete Enrollment on the right-hand side.

## Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment



You will then have the opportunity to View, Email, or Print your confirmation statement.

## Your enrollment is complete!

You may make changes to your elections until: **November 21, 2025**

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

 VIEW

 EMAIL

 PRINT

**Questions?**  
**Contact our Employee Benefits Center:**

• 1-855-203-7722

• NSH@AssuredPartners.com

