Wed. October 28-Tue. November 17

2027 BENEFIT OPEN ENROLLMENT





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This benefit summary describes the benefit plans available to you as an employee of Spencer Hospital. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

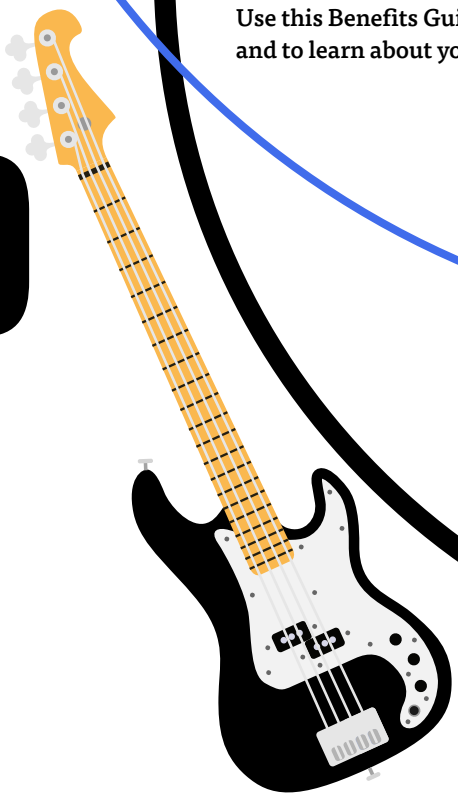
If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Spencer Hospital.

This guide provides a summary of plan highlights. This is not a binding contract. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this guide. Please consult the Summary Plan Description for information on covered charges, limitations, and exclusions.

GETTING STARTED

OUR BENEFITS ROCK!

Use this Benefits Guide to see what's new and to learn about your benefit plan options.



ANNUAL ENROLLMENT

What's New?

- Health Savings Account Limits
    - Single: $4,500
    - Family: $9,000
- Flexible Spending Limits
    - $3,400 Medical care maximum
    - $3,400 Limited purpose maximum
    - $7,500 Dependent care maximum

What's Changing in 2027?

- Medical – Premiums Increasing; Deductibles & Out of Pocket Maximums No Changes
- Dental - Improved Out-of-Network Benefits
- New HSA Contribution for 2027

What's Remaining the Same?

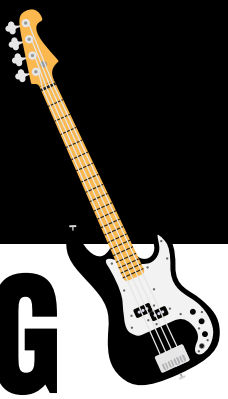
- Vision – No Changes
- Voluntary Accident/Critical Illness/Hospital Indemnity – No Changes
- Life & Disability – No Changes

Please Note: Your voluntary life rate could change should you age into a new age bracket at the beginning of the plan year.

Benefits Service Center

Benefits can be confusing, but we've got you covered. When you have questions about your benefit options or need assistance with enrolling, contact Candace Daniels cdaniels@spencerhospital.org or visit: **www.employeenavigator.com.**

EMPLOYEE & SPOUSE WELLNESS SCREENING



WEDNESDAY 1/6/2027
THURSDAY 1/7/2027
TUESDAY 1/12/2027
5:30 - 8:30 AM
HUMAN RESOURCES

- Weight and Waist Check
- Metabolic Syndrome Check
- Blood Pressure Check
- Comprehensive Blood Panel

FREE IF ON OUR HEALTH INSURANCE!
$10 IF NOT ON OUR HEALTH INSURANCE

SCAN THIS QR CODE TO BOOK NOW!

WELCOME!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

OPEN ENROLLMENT: TAKE ACTION!

OCTOBER 28TH - NOVEMBER 17TH, 2026

If you would like to make any updates to your elections, log into Employee Navigator. All changes will be effective January 1, 2027 and you will not be able to make any changes again until the next Open Enrollment unless you experience a qualifying life event before the end of open enrollment, Nov 17th.

If you are electing flexible spending, health savings account through WEX, the Holiday Savings Club, or the Spencer Cares program for 2027, you MUST log into Employee Navigator and re-elect for 2027.

QUALIFYING LIFE EVENTS

You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time, PRN), or if you gain/lose coverage elsewhere.

IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation WITHIN 30 DAYS of the qualifying life change event.

Contact Candace Daniels or login to **www.employeenavigator.com** to process a Qualifying Life Event.



NEW HIRE EFFECTIVE DATES

Medical, Wellness, Dental, Vision, FSA, HSA, Voluntary benefits - 1st of the month following date of hire

Life & AD&D, Long-Term Disability - 1st of the month following 90 days of employment

Short-Term Disability - After one full year of employment

EAP, Bereavement Leave, Deferred Compensation - (RIC) Upon hire

IPERS - Upon hire, except PRN must work two consecutive quarters making $1,000 or more

HOW TO ENROLL

ELIGIBILITY

If you are a full-time employee (budgeted 60-80 hours per pay period), part-time employee (budgeted 40-59 hours per pay period) or weekend package with benefits, you are eligible to enroll in the benefits described in this guide including medical, dental, vision, life-disability and optional supplemental products.

In accordance with Health Care Reform legislation, Spencer Hospital does have a one-year measurement period for hours of service and a one-year stability period, upon completion of one year of employment, so a PRN, CPT, or part-time employee might qualify for full-time health rates.

ADDING A DEPENDENT?

If you are adding your spouse and/or children to Spencer Hospital's health, dental or vision insurance, we will need the following documents provided prior to start of coverage. Coverage will not start until documentation has been provided.

Relationship(s)	Required Documentation
Legal Spouse	**Standard Document: Marriage certificate (recognized legal jurisdiction) + (1) Joint Document.** The state of Iowa recognizes common law marriage as a legal marriage. If you wish to cover your common law spouse, you will need to complete the Wellmark affidavit. **In addition to your marriage certificate, you will be required to provide joint documentation**. Joint documentation is an item addressed to both parties and dated within the last 90 days. **Examples of Acceptable Joint Documentation:** Utility Bill, Mortgage Statement, Auto Insurance Statement, Property Tax Statement or your most recent Federal Income Tax Form – 1040
Biological/adopted child	**Standard Document:** Birth certificate or court document (paternity test or divorce decree)
Stepchild	**Standard Document:** Birth certificate or court document (paternity test or divorce decree) & confirm eligibility of the spouse
Child placed for adoption	**Standard Document:** Document establishing the child has been placed for the purpose of adoption
Legal Guardianship	**Standard Document:** Court document assigning minor child to employee under permanent legal guardianship
Dependents over age 26	**Standard Document:** Birth certificate or court document **Question: Is this dependent married?** If yes, please provide the date of marriage. **Is this dependent enrolled as a full-time student at an accredited institution of higher education?** If yes, please provide proof of their enrollment.
If you do not have a required certificate or document copy, please order it immediately. The vital statistics website (http://www.cdc.gov/nchs/w2w.htm) can help you determine the process for obtaining document copies. You may be required to contact the County Clerk's office directly and there may be non-reimbursable costs associated with obtaining new copies.	

EMPLOYEE CONTRIBUTIONS

PER PAY PERIOD

Medical	Full Time Employees PPO Plan	Full Time Employees HDHP Plan	Part-Time Employees PPO Plan	Part- Time Employees HDHP Plan
Employee	$121.00	$61.00	$266.00	$140.00
Employee & Spouse	$300.00	$166.00	$420.00	$266.00
Employee & Child(ren)	$261.00	$150.00	$365.00	$240.00
Family	$349.00	$198.00	$469.00	$317.00

Dental	Per Pay Period
Employee	$15.00
Employee & Spouse	$27.50
Employee & Child(ren)	$27.50
Family	$45.00

Vision	Per Pay Period
Employee	$4.22
Employee & Spouse	$8.46
Employee & Child(ren)	$7.16
Family	$11.81

BODY AND MIND

When it comes to your health, it's important to care for your body and mind. Spencer Hospital offers a variety of benefits to help you focus on your whole well-being.



MEDICAL BENEFITS

REGISTER ONLINE

Your connection to great healthcare is only a click away. Register for an account at www.mywellmark.com so you can access time-saving tools, find tips for healthy living, choose a doctor, manage your EOBs, and more!

DOWNLOAD THE MOBILE APP

With the Wellmark mobile app, you've got the tools you need to manage your healthcare from your smartphone.

CHOOSE YOUR MEDICAL PLAN

Your medical plans will be offered through Wellmark. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Open Enrollment will be effective January 1, 2027 and remain in effect until December 31, 2027 unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

UNDERSTANDING YOUR PLAN

1. **YOUR FAMILY** visits your provider (doctor/hospital) and shows their medical insurance card
2. **YOUR DOCTOR OR PROVIDER** will bill your medical carrier
3. **YOUR MEDICAL CARRIER** will process your claim, notify your provider, and send an Explanation of Benefits to you and your provider
4. **YOUR RESPONSIBILITY** You are responsible to pay the amount due to your provider as shown on your EOB

To find an in-network health care provider or facility visit:
https://www.wellmark.com/member/find-provider

MEDICAL PLAN COMPARISON

Traditional PPO Plan - Wellmark

* – Single deductible per person

Plan Feature	Spencer Hospital (Tier 1)	Alliance Select PPO (Tier 2)	Out-of-Network (Tier 3)
Deductible (Calendar Year)	$1,000 individual $2,000 family*	$2,000 individual $4,000 family*	$4,000 individual $8,000 family*
Coinsurance	20%		40%
Out-of-Pocket Maximum (Calendar Year)	$3,500 individual $7,000 family*		$6,000 individual $12,000 family*
Preventive Care	Covered 100%		Deductible, 40% coinsurance
Doctor on Demand	$0 copay		N/A
Primary Care Physician (PCP)	$25 PCP Copayment $40 Non-PCP Copayment		Deductible, 40% coinsurance
Urgent Care	$25 Copayment		Deductible, 40% coinsurance
Emergency Room	Deductible, 20% coinsurance		Deductible, 20% coinsurance
Chiropractic Services	$25 Copayment		Deductible, 40% coinsurance
Inpatient / Outpatient Services	Deductible, 20% coinsurance		Deductible, 40% coinsurance

UNDERSTANDING YOUR DEDUCTIBLES

- **The Traditional PPO Plan** includes an embedded deductible, meaning the individual deductible in addition to the overall family deductible means that an individual participant may reach their deductible and begin having services paid by the plan regardless of whether the family deductible has been met.
- **The High Deductible Health Plan** includes a non-embedded deductible, meaning all participants' out-of-pocket expenses count toward the family deductible until it is met. The family deductible can be met by any one or combination of plan participants, at which time the plan will begin paying services for all participants.

High Deductible Health Plan - Wellmark

Plan Feature	In- Network	Out-of-Network
Deductible (Calendar Year)	$2,500 individual $5,000 family* *(any combination of one or more family members)	$5,000 individual $10,000 family* *(any combination of one or more family members)
Coinsurance	0%	0%
Out-of-Pocket Maximum (Calendar Year)	$2,500 individual $5,000 family*	$5,000 individual $10,000 family*
Preventive Care	Covered 100% (Deductible waived)	Deductible, 0% coinsurance
Doctor on Demand	$0 Copayment	N/A
Primary Care Physician (PCP)	Deductible, 0% coinsurance	Deductible, 0% coinsurance
Urgent Care	Deductible, 0% coinsurance	Deductible, 0% coinsurance
Emergency Room	Deductible, 0% coinsurance	Deductible, 0% coinsurance
Chiropractic Services	Deductible, 0% coinsurance	Deductible, 0% coinsurance
Inpatient / Outpatient Services	Deductible, 0% coinsurance	Deductible, 0% coinsurance

TIER 1 PROVIDERS



If you are enrolled in the PPO plan and you utilize Providers in Tier 1, which is Spencer Hospital Providers, you will pay the lowest deductible. This table lists all of the available providers.

Location Name	City
Abben Cancer Center of Spencer Hospital	Spencer
Avera Home Medical Equipment	Spencer
Avera Family Clinic	Spencer
Avera Medical Group Spencer: Advanced Gynecology	Spencer
Hartley Family Care	Hartley
Milford Family Care	Milford
Northwest Iowa Anethesia Associates	Spencer
Northwest Iowa Bone, Joint & Sports Surgeons, PC	Spencer
Northwest Iowa Ear Nose & Throat, PC	Spencer
Northwest Iowa Surgeons, PC	Spencer
Northwest Iowa Urologists, PC	Spencer
Physician's Laboratory Ltd	Sioux Falls
Physicians Laboratory of Northwest Iowa, Ltd	Spencer
Rehab @ the Clinic	Spencer
Sioux Rapids Family Care	Sioux Rapids
Spencer Hospital – Spirit Lake Dialysis	Spirit Lake
Spencer Municipal Hospital	Spencer

PHARMACY

Wellmark BlueRx Value Plus Formulary	Traditional PPO		HDHP
Out of Pocket Maximum	$3,600 Single $7,200 Family		N/A
Retail 30-day supply	Tier 1	10% Coinsurance with minimum $5, maximum $15	Deductible, 0% Coinsurance
	Tier 2	10% Coinsurance with minimum $30, maximum $60	
	Tier 3	10% Coinsurance with minimum $50, maximum $100	
	Specialty	10% Coinsurance with maximum $250	
Mail order	90 days	3 Copays	N/A

*To find a list of Drugs in the BlueRx Value Plus formulary visit: https://www.wellmark.com/member/prescription-drugs

PRUDENTRX

PrudentRx* offers a third-party (manufacturer) copay assistance program that may help save you money on your specialty medications. If you have a chronic condition and take specialty medications on the PrudentRx Drug List you could pay nothing out of pocket!

Enrollment in the program will be started automatically, but you must speak with a PrudentRx advocate to finalize enrollment.

If you are currently taking a specialty medication, you will receive a letter in the mail; shortly after, PrudentRx will begin their telephonic outreach.

*Members that do not fill eligible medications through PrudentRx will be subject to 30% coinsurance which does not count toward out-of pocket maximum.

SEND MEDICATIONS RIGHT TO YOUR HOME

Home delivery is a convenient, cost-effective and safe option for medications you take regularly. There are four ways to place a new home delivery order:

1. By ePrescribe: Your doctor can send an electronic prescription
2. Go online: Visit the website on your ID card
3. By app: Open the Wellmark app, which you can download from the App Store or Google Play
4. By phone: Call the toll-free number on our ID card

MAXIMIZE YOUR PRESCRIPTION SAVINGS

Being an informed healthcare consumer can help lower your prescription costs. If a medication is expensive, talk with your doctor about generic options and compare prices across pharmacies. Resources such as GoodRx and Cost Plus Drugs can help you find competitive pricing on many medications.

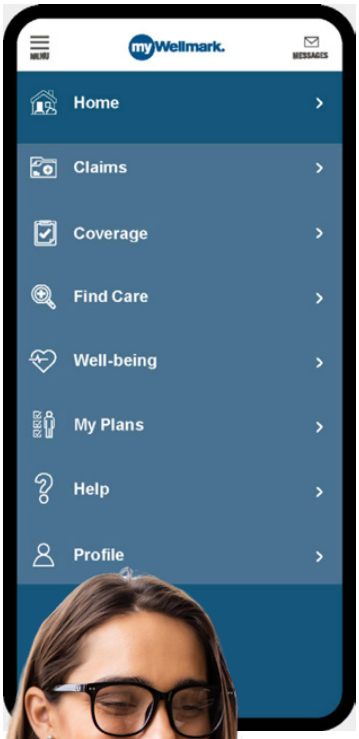
Note: Medications purchased through Cost Plus Drugs may not be processed through your health plan's prescription drug benefit and may not count toward your deductible or out-of-pocket maximum. Confirm coverage details before purchasing

MYWELLMARK

Take Your Health Plan on the Go

Manage your health with the Wellmark Blue Cross and Blue Shield app.

The free Wellmark mobile app makes it easy to access your health plan information and find care from your smartphone. Review your benefits, track claims, estimate costs and access your member ID card wherever you are.



FIND CARE WHEN AND WHERE YOU NEED IT

Use the app to find nearby in-network providers and facilities, view maps or driving directions, save providers to your favorites and share provider information by text or email. You can also connect directly with a provider's office or health professional.

DOWNLOAD THE APP TODAY

Visit myWellmark.com, search for the Wellmark mobile app in the App Store® or download it from Google Play™

Use These Helpful Tools On-The-Go

- **Track claims:** Check the status of your claims and sign up for digital Explanations of Benefits (EOBs).
- **Review your coverage:** View personalized benefit information, including copays, deductibles and out-of-pocket maximums.
- **Find care:** Search for in-network physical and mental health providers, hospitals, dentists and facilities.
- **Estimate costs:** See what you may pay for common procedures and health care services.
- **Access well-being resources: C**omplete mental health or wellness assessments, explore Blue365® discounts and find health and wellness information.
- **Use your digital ID card:** View or email your member ID card directly from your phone.



Quick Tip

Before scheduling care, use the app to search for an in-network provider and estimate your potential costs.

EXPLANATION OF BENEFITS (EOB)

Understanding Your Explanation of Benefits (EOB)

An **Explanation of Benefits (EOB)** is not a bill. It's a summary from your health plan that shows how your benefits were applied to the health care services you received. Reviewing your EOB can help you better understand your health care costs and ensure your claims were processed correctly.

WHAT YOU'LL FIND ON YOUR EOB

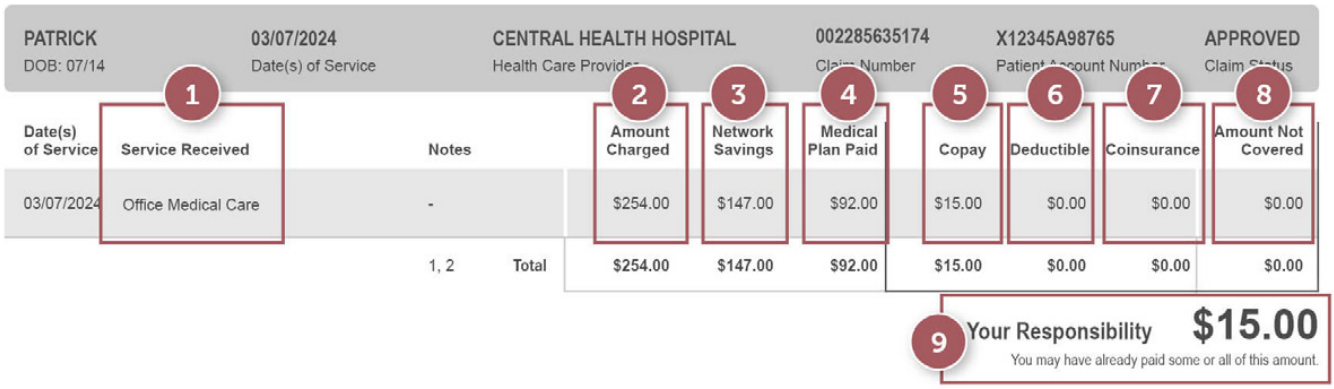
Your EOB shows:

- The services you received
- What your provider charged
- Any savings you received by using in-network providers
- What your health plan paid
- What portion of the cost may be your responsibility

If your EOB indicates that you owe a portion of the cost, your provider will send a separate bill. The EOB itself is not a request for payment.

WHY IT MATTERS

Your EOB is one of the best tools for understanding how your health plan works and keeping track of your health care spending. Taking a few minutes to review each EOB can help you spot errors, understand your costs, and get the most value from your benefits.



PATRICK DOB: 07/14	03/07/2024 Date(s) of Service	CENTRAL HEALTH HOSPITAL Health Care Provider	002285635174 Claim Number	X12345A98765 Patient Account Number	APPROVED Claim Status

1 Date(s) of Service	1 Service Received	Notes	2 Amount Charged	3 Network Savings	4 Medical Plan Paid	5 Copay	6 Deductible	7 Coinsurance	8 Amount Not Covered
03/07/2024	Office Medical Care	-	$254.00	$147.00	$92.00	$15.00	$0.00	$0.00	$0.00
		1, 2 Total	$254.00	$147.00	$92.00	$15.00	$0.00	$0.00	$0.00

9 Your Responsibility **$15.00**
You may have already paid some or all of this amount.

COMMON TERMS YOU'LL SEE

Understanding a few key terms can make your EOB easier to read:

- **Amount Charged:** The total amount billed by your provider.
- **Network Savings:** Discounts you receive when using in-network providers.
- **Medical Plan Paid:** The amount your health plan paid toward the service.
- **Copay:** A fixed dollar amount you pay for certain services.
- **Deductible:** The amount you pay before your plan begins sharing costs.
- **Coinsurance:** A percentage of costs you share with the plan after meeting your deductible.
- **Amount Not Covered:** Charges not covered under your health plan.
- **Your Responsibility:** The amount you may owe your provider.

DENTAL

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Dental coverage is offered for basic and major services. You and your eligible dependents may enroll in the dental plan administered by Delta Dental of Iowa.

If you use PPO providers, you will receive greater benefits. To locate a preferred provider, visit www.deltadentalia.com or call (800) 544-0718.

SCAN THE QR CODE TO FIND A PROVIDER

- Click on "Find a Provider" then "Delta Dental Network Dentist"
- Select the "PPO" network option for the best discounts and search by your location

Plan Features	PPO	Premier/ Non-Participating
Plan Maximum	**$1,000 with Carryover-To-Go**	
Deductible per person	**$50**	**$75**
Diagnostic & Preventative Services (Deductible waived)	**No Cost**	**10% Coinsurance**
Routine & Restorative Services	**Deductible, 20% Coinsurance**	**Deductible, 30% Coinsurance**
Major Services (crowns, inlays, bridges, dentures)	**Deductible, 50% Coinsurance**	**Deductible, 50% Coinsurance**
Orthodontia (Deductible waived) Covers dependents to the age of 26 and adults	**50% Coinsurance**	**50% Coinsurance**
Orthodontia Lifetime Maximum	**$1,000**	

Delta Dental PPO Dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level typically providing a 15-40% discount off of average billed charges nationally. PPO dentists are a smaller network of providers.

Delta Dental Premier Dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level typically delivering a 5-15% discount off of average billed charges nationally. Premier dentists are more commonly known providers.

VISION

METLIFE

Taking care of your eyes is an important part of your overall health. Your vision coverage, provided by MetLife through the VSP network, helps reduce the cost of routine eye exams, glasses, contact lenses, and other vision care services. In addition, employees enrolled in the medical plan can receive a covered preventive eye exam at no cost when visiting a provider in Wellmark's network. Together, these benefits help you protect your vision, detect potential health concerns early, and keep your eyes healthy for years to come.

To find an in-network provider please visit www.metlife.com/mybenefits or call (855) 638-3931.

	IN-NETWORK	OUT-OF-NETWORK
Type of Service		
Exam	$10 Copay	Up to $45
Materials	$10 Copay	N/A
Lens & Frames		
Single Vision Lenses	$10 Copay	Up to $30
Standard Lined Bifocal	$10 Copay	Up to $50
Standard Trifocal Lenses	$10 Copay	Up to $65
Lenticular	$10 Copay	Up to $100
Progressives	Up to $55 Copay	Up to $50
Frames	$150 retail allowance with an additional 20% off balance *($85 Costco allowance)*	Up to $70
Contact fitting and evaluation	$60 Maximum Copay	Up to $105
Elective Contacts	$150 Allowance	Up to $210
Medically Necessary Contacts	Covered in full after eyewear Copay	N/A
Lasik Vision	15% off regular price or 5% off a promotional offer	N/A
Frequency of Services		
Eye Exam	Once Every 12 Months	
Lenses or Contacts	Once Every 12 Months	
Frames	Once every 24 Months	

You will not receive a physical card for your vision insurance. If you would like a generic card, contact Human Resources.

WELLNESS BENEFITS

ELIGIBILITY	YOUR COST	DESCRIPTION
Comprehensive Wellness Screening *including Preventive Blood Work*		**Contact Employee Health at 264-6636**
Offered each year in January	**FREE** Value: $50, $25 TSH, $40 PSA Thyroid $40/PSA	Includes: Height, Weight, & Waist Circumference, Resting Blood Pressure & Heart Rate, Complete Blood Count (CBC), Lipid Panel (HDL, LDL, Triglycerides & Cholesterol), Comprehensive Chemistry Panel, Prostate Specific Antigen (PSA) – Optional by request- Males over 50, Thyroid (TSH) –All age 35+.
Employees NOT on Health Plan & Spouses	**$10** (See value above)	
Wondr (formerly Naturally Slim)		**Contact Employee Health at 264-6636**
Employees & Spouses on Health Insurance w/ Qualifying Biometrics	**FREE** Value: $385	New and improved program taught by Marcia Upson, ARNP, this 10-week online course is geared towards slowing the progression of disease by reducing Metabolic Syndrome factors, including diabetes, obesity, and cardiac health. Apply at **www.wondrhealth.com/spencerhospital**
Quit Line Iowa Tobacco Cessation		**Contact Employee Health at 264-6636**
All Employees & Spouses	**FREE** Value: $350	Series of five, smoking cessation calls through Quit Line Iowa.
Athletic Enhancement Discount		**Contact Tim or Jason in Athletic Enhancement at 264-6633**
All Employees and their Spouses	**FREE**** *Tax implications may apply. Value: $552 yr./ each	AE is accessible 24/7 and personal training programs are available. *Enrollment fee/each & free thereafter.
Miscellaneous Wellness Extras		**Contact Candace in HR at 264-6643**
All Employees	**FREE**	Indoor and outdoor walking paths. We occasionally offer different walking challenges in our walking paths and stairwells.
CT Cardiac Score or Ultrasound Stroke Screening		**Contact Diagnostic Imaging at 264-6500**
All Employees & Spouses Men 40+ years Women 45+ years	**SH Health Plan Participant: 1 Free or both for $75 Not SH Health Plan Participant: $10 for first / $85 for both**	A cardiovascular risk identification and reduction program operated by Spencer Hospital. Must meet appropriate age and other criteria.
Flu Vaccine		**Contact Employee Health at 264-6636**
All Employees	**FREE** Value: $35	It is highly recommended that all Spencer Hospital employees receive the influenza vaccine annually through the Employee Health, especially employees who provide direct patient care.
Ongoing Wellness Contests		**Contact Candace in HR at 264-6643**
All Employees Ongoing	**FREE**	Participate in various wellness challenges set by our Wellness Committee. We strive to offer one wellness-related item each month. Previous things include: Aging Backwards challenges, water consumption, financial wellness education classes, lunch n' learns, giving back opportunities and more! Check your emails and participate in as many fun things as possible....often with great prizes!

QUESTIONS?

PLEASE CONTACT HR AT 712-264-6643 OR EMAIL HR@SPENCERHOSPITAL.ORG

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. High deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

HEALTH SAVINGS ACCOUNT (HSA)
WEX

WHO IS ELIGIBLE FOR AN HSA?

- Must be enrolled in a high deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP.
- Cannot be enrolled in a traditional health care FSA in the same calendar year
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months

Triple Tax Savings

Your HSA offers triple tax savings,* allowing you to save on taxes in three ways.

- **Lower paycheck costs: allowing you to keep control of more of your money**
- **Tax-advantage saving account:** enrolling in and contributing to a Health Savings Account (HSA) helps you pay your deductible and out-of-pocket costs
- **Comparable benefits:** these plans use the same networks that other plans offer, and in-network preventive care is still covered at 100%

*For a list of eligible expenses, see IRS Publication 502, available at www.irs.gov.

HSA at a Glance

Coverage Level	2027 IRS Maximum	Annual Employer Contribution (deposited with first paycheck of 2027)	Total Employee Contribution Available
Employee Only	$4,500	Part-Time:$50 Full-Time: $100	Part-Time:$4,450 Full-Time: $4,400
Employee + Spouse	$9,000	Part-Time:$100 Full-Time: $200	Part-Time:$8,900 Full-Time: $8,800
Employee + Child(ren)	$9,000	Part-Time:$100 Full-Time: $200	Part-Time:$8,900 Full-Time: $8,800
Employee + Family	$9,000	Part-Time:$100 Full-Time: $200	Part-Time:$8,900 Full-Time: $8,800

FUNDING ACCOUNTS

HSA & FSA

HOW MUCH CAN I CONTRIBUTE (HSA)

- Employee only coverage: $4,500 per calendar year
- Employee plus dependents coverage:$9,000
- If you are 55 or older, you can make an additional annual catch-up contribution of $1,000
- Annual maximum includes employer contribution

FLEXIBLE SPENDING ACCOUNT (FSA)

Who can participate?

Employees who are not enrolled in the high deductible health plan.

What are the contribution limits?

Employees can contribute up to $3,500 in 2027.

What is an eligible expense?

Employees Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at **www.irs.gov**.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

Who can participate?

Any benefit-eligible employee.

What are the contribution limits?

What are the contribution limits? Employees can contribute up to $7,500 annually per family or $3,750 if filing separately.

What is an eligible expense?

Child day care, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at **www.irs.gov**.



HSA DISTRIBUTIONS

All withdrawals from your HSA are tax free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty— you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. You can either set up an HSA at a financial institution and have the money submitted post-tax or electing a pre-tax contribution through WEX. Consult your tax advisor to learn more.

LIMITED PURPOSE FSA

Who can participate?

Employees enrolled in the high-deductible health plan.

What are the contribution limits?

Employees can contribute up to $3,500 for 2027. You can use the funds for any qualified dental or vision expenses. No medical plan co-pays, deductibles, prescription drugs or alternative healthcare are eligible expenses through a LPHFSA.

WHAT HAPPENS AT THE END OF THE YEAR?

For both Limited Purpose and Health Care FSAs, a balance of less than $20 or more than $700 will be forfeited at the end of the year. However, any remaining balance between $20-$700 can be used the following plan year once funds are carried over mid-April. Estimate your contributions carefully so you can avoid losing money.

The FSAs also allow a 90-Day Runout Period: Expenses can be submitted through 3/31/2027.

SPENDING ACCOUNTS

TECHNOLOGY & RESOURCES

WEX

BENEFITS DEBIT CARD

The benefits debit card is the fastest and most convenient way to pay for eligible expenses. Just one debit card is all you need for your benefits regardless of how many plans you have with us. You will also be able to access Spencer Hospital's contribution to your HSA through this card.

BENEFITS ELIGIBLE EXPENSES

There are thousands of eligible procedures, items and expenses based on your plan. View our interactive list of eligible expenses at **www.wexinc.com/insights/benefits-toolkit/eligible-expenses/.**

KNOWLEDGE BASE

Once you're enrolled, check out the knowledge base to quickly search for answers to your questions. The knowledge base boasts millions of views of our micro-videos, articles and step-by-step how-to empowering you to get the most out of your benefits. Have a question? Visit any time of day or night by logging in to your online account on **www.wexinc.com.**

BENEFITS MOBILE APP & PARTICIPANT PORTAL

Access your benefits 24/7 with the WEX mobile app. Our app is free, convenient and offers real-time access to all your benefits accounts. With our benefits mobile app you can:

- Get access to your benefits funds faster with in app provisioning - no need to wait for your physical card to arrive in the mail.
- Get instant updates on the status of your claims.
- File a claim and upload documentation in seconds using your phone's camera.
- Scan an item's bar code to determine if it's an IRS Code Section 213(d) eligible expense.
- Report a card as lost or stolen, which cancels the card and ships you a new one.
- Log in through face recognition or fingerprint (depending on your phone).
- Check your balance and view account activity.
- Reset login credentials.

DOWNLOAD THE MOBILE APP

Download on the App Store

GET IT ON Google Play

DON'T HAVE A SMARTPHONE?

Go to **www.wexinc.com,** select Login, then Benefits Accounts, and then select a Participant Accounts option. This page provides login buttons for accessing your online account, along with helpful resources like a benefits knowledge base, a link to current eligible expenses, and chat.

Have questions about WEX?

Participant Services team is available Monday - Friday 6:00 a.m. to 9:00 p.m. Central time.

Whether you're already enrolled or just exploring your options, support is available:

- Already enrolled call: 1-866-451-3399 for assistance
- Not enrolled call: 1-844-561-1337 to get your questions answered

Online Support:

- Submit questions at www.wexinc.com,
- Submit a form: forms@wexhealth.com
- Live chat: go to www.wexinc.com

LIFE INSURANCE



No one can predict the future, but you can plan for it. That's why Spencer Hospital offers you benefits to help protect your income and give you peace of mind.

FIND YOUR RATES IN EMPLOYEE NAVIGATOR.

LIFE INSURANCE

Life insurance pays a benefit if you or a covered family member dies. It is paid to your beneficiary if you die or to you if a dependent dies.

Basic Life Insurance

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by Spencer Hospital, so you will automatically be enrolled at no cost to you. Your coverage will be 1 times your salary, up to $500,000.

SUPPLEMENTAL LIFE INSURANCE

You may purchase additional life insurance at group rates:

- Available 1 or 2 times your Basic annual earnings, up to $500,000
- You pay the full cost of this plan and the amount deducted depends on the age of the associate and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible or an election over $200,000 is made, you are subject to medical underwriting by the carrier

  Note: Upon loss of eligibility or termination of employment, you and/or your dependents may elect to continue your employer-sponsored Basic or Voluntary Term Life Insurance coverage by either porting or converting it.

Don't forget to designate the beneficiary in Employee Navigator, especially if it changes!

LIFE INSURANCE FOR SPOUSES AND DEPENDENTS

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of $5,000 up to a max of $250,000, not to exceed 50% of employee's election
- Can elect up to $25,000 without medical underwriting as a new hire
- Child life is available from birth to age 26 for $5,000 or $10,000
- Children are not subject to medical underwriting
    - The cost remains the same regardless of the number of children you have

Note: Employee rates automatically increase with age.

GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

IMPUTED INCOME

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds $50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

DISABILITY

At Spencer Hospital, we want to do everything we can to protect you and your family. That's why Spencer Hospital pays for the full cost of long-term and short-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, LTD benefits will provide a partial replacement of lost income. Long-Term Disability (LTD) begins as soon as 90 days from the date of your disability. LTD is provided through Prudential.

Spencer Hospital also provides Short-Term Disability (STD) for full-time, part-time, and weekend package benefit eligible employees. You are not eligible to receive STD benefits if you are receiving workers' compensation benefits.

Short-Term Disability	
Benefits Begin	After using 24 Hours of PTO
Maximum Benefit Period	13 Weeks
Maximum Benefit Amount	60% of Weekly Earnings
Pre-existing Condition waiting period	Not Applicable

Long-Term Disability	Class 1	Class 2
Class Description *(must be scheduled to work a minimum of 30 hours per week)*	All Eligible Employees earning $120,000 or more per year	All other Eligible Employees
Benefit Percentage	**60% of monthly earnings**	
Maximum Benefit Amount	$15,000	$6,000
Guaranteed Issue Amount	$10,000	$6,000

You become eligible for short term and long term disability after 1 year of employment with Spencer Hospital.

Pre-existing condition limitation for Long-Term Disability:
If you've received medical treatment consultation, care, or services, including diagnostic measures, or have taken prescribed drugs or medicines within three months prior to the effective date for any injury or sickness, a period of disability related to that diagnosis will not be covered for 12 months after your effective date.



ACCIDENT, CRITICAL ILLNESS, & HOSPITAL INDEMNITY INSURANCE



These benefits, administered by Prudential, offer an extra layer of protection for you and your family. The payment these benefits provide is in addition to any other insurance you may have and is yours to spend as you wish—to help cover bills or for everyday living expenses. These plans do not provide health insurance coverage and do not replace the medical plans.

ACCIDENT COVERAGE

Accident insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, accident insurance pays you directly.

How Does Accident Insurance Work?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging and follow-up care.

CRITICAL ILLNESS

While medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, stroke or a heart attack, medical insurance may not provide the coverage you need. Critical illness insurance will ease the financial strain and help you focus on your recovery.

How Will a Critical Illness Claim Get Paid?

After purchasing critical illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider.

WELLNESS BENEFIT

$50 Wellness Benefit for Critical Illness, Hospital Indemnity plans upon completion of a covered screening test. $100 Wellness Benefit for Accident. Contact HR for more details.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your medical insurance covers most of your hospitalization, you can still receive payments from your hospital indemnity insurance plan to cover extra expenses while you recover.

How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your hospital indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your hospital indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your medical insurance, medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of- living expenses as you recover.

COVERED EXPENSES

- **Accident Coverage:** Emergency room visits, Hospital stays, Fractures and dislocations, Medical exams, Physical therapy, Transportation and lodging
- **Critical Illness:** Heart attack, Multiple Sclerosis, Stroke, Alzheimer's disease, Parkinson's disease and Major organ failure
- **Hospital Indemnity:** Hospital admission, Hospital confinement, Hospital intensive care, Surgical care, Diagnostic and imaging, Transportation and lodging

**Full Benefit Summaries are available in Employee Navigator*

RATES



ACCIDENT COVERAGE

Below is the semi-monthly cost for accident. Rates are effective as of January 1, 2027. Accident coverage is contributory. You are responsible for paying for the full cost through post-tax payroll deduction.

Low Plan

Coverage	Cost Per Pay Period
Employee	$3.40
Employee + Spouse	$5.20
Employee + Child(ren)	$7.17
Employee + Family	$8.97

High Plan

Coverage	Cost Per Pay Period
Employee	$5.38
Employee + Spouse	$8.22
Employee + Child(ren)	$11.24
Employee + Family	$14.08

HOSPITAL INDEMNITY

Below is the semi-monthly cost for hospital indemnity. Rates are effective as of January 1, 2027. Hospital indemnity coverage is contributory. You are responsible for paying for the full cost through post-tax payroll deduction.

Low Plan

Coverage	Cost Per Pay Period
Employee	$6.88
Employee + Spouse	$11.91
Employee + Child(ren)	$11.05
Employee + Family	$16.07

High Plan

Coverage	Cost Per Pay Period
Employee	$12.92
Employee + Spouse	$22.35
Employee + Child(ren)	$20.75
Employee + Family	$30.18



RATES



CRITICAL ILLNESS

Rates are effective as of January 1, 2027. The chart below shows possible coverage amounts and their semi-monthly, post-tax costs. Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose. You can also review rates when logged in to Employee Navigator

Employee Critical Illness - Choice 1 Non-tobacco rates												
Coverage	Age											
	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75+
$10,000	$3.05	$3.15	$3.60	$4.25	$5.60	$7.10	$9.00	$11.50	$15.30	$20.95	$30.50	$30.50
$15,000	$4.58	$4.73	$5.40	$6.38	$8.40	$10.65	$13.50	$17.25	$22.95	$31.43	$45.75	$45.75
$20,000	$6.10	$6.30	$7.20	$8.50	$11.20	$14.20	$18.00	$23.00	$30.60	$41.90	$61.00	$61.00
$25,000	$7.63	$7.88	$9.00	$10.63	$14.00	$17.75	$22.50	$28.75	$38.25	$52.38	$76.25	$76.25
$30,000	$9.15	$9.45	$10.80	$12.75	$16.80	$21.30	$27.00	$34.50	$45.90	$62.85	$91.50	$91.50
$35,000	$10.68	$11.03	$12.60	$14.88	$19.60	$24.85	$31.50	$40.25	$53.55	$73.33	$106.75	$106.75
$40,000	$12.20	$12.60	$14.40	$17.00	$22.40	$28.40	$36.00	$46.00	$61.20	$83.80	$122.00	$122.00

Employee Critical Illness - Choice 1 Tobacco rates												
Coverage	Age											
	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75+
$10,000	$3.50	$3.60	$4.50	$5.60	$8.00	$10.80	$14.30	$18.80	$10.45	$35.80	$52.75	$52.75
$15,000	$5.25	$5.40	$6.75	$8.40	$12.00	$16.20	$21.45	$28.20	$15.68	$53.70	$79.13	$79.13
$20,000	$7.00	$7.20	$9.00	$11.20	$16.00	$21.60	$28.60	$37.60	$20.90	$71.60	$105.50	$105.50
$25,000	$8.75	$9.00	$11.25	$14.00	$20.00	$27.00	$35.75	$47.00	$26.13	$89.50	$131.88	$131.88
$30,000	$10.50	$10.80	$13.50	$16.80	$24.00	$32.40	$42.90	$56.40	$31.35	$107.40	$158.25	$158.25
$35,000	$12.25	$12.60	$15.75	$19.60	$28.00	$37.80	$50.05	$65.80	$36.58	$125.30	$184.63	$184.63
$40,000	$14.00	$14.40	$18.00	$22.40	$32.00	$43.20	$57.20	$75.20	$41.80	$143.20	$211.00	$211.00

CRITICAL ILLNESS

Rates are effective as of January 1, 2027. The chart below shows possible coverage amounts and their semi-monthly, post-tax costs. Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose. Spouse rates are based on the employee's age.

Spouse Critical Illness - Choice 1 Non-Tobacco rates												
Coverage	Age											
	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75+
$10,000	$2.70	$2.95	$3.05	$3.50	$4.25	$5.40	$7.10	$9.35	$12.70	$17.35	$22.95	$22.95
$12,500	$3.38	$3.69	$3.81	$4.38	$5.31	$6.75	$8.88	$11.69	$15.88	$21.69	$28.69	$28.69
$15,000	$4.05	$4.43	$4.58	$5.25	$6.38	$8.10	$10.65	$14.03	$19.05	$26.03	$34.43	$34.43
$17,500	$4.73	$5.16	$5.34	$6.13	$7.44	$9.45	$12.43	$16.36	$22.23	$30.36	$40.16	$40.16
$20,000	$5.40	$5.90	$6.10	$7.00	$8.50	$10.80	$14.20	$18.70	$25.40	$34.70	$45.90	$45.90
$22,500	$6.08	$6.64	$6.86	$7.88	$9.56	$12.15	$15.98	$21.04	$28.58	$39.04	$51.64	$51.64
$25,000	$6.75	$7.38	$7.63	$8.75	$10.63	$13.50	$17.75	$23.38	$31.75	$43.38	$57.38	$57.38
$27,500	$7.43	$8.11	$8.39	$9.63	$11.69	$14.85	$19.53	$25.71	$34.93	$47.71	$63.11	$63.11
$30,000	$8.10	$8.85	$9.15	$10.50	$12.75	$16.20	$21.30	$28.05	$38.10	$52.05	$68.85	$68.85
$32,500	$8.78	$9.59	$9.91	$11.38	$13.81	$17.55	$23.08	$30.39	$41.28	$56.39	$74.59	$74.59
$35,000	$9.45	$10.33	$10.68	$12.25	$14.88	$18.90	$24.85	$32.73	$44.45	$60.73	$80.33	$80.33
$37,500	$10.13	$11.06	$11.44	$13.13	$15.94	$20.25	$26.63	$35.06	$47.63	$65.06	$86.06	$86.06
$40,000	$10.80	$11.80	$12.20	$14.00	$17.00	$21.60	$28.40	$37.40	$50.80	$69.40	$91.80	$91.80

Spouse Critical Illness - Choice 1 Tobacco rates												
Coverage	Age											
	< 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75+
$10,000	$2.95	$3.05	$3.50	$4.30	$5.65	$7.75	$10.70	$14.75	$20.90	$29.15	$39.05	$39.05
$12,500	$3.69	$3.81	$4.38	$5.38	$7.06	$9.69	$13.38	$18.44	$26.13	$36.44	$48.81	$48.81
$15,000	$4.43	$4.58	$5.25	$6.45	$8.48	$11.63	$16.05	$22.13	$31.35	$43.73	$58.58	$58.58
$17,500	$5.16	$5.34	$6.13	$7.53	$9.89	$13.56	$18.73	$25.81	$36.58	$51.01	$68.34	$68.34
$20,000	$5.90	$6.10	$7.00	$8.60	$11.30	$15.50	$21.40	$29.50	$41.80	$58.30	$78.10	$78.10
$22,500	$6.64	$6.86	$7.88	$9.68	$12.71	$17.44	$24.08	$33.19	$47.03	$65.59	$87.86	$87.86
$25,000	$7.38	$7.63	$8.75	$10.75	$14.13	$19.38	$26.75	$36.88	$52.25	$72.88	$97.63	$97.63
$27,500	$8.11	$8.39	$9.63	$11.83	$15.54	$21.31	$29.43	$40.56	$57.48	$80.16	$107.39	$107.39
$30,000	$8.85	$9.15	$10.50	$12.90	$16.95	$23.25	$32.10	$44.25	$62.70	$87.45	$117.15	$117.15
$32,500	$9.59	$9.91	$11.38	$13.98	$18.36	$25.19	$34.78	$47.94	$67.93	$94.74	$126.91	$126.91
$35,000	$10.33	$10.68	$12.25	$15.05	$19.78	$27.13	$37.45	$51.63	$73.15	$102.03	$136.68	$136.68
$37,500	$11.06	$11.44	$13.13	$16.13	$21.19	$29.06	$40.13	$55.31	$78.38	$109.31	$146.44	$146.44
$40,000	$11.80	$12.20	$14.00	$17.20	$22.60	$31.00	$42.80	$59.00	$83.60	$116.60	$156.20	$156.20

Child(ren) Critical Illness - Choice 1	
Coverage	Cost - Pay Period Premium
$5,000	$1.48
$10,000	$2.95
$15,000	$4.43
$20,000	$5.90

RETIREMENT

(IPERS) IOWA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

As a municipal hospital, Spencer Hospital is able to offer the Iowa Public Employees' Retirement System (IPERS) to all qualifying employees as a retirement vehicle. This defined benefit is a mandatory state retirement program designed as a supplement to Social Security.

Eligibility

- All employee classifications. (As long as certain requirements are met)

Effective Date for New Participants:

Immediately upon meeting IPERS eligibility requirements.The lifetime monthly benefit you receive is defined; it is calculated using a formula. Your benefits grow with you during your working career. The average monthly benefit paid to members retiring in the fiscal year of 2025 was $2,199. Normal retirement age is one of the following, whichever comes first:

1. Age 65
2. Age 62 if you have 20 or more years of covered IPERS employment (60/20)
3. When your years of service plus your age equals or exceeds 88 (Rule of 88)

Contribution Levels:

Employee: 6.335% of covered wages through payroll deductions (Paramedics: 6.335%)

Hospital: 9.44% (Paramedics: 9.185%)

For specific questions related to you and your retirement goals, contact IPERS at 800-622-3849 or visit **www.ipers.org.**



DEFERRED COMPENSATION

You may participate in this tax-deferred 457 (b) tax plan, issued by Empower through the Iowa Retirement Investor's Club. Life plan funds are available. Rollover is available for qualifying 401k, 403(b), and other retirement accounts. This is through Iowa Retirement Investor's Club. The RIC enrollment form is found at the back of this book and also in Policy Manager. If you are newly electing this, you will need to complete the RIC enrollment form with an approved advisor and bring back the completed application to HR prior to the first deduction beginning.

Eligibility

- Full Time: 60-80 hours/pay period
- Part-Time: 40-59 hours/pay period
- Casual Part-Time or Weekend Package

Did You Know:

Spencer Hospital Offers Free Will Services to employees?

To start creating a free will, simply visit www.estateguidance.com and in the upper-right corner enter the promo code: **GRE311**

Then use the "***Estate Planning made simple***" drop down to start a free last will & testament.



EMPOWER

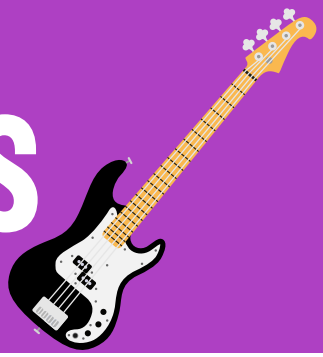
FINANCIAL ADVISORS REPRESENTING SPENCER HOSPITAL

Iowa Retirement Investors' Club (RIC) 457 Deferred Compensation Plan

Employees may work with any other financial advisor appointed with MassMutual and the Iowa Retirement Investors Club plans.

A.J. Spielman **Jan Spielman** **Erika Wachholz**	Ameriprise Financial Services, Inc. 116 W 8th St., Spencer, IA 51301 712-262-1777
Cole Milbrath **Leonard Langner** **Tyler Adams**	LPL Financial Corporation (Prairie Plans) 509 Grand Ave, Spencer, IA 51301 712-262-2600
Jennifer Irvine	Edward Jones 112 W 6th St. Spencer, IA 51301 712-262-0142
Richard Noah	LPL Financial Corporation 1200 W. 18th St., Ste.1, Spencer, IA 51301 712-580-5432
Levi Morris	LPL Financial Corporation (Community Bank) 1812 Hwy. Blvd., Spencer, IA 51301 712-262-3030
Anthony (Tony) Elbert	Edward Jones 3131 Main Street, Emmetsburg, IA 50536 712-852-9074
Steven Jones	Ameriprise Financial Services Inc. 1005 Broadway, Emmetsburg, IA 50536 steven.jones@ampf.com (c) 515-419-1600
Christopher Fuhrman	Edward Jones 1724 Hill Ave., Spirit Lake, IA 51360 712-336-4172
Richard Vander Wel	Woodbury Fin Svcs Inc 1701 Chicago Ave, Unit 101, Spirit Lake, IA 51360 712-339-9021
Bradley Schmitz	LPL Financial Corporation 1525 18th Street, Spirit Lake, IA 51360 712-332-0505
Amy Hotovec **Brandon Madison**	Edward Jones 2207 Okoboji Ave Milford, IA 51351 712-338-9393

OTHER BENEFITS & DISCOUNTS



ATHLETIC ENHANCEMENT MEMBERSHIP

Employee and Spouse Membership- Employee pays $46 for the first month and then the benefit is free. Spouse pays $33 for the first month.
*Tax implications of the value of the benefit may apply.

SERVICE AWARDS - AWARDCO

Service awards are presented to employees for every five years of continuous employment with the hospital.

Spencer Hospital recognizes employees for each year of service. When an employee hits a milestone of their first year and then on their 5th, 10th, and every five years thereafter, they are awarded in points through Awardco. Awardco is a platform that assigns you points equivalent to Amazon dollars and then you can pick your service award gift. **www.awardco.com**.

OUTPATIENT DISCOUNT

Employees may receive a 20% discount on all hospital outpatient charges if they carry health insurance and the bill is paid within 60 days of the invoice date. A 10% discount applies if no health insurance is carried. This discount cannot be combined with any other discount available in Patient Accounts. Employees must contact patient accounts and inquire about the discount.

CAFETERIA DISCOUNT

While working you receive a 20% discount on your own meals in the hospital's cafeteria. Payment may be made through payroll deduction or cash. Note: Some items such as vendor-provided soda pop and ice cream treats may be ineligible for this discount.

YMCA DISCOUNT

The Spencer Family YMCA offers a membership discount to Spencer Hospital employees. Various other discounts are offered to our employees. More information on these discounts can be found on Policy Manager.

VACCINATIONS

You may receive certain vaccinations, including flu, recommended by the hospital at no cost Contact Employee Health with questions.

MEDICAL TRAVEL ASSISTANCE

You now have access to IMG's Travel Assistance Services, an indispensable offering available to you and your dependents. IMG has extensive experience handling complex and remote medical transport situations, as well as providing support for travel concerns when they arise. Our team of international, multilingual specialists are accustomed to working across time zones and with different languages and currencies. Utilizing IMG's extensive global network of medical care providers, our onsite 24/7/365 U.S.-based call center is available day or night to provide high-quality care you can depend on. Toll-free from within the U.S.: +1 (855) 847-2194.
From anywhere in the world: +1 (317) 927-6881.

TUITION ASSISTANCE & EDUCATIONAL PROGRAMS

Tuition Assistance is a Spencer Hospital benefit designed to promote the personal and professional growth and development of employees. To learn more about this benefit, contact Danelle Stumbo in the Education Department at danelle.stumbo@spencerhospital.org.

EMPLOYEE ELIGIBILITY:

Full-time: 60-80 hours/pay period
Part-time: 40-59 hours/pay period
Weekend Package

EFFECTIVE:

After one year of employment, if you are a full-time employee, based on Tuition Assistance budget, awards equal up to:

- AA degree or Initial Certifying Exam: the amount of the award is 50% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to $2,000 per fiscal year.
- Bachelor degree: the amount of the award is 75% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to $3,000 per fiscal year.
- Graduate degree: the amount of the award is 75% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to $4,000 per fiscal year

EDUCATIONAL PROGRAMS

You may attend all hospital-sponsored educational programs free of charge (unless stated otherwise per program). Examples of classes includes: Basic Life Saving (BLS) and Advanced Cardiac Life Support (ACLS) classes. If you are governed by continuing education requirements, you are eligible annually for eight hours of wages to attend an approved outside program. **All Employees With Budgeted Hours are eligible upon hire.**

PATERNITY AND ADOPTION LEAVE

A Paternity and Adoption pay plan is a benefit provided by the Hospital to eligible employees to spend paid time bonding with their new baby or child. Qualified employees include non-childbearing parents through either birth or adoption of a baby.

Plan Overview	Effective after 1 year
Maximum Benefit Period	2 Weeks
Percentage of Income Replaced	60% of Weekly Earnings
Exclusions	If qualify for STD, do not qualify for this as well. Adoptions must be for children 17 and younger

RELAX PASS

Do you have a Spencer Hospital Relax Pass? If not, you should! The Relax pass is a partnership with local businesses to offer our staff opportunities to relax and get a discount while doing it! Most businesses you just show your hospital badge to get the discount. To check out the most updated list of participating businesses visit: **www.spencerhospital.org/about-us/careers/employee-relax-pass**. To get your free pass, stop down to HR. If you know a business wanting to be added to our Relax Pass, stop down to HR!

Our pass (subject to change) includes discounts or promotions at: Adventureland, Arnolds Park Amusement Park, Axaholics, Boji Balance Massage & Spa, Bedell Family YMCA, BodyWise Wellness & Massage, Browns Shoe Fit, DermUs Skin Care & Spa, Dunham's, Game State, Hen House & Peckish, Holiday Inn Express & Suites-Spencer, Northwest Inn-Spencer, Spencer Inn & Suites, Juniper Lanes, Thrive Herbal Tea, Pressed Studio + Store, Spencer Bowl, Spencer Golf & Country Club, Spencer Hospital Coffee Shop, Spencer Municipal Golf Course, Spencer Family YMCA, Studio. A Salon, Vermeer Glass Art Studio, and Wagon Wheel-Sioux Rapids.

Scan to learn more!

Balancing work and life is important to your health. That's why Spencer Hospital provides programs to help you take time away from work to recharge and revitalize your well-being.

TIME AWAY



PAID TIME OFF (PTO)

Paid time you receive while away from work. You may use this time for vacation, holiday, illness, or personal reasons pending manager approval.

EMPLOYEE ELIGIBILITY:

- Full-time: 60-80 hours/pay period
- Part-time: 40-59 hours/pay period

EFFECTIVE:

- Starts accruing immediately, available for use after 90 days of employment. Employees may use PTO to supplement holidays within the first 90 days of employment.

Annual PTO Accrual	(80 hours/pay period)		
	Annual Accrual	Maximum Days	
0-4 years	22 days (.084615/hr)	46.50 days (372 hours)	
5-9 years	27 days (.103846/hr)	46.50 days (372 hours)	*Directors start accruing at this level
After 10 years	31 days (.11923/hr)	46.50 days (372 hours)	*President, Vice Presidents, and Providers start accruing at this level

PAID TIME OFF (PTO) EXCHANGE

PTO Exchange allows employees to exchange unused PTO days for goods and services at any time, throughout the plan year. Spencer Hospital employees can exchange some of their unused PTO for Charitable Donations, Travel Purchases or Cash Payments.

All employees who are eligible to receive and participate in Spencer Hospital's paid time off (PTO) program are eligible to participate in PTO Exchange, but must have at least 80 hours of accrued PTO to do an exchange. Employees can exchange up to 200 hours of PTO each year beyond the 80 protected hours. There is a 10% service charge, as the IRS will not allow us to provide a dollar-for-dollar exchange for PTO.

NOT SURE WHERE TO START?

Follow these simple steps to begin:

1. Navigate to **www.ptoexchange.com/signin**.
2. Enter your email address and click next.
   Note: *If you have not set up your account, a validation link will be sent to the email address you entered. Please check your email, open the validation link and create your password.*
3. On your dashboard, you will see the amount and value of PTO hours available for exchange.
4. Select the option for which you'd like to make an exchange. The following are available to all Spencer Hospital employees: Cash Out, Travel, Giving, Retirement, and Education.
5. Fill out the exchange form and click submit.
6. Your exchange will be reflected on your next paycheck. Please email **support@ptoexchange.com** if you need assistance.



WAGE INCENTIVES

Incentive	Eligibility	Description
Additional Weekend Pay	All employee classifications	Additional weekend shifts approved by management; eligible employees are paid an additional $3-$5 per hour for extra weekend.Weekend Package after 42 weekends or 126 shifts.
BSN Credit	Staff Nurses	Eligible staff nurses will receive a 3% increase to their base wage with verification of a Bachelor of Science in Nursing.
Call Pay	All employee classifications	Eligible employees will receive $2.50 per hour for all time spent on call status.
Callback Pay	All employee classifications	Regularly scheduled employees who are granted call- back status by hospital admin and are called to work non- scheduled time will receive 1 1/2 times their regular hourly rate for time worked, plus additional half hour for travel time.
Charge Pay	All employee classifications	Charge pay is assigned by manager; an additional $0.75 - $1.50 per hour is paid for eligible hours while in charge role.
Double-Shift Pay	All employee classifications	Staff members who work an entire double shift, or 4 hours past a 12- hour shift, will be compensated at a rate of 1 1/2 times higher hourly rate.
Holiday Pay	All employee classifications	If you are scheduled and work on any one of the seven holidays recognized by the hospital, you will be compensated at 1 1/2 times your hourly regular rate.
Instructor Incentive Pay	All employee classifications	Employees teaching an approved continuing education class are eligible for a $6 per hour differential for both instructor and prep time.
Overtime Pay	All employee classifications	You will be paid 1 1/2 times your regular hourly wage for all time worked over 40 hours per week.
Preceptor Pay	Staff Nurses	After one year of employment, eligible preceptors can receive $1.25 per hour.
Shift Differential	All employee classifications	Eligible staff members are paid an additional $1.25 per hour for the 2:30p-11p shift and $1.75 per hour for the 11p-7:15a shift if at least 4 hours work in timeframe.
Weekend Differential	All employee classifications	Eligible staff members are paid on additional $.85 per hour for all weekend shifts beginning on Friday 7P to Monday 7:15a.

CORE EAP BENEFIT SUMMARY

Maintaining work-life balance is more stressful than it's ever been. Spencer Hospital's Employee Assitance Program (EAP), offered through Employee & Family Resources, provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members to help with small concerns, big problems, and everything in between. Your EAP benefits are cost free to you, confidential, and available 24/7/365. Let us help you get the services and resources you need. Here are some of issues and concerns we can help with:

- Managing Stress
- Relationship Concerns
- Personal Growth & Development
- Coping with Anxiety or Depression
- Personal Family or Legal Issues
- Caring for Elderly Family Members
- Credit Concerns and Reports
- Identity Theft Resolution
- Resources for Elder Care
- Managing Budgets and Debts
- Legal Questions & Concerns
- Tax-Related Questions

Service Provided	Per Person	Services provided are confidential and at no cost to the covered person
Phone-Based Support	Unlimited	Call us anytime you have an issue, concern, or question. Calls are answered by masters-leveled clinicians.
In-person Counseling	6 sessions per circumstance, per year	Confidential, in-person assessment and counseling with a licensed mental health therapist near your home or work location. Each member of your family is eligible for counseling services for each separate incident or set of circumstances within a rolling 12-month period. ***incidents involving multiple family members will be assessed based on specific circumstance.**
Telephonic Life Coaching	6 sessions per year	Confidential scheduled telephonic sessions with a life coach for matters such as improving time management skills, work-life integration, goal setting, communication skills, and other areas of personal growth. Sessions renew annually.
Telephonic Financial Consultation	1 session per issue	For each separate issue/concern a 30 minute telephonic consultation with a financial professional with expertise in the area of concern. Access to a free financial check-up, financial library and a large variety of financial tools & calculators at www.efr.clcmembers.com/.
In-Person or Telephonic Legal Consultation	1 session per issue	For each separate issue/concern a 30 minute telephonic or in-person consultation with a licensed attorney with expertise in the area of need. If the member chooses to retain the attorney for ongoing legal representation, it will be provided at 25% discount off the attorney's usual rate. Access to over 5000 free self-help (& fill-in) legal documents and a variety of other legal information is available at http://efr.org/employee-assistance-program/legal-consultation/. All legal issues are covered except employment related, which are specifically excluded.
Eldercare Resources	As needed	Information, referral resources and support for those caring for an aging parent or other family member, including connections to local resources for in-home care, alternative living arrangements, legal and financial issues and more.
Childcare Resources	As needed	Childcare resource referrals where locally available. Referrals are only to state licensed/ certified childcare providers.
Identity Theft Resolution Services	As needed	Services will be provided by a highly trained FCRA certified fraud resolution specialist (or licensed attorney) assisting with restoring identity and good credit.
Additional Benefits & Resources		Real Life Solutions (monthly newsletter), a library of previously recorded webinars and recorded benefit orientation webinars and other information is available via your HR manager or on our website www.efr.org.

TAKE EFR WHEREVER YOU GO

Use your EAP on-the-go with features like:

- Chat with a counselor
- Read EFR's blog
- Listen to Emotion Well podcast
- Register for webinars
- And more!

DOWNLOAD THE EFR MOBILE APP TODAY!

Scan the QR code below

APPLE

GOOGLE

EFR EMPLOYEE & FAMILY RESOURCES

SPENCER CARES



THE PLAN

- Payroll deduct to give money to 12 local non-profits
- Get to nominate and vote on the receiving 12
- Get invited to surprise the winners 12 times…that's the fun part!

THE COST

- As much as you want to give
- Minimum is $2/pp
- We gave $570 a month in 2026 - and hope to increase it for 2027!



HOLIDAY SAVINGS CLUB

THE PLAN

- Put away money of your own for the holidays (or spend it however you want…it's your money).
- We deduct for 22 pay-periods and then pay it back to you early November.

THE COST

- Minimum is $10/pp.
- Maximum is $500/pp.



CONTACTS

Plan	Carrier	Website	Phone
Medical	Wellmark	www.wellmark.com	800-524-9242
Retirement	IPERS	www.ipers.org	800-622-3849 515-281-0053
Additional Retirement	IA Retirement Investors' Club	www.ric.iow.gov	515-242-5120
Dental	Delta Dental of Iowa	www.deltadentalia.com	800-544-0718
Vision	MetLife	www.metlife.com	855-638-3931
HSA and FSAs	WEX	www.wexinc.com	866-451-3399
Employee Assistance Program (EAP)	EFR Employee & Family Resources	www.efr.org/myeap	800-327-4692
Life/AD&D/LTD	Prudential	www.prudential.com	800-311-4327
Online Enrollment Platform	Employee Navigator	www.employeenavigator.com	-
Accident, Critical Illness, and Hospital Indemnity Insurance	Prudential	www.prudential.com	800-311-4327
PTO Exchange	Spencer Hospital	www.ptoexchange.com support@ptoexchange.com	-

HUMAN RESOURCES CONTACTS

HR Generalist	Beth Henningsen	712-264-8451	beth.henningsen@spencerhospital.org
HR Generalist	Candace Daniels	712-264-6643	candace.daniels@spencerhospital.org
HR Generalist	Jennifer Engel	712-264-6125	jennifer.engel@spencerhospital.org
HR Director	Michael Schauer	712-264-6642	michael.schauer@spencerhospital.org
Employee Health	Laura Manwarren	712-264-6636	laura.manwarren@spencerhospital.org
HR Assistant	Stacy Yarkosky	712-264-6205	stacy.yarkosky@spencerhospital.org

BENEFITS DEFINITIONS

DEDUCTIBLE: An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (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).

COINSURANCE: Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance 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 coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

COPAYMENT: A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

OUT-OF-POCKET MAXIMUM: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

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

NETWORK PROVIDER: A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

PROVIDER: An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

OUT-OF-NETWORK PROVIDER: A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "nonpreferred" or "non- participating" instead of "out-of-network provider."

REFERRAL: A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you may need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

PREMIUM: You typically pay premiums through payroll deductions.

CHIP NOTICE

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

To see if any other states have added a premium assistance program since March 17, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, ext. 61565

STATE	WEBSITE/EMAIL	PHONE
Alabama Medicaid	myalhipp.com	855-692-5447
Alaska Medicaid	Premium Payment Program: myakhipp.com Medicaid Eligibility: health.alaska.gov/dpa Email: customerservice@myakhipp.com	866-251-4861
Arkansas Medicaid	http://myarhipp.com/	855-MyARHIPP (855-692-7447)
California Medicaid	dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (fax)
Colorado Medicaid and CHIP	Medicaid: healthfirstcolorado.com CHIP: hcpf.colorado.gov/child-health-plan-plus HIBI: mycohibi.com	800-221-3943 Relay 711 800-359-1991 Relay 711 855-692-6442
Florida Medicaid	flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	877-357-3268
Georgia Medicaid	HIPP: medicaid.georgia.gov/health-insurance-premium-payment- program-hipp CHIPRA: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana Medicaid	HIPP: https://www.in.gov/fssa/dfr/ All other Medicaid: in.gov/medicaid	800-403-0864 800-457-4584
Iowa Medicaid and CHIP	Medicaid: hhs.iowa.gov/programs/welcome-iowa-medicaid CHIP: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki HIPP: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	800-338-8366 800-257-8563 888-346-9562
Kansas Medicaid	kancare.ks.gov	800-792-4884 HIPP: 800-967-4660
Kentucky Medicaid and CHIP	KI-HIPP: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KI-HIPP Email: KIHIPP.PROGRAM@ky.gov KCHIP: kynect.ky.gov Medicaid: chfs.ky.gov/agencies/dms	KI-HIPP: 855-459-6328 KCHIP: 877-524-4718
Louisiana Medicaid	ldh.la.gov/healthy-louisiana or www.ldh.la.gov/lahipp	Medicaid: 888-342-6207 LaHIPP: 855-618-5488
Maine Medicaid	Enrollment: mymaineconnection.gov/benefits Private health insurance premium: maine.gov/dhhs/ofi/applications-forms	Enroll: 800-442-6003 Private HIP: 800-977-6740 TTY/Relay: 711
Massachusetts Medicaid and CHIP	mass.gov/masshealth/pa Email: masspremassistance@accenture.com	800-862-4840 TTY/Relay: 711
Minnesota Medicaid	mn.gov/dhs/health-care-coverage	800-657-3672
Missouri Medicaid	dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana Medicaid	HIPP: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP HIPP Email: HHSHIPPProgram@mt.gov	800-694-3084
Nebraska Medicaid	ACCESSNebraska.ne.gov	855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada Medicaid	Medicaid: dhcfp.nv.gov	800-992-0900
New Hampshire Medicaid	dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 or 800-852-3345, ext. 15218

New Jersey Medicaid and CHIP	Medicaid: state.nj.gov/humanservices/dmahs/clients/medicaid CHIP: njfamilycare.org/index.html	Medicaid: 800-356-1561 CHIP Premium Assist: 609-631-2392 CHIP: 800-701-0710 TTY/Relay: 711
New York Medicaid	health.ny.gov/health_care/medicaid	800-541-2831
North Carolina Medicaid	medicaid.ncdhhs.gov	919-855-4100
North Dakota Medicaid	hhs.nd.gov/healthcare	844-854-4825
Oklahoma Medicaid and CHIP	insureoklahoma.org	888-365-3742
Oregon Medicaid	healthcare.oregon.gov/Pages/index.aspx	800-699-9075
Pennsylvania Medicaid and CHIP	Medicaid: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP: dhs.pa.gov/CHIP/Pages/CHIP.aspx	Medicaid: 800-692-7462 CHIP: 800-986-KIDS (5437)
Rhode Island Medicaid and CHIP	eohhs.ri.gov	855-697-4347 or 401-462-0311 (Direct RIte)
South Carolina Medicaid	scdhhs.gov	888-549-0820
South Dakota Medicaid	dss.sd.gov	888-828-0059
Texas Medicaid	hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	800-440-0493
Utah Medicaid and CHIP	UPP: medicaid.utah.gov/upp/ UPP Email: upp@utah.gov Adult Expansion: medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: medicaid.utah.gov/buyout-program/ CHIP: chip.utah.gov	UPP: 877-222-2542
Vermont Medicaid	dvha.vermont.gov/members/medicaid/hipp-program	800-250-8427
Virginia Medicaid and CHIP	coverva.dmas.virginia.gov/learn/premium-assistance/famis-select coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	Medicaid/CHIP: 800-432-5924
Washington Medicaid	hca.wa.gov	800-562-3022
West Virginia Medicaid and CHIP	dhhr.wv.gov/bms/ mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 855-699-8447
Wisconsin Medicaid and CHIP	dhs.wisconsin.gov/badgercareplus/p-10095.htm	800-362-3002
Wyoming Medicaid	health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility	800-251-1269

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, ext. 61565

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact Human Resources.

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

Your Information. Your Rights. Our Responsibilities.

This notice is effective January 1, 2027.

This notice describes:

- How medical information about you may be used and disclosed and how you can get access to this information;
- How health information about you may be used and disclosed;
- Your rights with respect to your health information; and
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

Please review this notice carefully.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Human Resources if you have any questions.

Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information, including but not limited to, health care providers who have received your information through certain third parties
- Get a copy of this privacy notice
- Discuss this notice with someone in our program
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

With your consent or as otherwise permitted under HIPAA, we can use and share your information as we:

- Process and Pay Claims
- Communicate with applicable providers treating you

- Administer the Plan
- Coordinate benefits with other coverage
- Fulfill your requests to share information with your consent
- Comply with appliable laws and regulations

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive, including but not limited to, helping with medical emergencies, communicating within our program and with our contractors
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues such as reporting crimes and threats of crimes and suspected child abuse and neglect
- Aid scientific research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits, legal actions, court orders, audits and evaluations

In these circumstances, we must protect your information and limit how we use and share it. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Provide consent when we use or share your information for most purposes

- You may provide a single consent for all future uses or disclosures for treatment, payment or health care operations purposes.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes.
- We are not required to agree to your request, and we may say "no" if, for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Discuss this notice with someone in our program

You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care or payment for your care;
- Share information in a disaster relief situation; or
- Share information with someone authorized to act on your behalf

If you are not able to tell us your preference, for example if you are incapacitated, we may share your information if we believe it is in your best interest or permitted by law. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

In these cases we never share your information unless you give us written permission:

- Marketing purposes (except as expressly permitted by HIPAA);
- Sale of your information; or
- Any other use or disclosure requiring your prior authorization under applicable law.

You may revoke any authorization at any time, except to the extent we have already relied on the authorization by notifying us in writing

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive & communicate within ours substance use disorder programs and with contractors

We can use your health information and share it with professionals who are treating you.

We can share your information within our substance use disorder programs and with an organization that has administrative control over our substance use disorder program, and with contractors who help us run our substance use disorder program.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary. We may also use and share your information to prevent multiple enrollments in withdrawal management or maintenance treatment substance use disorder programs, to report participation in treatment required by the criminal justice system and to report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that *coverage. This does not apply to long term care plans.*

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, or legislative investigations or proceedings against you without (1) your consent or (2) a court order or subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

For your medical emergencies

We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency. We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

Aid scientific research

We can use or share your information for health research. Researchers cannot include any patient identifying information in their reports about the research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Legal Proceedings, court orders, and respond to lawsuits and legal actions

We may use or share your health information as permitted or required by law when responding to legal proceedings. This includes disclosures in response to a valid court order, warrant, subpoena, or other lawful process, consistent with HIPAA's rules for judicial and administrative proceedings (45 CFR §164.512(e)) and law enforcement requests (45 CFR §164.512(f)).When responding to legal requests, we disclose only the information required and follow all conditions and limitations imposed by HIPAA. We can share health information about you in response to a court or administrative order, or in response to a subpoena. With respect to information related to substance use disorder program, we must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provided testimony about your information in any civil, administrative, criminal or legislative proceedings against you with your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comp.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our substance use disorder program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

With respect to substance use disorder program we may use or disclose your information in order to:

Respond to management and financial audits and substance use disorder program evaluations

We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Assist with cause of death inquiries

We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

Report suspected child abuse and neglect or prevent or reduce crime

We will only report the information required by law. We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff.

Communicate within our program and with contractors

We may use and disclose your information within our health plan and with organizations that help us administer our program, including contractors and business associates who perform services for us. These disclosures occur only as permitted by HIPAA for health care operations.

Our Responsibilities

- We may use and disclose your protected health information as permitted or required by HIPAA and other applicable laws. Certain uses and disclosures require your written authorization.
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Redisclosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

Changes to the Terms of this Notice

We are required to follow the terms of this notice that are currently in effect. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

MICHELLE'S LAW ENROLLMENT NOTICE

Pursuant to Michelle's Law, you are being provided with the following notice because the Spencer Hospital group health plan provides dependent coverage beyond age 26 and bases eligibility for such dependent coverage on student status. Please review the following information with respect to your dependent child's rights under the plan in the event student status is lost.

When a dependent child loses student status for purposes of Spencer Hospital group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the Spencer Hospital group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the Spencer Hospital group health plan, whichever is earlier.

In order to be eligible to continue coverage as a dependent during such leave of absence:

The Spencer Hospital group health plan must receive written certification by a treating physician of the dependent child which states that the child is suffering from a serious illness or injury and that the leave of absence (or other change of enrollment) is medically necessary; and

To obtain additional information, please contact Human Resources.

WOMEN'S HEALTH AND CANCER RIGHTS ACT INITIAL NOTICE

Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

NO SURPRISES ACT: YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact Iowa Insurance Division, 515-654-6600, complaints@iid.iowa.gov, Mailing Address: Iowa Insurance Divion, 1963 Bell Avenue, Suite 100 Des Moines, IA 50315 OR Centers for Medicare & Medicaid Services (CMS) 1-800-985-3059

Visit www.cms.gov/medical-bill-rights for more information about your rights under federal law or call 1-800-985-3059 to file a federal complaint.

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Spencer Hospital has determined that the prescription drug coverage offered by Wellmark BCBS is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current

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

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…

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

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: 01/01/2027

Name of Entity/Sender: Spencer Hospital

Contact--Position/Office: Candace Daniels

Address: 1200 First Avenue East, Spencer, IA 51301

Phone Number: 712-264-6643

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage

through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income..[1][2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by

Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

3. Employer Name Spencer Hospital		4. Employer Identification Number (EIN) 42-6005883
5. Employer Address 1200 First Avenue East		6. Employer Phone Number 712-264-6522
7. City Spencer	8. State IA	9. Zip Code 51301
10. Who can we contact about employee health coverage at this job? Candace Daniels		
11. Phone number (if different from above) 712-264-6643	12. Email Address cdaniels@spencerhospital.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are
  - ☒ Some employees. Eligible employees are:

    Full-time employee (budgeted 60-80 hours per pay period), part-time employee (budgeted 40-59 hours per pay period) or weekend package with benefits. One year measurement period for hours of service and one-year stability period, upon completion of one year of employment, so a PRN, CPT, or part-time employee might qualify.

- With respect to dependents:
  - ☒ We do offer coverage. Eligible employees are:
    - Legal spouse, biological/adopted child, stepchild, child placed for adoption, legal guardianship, dependents over age 26 enrolled in school full-time

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.



Iowa
Retirement Investors' Club (RIC)
Look forward to retirement!

Spencer Hospital
RIC Account Form

Spencer Hospital

Personal Information

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Telephone (daytime) _____ Telephone (home) _____

457 Payroll Deduction

Designate the deduction amount to send to your provider. *The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.*

	Pretax	Roth (post-tax)
Empower*	$ _____ /check	$ _____ /check

Effective date. *Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.*

Future effective date (if desired)

- ☐ Begin as of _____ (check date)
- ☐ 1 check only _____ (check date)
- ☐ Final check _____ (check date)

Participant Signature

I authorize my employer to direct my contributions and make payroll deductions as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a RIC At-A-Glance and Plan Document. I have established 457 and 401a accounts with one of the RIC providers. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution. I understand that the total of all 457 contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 457b.

X _____

Participant Signature Date

Form Submission

New Accounts:	**Provider account forms:**	Forward to the provider
	RIC Account Form:	Forward to your payroll office
Changes to Existing Accounts:	Forward this form to your payroll office (shown below)	

Agent Use Only *(Not required for existing accounts)*

I am authorized to open accounts for this employee and verify that he/she has established 457/401a accounts with the provider shown below.

Print Agent Name | Agent Signature | Agent Phone Number | Provider Name | Date

Payroll Office	Date Received: _____	Paycheck Effective Date: _____	Name: _____
RIC Use Only	Date Pended: _____	Entered: _____	Checked: _____

Visit the RIC website at https://das.iowa.gov/RIC to access the RIC At-A-Glance (under *Providers & Investments*), IRS maximum contribution limits, and other plan options specific to the Iowa RIC 457/401a plans.

* Empower – formerly MassMutual Retirement

Spencer Hospital
1200 First Avenue East ▪ Spencer, IA 51301 ▪ 712-264-6432 ▪ Fax: 712-264-8525
Iowa Retirement Investors' Club (RIC) ▪ 866-460-4692 (toll free) ▪ https://das.iowa.gov/RIC

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Department of Administrative Services
Empowering People Collaboration Customer Service

NOTES

