

BENEFITS ENROLLMENT 2026



Annual Enrollment:
October 29th – November 18th, 2025



WHAT'S INSIDE



GETTING STARTED 3

- Annual Enrollment
- How To Enroll
- Eligibility
- Health, Dental & Vision Employee Costs

BODY AND MIND 7

- Medical Benefits
- Prescriptions
- Dental
- Vision

FUNDING ACCOUNTS 14

- Health Savings Account (HSA)
- Flexible Spending Account (FSA)

INCOME AND LEGAL PROTECTION 18

- Life Insurance
- AD&D Insurance
- Disability
- Accident, Critical Illness, and Hospital Indemnity Insurance
- Legal Plan
- Identity Theft Assistance

RETIREMENT 20

- IPERS
- 457(b) Plan

OTHER BENEFITS & DISCOUNTS 23

- Employee Assistance Program (EAP)

TIME AWAY 24

- Paid Time Off (PTO)

CONTACTS 30

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 ARE GROOVY!

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
 - o \$4,400
 - o \$8,750
- Flexible Spending Limits
- \$3,400 Medical care maximum
- \$3,400 Limited purpose maximum
- \$7,500 Dependent care maximum

What's Changing in 2026?

- Open enrollment will be done in Employee Navigator instead of Maxwell Health.

What's Remaining the Same?

- Medical – No Changes
- Dental – No Changes
- 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, visit: www.employeenavigator.com.

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 29TH - NOVEMBER 18TH, 2025

This Open Enrollment is a passive enrollment, which means your current benefit elections will automatically carry over into the 2026 plan year, no action is needed unless you want to make changes. If you wish to participate in the **Flexible Spending Accounts (FSA)**, and **HSA through WEX**, or the **Holiday Savings Club**, you must actively re-elect those benefits, as they do not roll over from the previous year.

If you would like to add, remove, or change any of your current benefit elections, you will need to **log into Employee Navigator** to make those updates. Otherwise, your existing benefits (not including Flex, HSA, and Holiday Savings) will continue as-is starting January 1, 2026, and you won't be able to make changes until the next Open Enrollment, unless you experience a Qualifying Life Event.

QUALIFYING LIFE EVENTS

Your benefit elections made during Open Enrollment will be effective January 1, 2026. 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, Deferred Compensation - 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	\$90.00	\$50.00	\$197.00	\$114.00
Employee & Spouse	\$280.00	\$150.00	\$400.00	\$240.00
Employee & Child(ren)	\$230.00	\$130.00	\$333.00	\$205.00
Family	\$290.00	\$175.00	\$405.00	\$261.00

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, 2026 and remain in effect until December 31, 2026 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	\$40 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

Location Name	City
Abben Cancer Center of Spencer Hospital	Spencer
Avera Home Medical Equipment	Spencer
Avera Medical Group Spencer a Department of Spencer Hospital	Spencer
Avera Medical Group Spencer: Advanced Gynecology	Spencer
Hartley Family Care	Hartley
Iowa Spine Care	Spencer
Milford Family Care	Milford
Northwest Iowa Anesthesia 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
Warner Dialysis Center	Spencer and Spirit Lake

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

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.

Plan Features	PPO	Premier	Out-of-Network
Plan Maximum	\$1,000 with Carryover-To-Go		
Deductible per person	\$50	\$75	\$100
Diagnostic & Preventative Services (Deductible waived)	No Cost	10% Coinsurance	30% Coinsurance
Routine & Restorative Services	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 50% Coinsurance
Major Services (crowns, inlays, bridges, dentures)	Deductible, 50% Coinsurance	Deductible, 50% Coinsurance	Deductible, 60% Coinsurance
Orthodontia (Deductible waived) Covers dependents to the age of 26 and adults	50% Coinsurance	50% Coinsurance	50% Coinsurance
Orthodontia Lifetime Maximum	\$1,000		



VISION

VISION Metlife



Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your vision insurance is provided by Metlife and entitles you to specific eye care benefits.

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	Eye Exam Once every 12 months	
Lenses or Contacts	Eye Exam Once every 12 months	
Frames	Eye Exam Once every 24 months	

WELLNESS BENEFITS

Eligibility	YOUR COST	DESCRIPTION
Comprehensive Wellness Screening <i>including Preventive Blood Work</i>		Contact Employee Health at 264-6636
Employees on Health Plan 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)	
Naturally Slim (Wondr)		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.naturallyslim.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: \$528 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	\$10 for 1, \$75 other Value: \$75/each	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)

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	Total HSA Contribution Allowed for 2026
Employee Only	\$4,400
Employee + Spouse	\$8,750
Employee + Child(ren)	\$8,750
Employee + Family	\$8,750

FUNDING ACCOUNTS



HSA & FSA

HOW MUCH CAN I CONTRIBUTE (HSA)

- Employee only coverage: \$4,400 per calendar year
- Employee plus dependents coverage: \$8,750
- If you are 55 or older, you can make an additional annual catch-up contribution of \$1,000

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 \$3,400 in 2026.

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.

HOW MUCH CAN I CONTRIBUTE (HSA)

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 \$3,400 for 2026. 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 \$680 will be forfeited at the end of the year. However, any remaining balance between \$20-\$680 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 3/31/2026.

SPENDING ACCOUNTS

TECHNOLOGY & RESOURCES



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.



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-tos 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



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

INCOME AND LEGAL PROTECTION



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.

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 6 months to 19 or to 23 years old if a full-time student: \$5,000 or \$10,000; reduced benefit of \$500 is payable for a child from 14 days to 6 months; No benefits for a child from birth to 14 days
- 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.

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

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



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. Pregnancy is not considered a pre-existing condition if you enroll when you are first eligible.



INCOME AND LEGAL PROTECTION



ACCIDENT, CRITICAL ILLNESS, AND 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.

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 and Rates are available in Employee Navigator*



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 2024 was \$2,125. 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: 6.29% of covered wages through payroll deductions (Paramedics: 6.21%)

Hospital: 9.44% (Paramedics: 9.31%)

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.

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.



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 \$44 for the first month and the benefit is free.

*Tax implications of the value of the benefit may apply.

SERVICE AWARDS

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

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.

AWARDCO

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.

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.

Our pass (subject to change) includes discounts or promotions at: Adventureland, Arnolds Park Amusement Park, Axaholics, Boji Balance Massage & Spa, Browns Shoe Fit, DermUs Skin Care & Spa, Design Masters, Dunham's, Game State, Hen House & Peckish, Holiday Inn Express & Suites-Spencer, Northwest Inn-Spencer, Spencer Inn & Suites, Juniper Lanes, Thrive Herbal Tea, Maxwell Food Equipment, Pressed Studio + Store, Spencer Golf & Country Club, Spencer Family Aquatic Center, Spencer Municipal Golf Course, Spencer Family YMCA, Studio. A Salon, Twisted Sips Coffee Shop, 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 457b contributions, 529, Student Loan/Tuition Reimbursements, 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 personal 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 Assistance 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
- Coping with Anxiety or Depression
- Credit Concerns and Reports
- Managing Budgets and Debts
- Relationship Concerns
- Personal Family or Legal Issues
- Identity Theft Resolution
- Legal Questions & Concerns
- Personal Growth & Development
- Caring for Elderly Family Members
- Resources for Elder Care
- 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-levelled 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

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	cdaniels@spencerhospital.org
HR Generalist	Jennifer Engel	712-264-6125	jengel@spencerhospital.org
HR Director	Micheal Schauer	712-264-6642	mschauer@spencerhospital.org
Employee Health	Laura Manwarren	712-264-6636	لمانwarren@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 Spencer Hospital, 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 on the following page, 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, dial **1-877-KIDS NOW**, or visit 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 March 17, 2025. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since March 17, 2025, 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	flmedicaidtprecovery.com/flmedicaidtprecovery.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: KIHIPPPROGRAM@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: HHSHIPPPProgram@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	cohhs.ri.gov	855-697-4347 or 401-462-0311 (Direct Rlte)
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, 2025, 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

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE PRACTICES

PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace’s annual Open Enrollment period or if you experience a qualifying life event.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit. Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employeroffered coverage. Also, this employer contribution — as well as your employee contribution to employeroffered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are

made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description. 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

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by Spencer Hospital and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on January 1, 2026.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Spencer Hospital requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations.

We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Spencer Hospital for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be

used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures. Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing

to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact Human Resources.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE FROM SPENCER HOSPITAL ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE PRACTICES

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 the plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

You should also know that if you drop or lose your current coverage with 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 "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: 1/1/2026

Name of Entity/Sender: Spencer Hospital

Contact/Office: Candace Daniels

Address: 1200 First Avenue East, Spencer, IA 51301

Phone Number: (712) 264-6643

OTHER NOTICES

Protections from Disclosure of Medical Information

OTHER NOTICES

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours

following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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 consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the Spencer Hospital or your medical plan administrator.

HIPAA SPECIAL ENROLLMENT NOTICE

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

Loss of Other Coverage (including Medicaid and State Child Health Coverage)

If you are declining coverage for yourself or your dependents (including 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 you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: You waived coverage 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 health plan.

group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

Marriage, Birth, or Adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

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 group health plan. However, you must apply within 30 days from the date of your marriage.

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 you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: You waived coverage 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 health plan.

Medicaid or State Child Health Coverage

If you or your dependents lose eligibility for coverage under Medicaid or State Child Health Coverage 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 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 health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services



Spencer Hospital PPO

Coverage Period: 01/01/2026 – 12/31/2026
Coverage for: Single & Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.wellmark.com or call 1-800-524-9242. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-524-9242 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Spencer Hospital and Affiliates: \$1,000 person/ \$2,000 family per calendar year. In-Network (IN) Provider: \$2,000 person/ \$4,000 family per calendar year. Out-of-Network (OON) Provider: \$4,000 person/ \$8,000 family per calendar year.	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. In-network preventive care, routine vision exams, in-network prosthetic limbs and services subject to health and drug card copayments are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No. There are no other specific deductibles.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	Spencer Hospital and Affiliates: \$3,500 person/ \$7,000 family per calendar year. In-Network (IN) Provider: \$3,500 person/ \$7,000 family per calendar year. Out-of-Network (OON) Provider: \$6,000 person/ \$12,000 family per calendar year. Drug Card: \$3,600 person/ \$7,200 family per calendar year. The In-Network health and drug card <u>out-of-pocket</u> maximum amounts accumulate separately.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why this Matters:
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.wellmark.com or call 1-800-524-9242 for a list of <u>network providers</u> .	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the specialist you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In-Network (IN) Provider (You will pay more)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copay</u> per provider per date of service	\$25 <u>copay</u> per provider per date of service	40% <u>coinsurance</u>	Spencer Hospital and Affiliates services are facility services received at, and, provided by practitioners recognized by Spencer Hospital and Affiliates. In-network providers are services received from Wellmark Alliance Select SM PPO network providers. Primary Care Provider (PCP) types can be found in the What You Pay section of your <u>plan</u> document.
	<u>Specialist</u> visit	\$40 <u>copay</u> per provider per date of service	\$40 <u>copay</u> per provider per date of service	40% <u>coinsurance</u>	Hearing exams are covered according to ACA guidelines. \$25 <u>copay</u> per provider per date of service for in-network chiropractic services.
	<u>Preventive care</u> / <u>screening</u> / <u>immunization</u>	No charge	No charge	40% <u>coinsurance</u>	One preventive exam per calendar year. One mammogram per calendar year starting at age 35. Well-child care is covered to age 7. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In-Network (IN) Provider (You will pay more)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a test	<u>Diagnostic test</u> (X-ray, blood work)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above.
	Tier 1	N/A	Greater of \$5 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$15	Greater of \$5 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$15	Refer to your Blue Rx Value Plus Drug List to determine the tier that applies to a covered drug. For out-of-network prescription drugs, you may be balance billed. 1 <u>copay</u> or <u>coinsurance</u> for 30-day supply. 3 <u>copays</u> or <u>coinsurance</u> for 90-day supply (retail and mail order). Specialty drugs are covered only when obtained through the Specialty Pharmacy Network. Specialty drugs on the PrudentRx drug list (found at Wellmark.com) will have 30% <u>coinsurance</u> . If you enroll with PrudentRx, you will have \$0 member cost-share for drugs on the PrudentRx drug list. See wellmark.com/prescriptions for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.
If you need drugs to treat your illness or condition	Tier 2	N/A	Greater of \$30 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$60	Greater of \$30 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$60	
	Tier 3	N/A	Greater of \$50 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$100	Greater of \$50 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$100	
	Specialty drugs	N/A	10% <u>coinsurance</u> up to \$250	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	Physician/surgeon fees	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In-Network (IN) Provider (You will pay more)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For <u>emergency medical conditions</u> treated out-of-network, it is likely you may not be balance billed pursuant to the federal rules developed for implementation of the No Surprises Act.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For covered non-emergent situations, out-of-network ground ambulance services are NOT reimbursed at the in-network level. You may be balance billed for any out-of-network service as established under the rules developed for implementation of the No Surprises Act.
	<u>Urgent care</u>	\$25 <u>copay</u>	\$25 <u>copay</u>	40% <u>coinsurance</u>	<u>Copay</u> applies per <u>provider</u> per date of service of service for facility and physician(s) combined.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Transplants are limited to Blue Distinction Centers.
	<u>Physician/surgeon fees</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Transplants are limited to Blue Distinction Centers.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$25 <u>copay</u> Facility: 20% <u>coinsurance</u>	Office: \$25 <u>copay</u> Facility: 20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Copay</u> applies per <u>provider</u> per date of service.
	Inpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In-Network (IN) Provider (You will pay more)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you are pregnant	Office visits	No charge	No charge	40% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply for <u>preventive services</u> . For any <u>in-network</u> services that fall outside of routine obstetric care, the office visit benefits shown above may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	Home health care	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
If you need help recovering or have other special health needs	<u>Rehabilitation services</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider per date of service</u> Facility: 20% <u>coinsurance</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider per date of service</u> Facility: 20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$25 <u>copay per provider per date of service</u> applies to in-network Physical and Occupational Therapists and Speech Pathologists.
	<u>Habilitation services</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider per date of service</u> Facility: 20% <u>coinsurance</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider per date of service</u> Facility: 20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$25 <u>copay per provider per date of service</u> applies to in-network Physical and Occupational Therapists and Speech Pathologists.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u> .	40% <u>coinsurance</u>	-----None-----
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Wigs are covered up to \$50 per calendar year when hair loss results from cancer or alopecia medical treatments.
	<u>Hospice services</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Hospice care is limited to 15 inpatient and 15 outpatient days per lifetime.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In-Network (IN) Provider (You will pay more)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	No charge	No charge	0% coinsurance	One routine vision exam per calendar year.
	Children's glasses	Not covered	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	Not covered	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | |
|---|--|
| <ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery• Custodial care - in home or facility• Dental care - Adult• Dental check-up• Extended home skilled nursing | <ul style="list-style-type: none">• Glasses• Hearing aids• Long-term care• Routine foot care• Some pharmacy drugs are not covered• Weight loss programs |
|---|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | |
|--|--|
| <ul style="list-style-type: none">• Applied Behavior Analysis therapy• Chiropractic care• Infertility treatment (\$15,000 LTM)• Most coverage provided outside the U.S.• Private-duty nursing - short term intermittent home skilled nursing | <ul style="list-style-type: none">• Routine eye care - Adult (one vision exam per calendar year) |
|--|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-524-9242.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Wellmark Blue Cross and Blue Shield of Iowa is an independent licensee of the Blue Cross and Blue Shield Association.

This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.

About These Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,000
- PCP copayment \$25
- Hospital(facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

Managing Joe's type 2 Diabetes
(a years of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,000
- Specialist copayment \$40
- Hospital(facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,000
- Specialist copayment \$40
- Hospital(facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$100
Coinsurance	\$2,000
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,160

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$50
Copayments	\$1,200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,270

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,000
Copayments	\$200
Coinsurance	\$200
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,400

Claim examples calculate as if services are provided by Spencer Hospital and Affiliates providers.

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Wellmark Language Assistance

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email CRC@Wellmark.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم (٢٤٢٤-٩٢٤٢ أو (خدمة الهاتف النصي: ٨٨٨-٧٨١-٨٨٨).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ ໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ທີ່ດັ່ງກ່າວ. (TTY: 888-781-4262).

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei grieghe. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တန့်ဆွဲသည့်-နမူနာကတိကဝတ်ကိစ္စ, ကိုဗီတိမတေတေတိမတေတေ, လာဘာဘာလိဘာဘာလိ, ဆိုလိလိလိလိလိလိလိလိလိလိလိလိလိလိလိလိလိလိလိ (TTY: 888-781-4262) တကယ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከግርግር ገጽገጽ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውለው ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maafa. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhji yáníłti'go níká bizaad bee áká' adoołwoł, t'áá jiik'é, náhóló. Kojí' hółne' 800-524-9242 doodaii' (TTY: 888-781-4262)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services



Spencer Hospital HDHP PPO

Coverage Period: 01/01/2026 – 12/31/2026
Coverage for: Single & Family | Plan Type: PPO HDHP



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.wellmark.com or call 1-800-524-9242. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-524-9242 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	In- <u>Network</u> : \$2,500 person/ \$5,000 family per calendar year. Out-of- <u>Network</u> : \$5,000 person/ \$10,000 family per calendar year.	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the <u>plan</u> , the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. In- <u>network</u> preventive care and routine vision exams are covered before you meet your <u>deductible</u> .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No. There are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	In- <u>Network</u> : \$2,500 person/ \$5,000 family per calendar year. Out-Of- <u>Network</u> : \$5,000 person/ \$10,000 family per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.wellmark.com or call 1-800-524-9242 for a list of <u>network providers</u> .	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Specialist visit	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Hearing exams are covered according to ACA guidelines.
	Preventive care/ <u>screening</u> /immunization	No charge	0% <u>coinsurance</u>	One preventive exam per calendar year. One mammogram per calendar year starting at age 35. Well-child care is covered to age 7. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need drugs to treat your illness or condition More information about prescription drug coverage is at www.wellmark.com/prescriptions .	Tier 1	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Refer to your Blue Rx Value Plus Drug List to determine the tier that applies to a covered drug. You pay the discounted cost of your <u>prescription drugs</u> until your <u>in-network deductible</u> is met. For <u>out-of-network prescription drugs</u> , you may be balance billed. 30-day supply for <u>prescription drugs</u> . 90 day prescription maximum (retail and mail order). <u>Specialty drugs</u> are covered only when obtained through the <u>Specialty Pharmacy Network</u> . <u>Specialty drugs</u> on the PrudentRx drug list (found at Wellmark.com) will have 30% <u>coinsurance</u> . If you enroll with PrudentRx, you will have \$0 member cost-share for drugs on the PrudentRx drug list once your <u>deductible</u> is met.
	Tier 2	0% <u>coinsurance</u>	0% <u>coinsurance</u>	
	Tier 3	0% <u>coinsurance</u>	0% <u>coinsurance</u>	
	Specialty drugs	0% <u>coinsurance</u>	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	See wellmark.com/prescriptions for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.
	Physician/surgeon fees	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None----- -----None-----
				-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	<u>Emergency room care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	For <u>emergency medical conditions</u> treated out-of- <u>network</u> , it is likely you may not be balance billed pursuant to the federal rules developed for implementation of the No Surprises Act.
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	For covered non-emergent situations, out-of- <u>network</u> ground ambulance services are NOT reimbursed at the in- <u>network</u> level. You may be balance billed for any out-of- <u>network</u> service as established under the rules developed for implementation of the No Surprises Act.
	<u>Urgent care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Transplants are limited to Blue Distinction Centers.
	Physician/surgeon fees	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Transplants are limited to Blue Distinction Centers.
	Outpatient services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
If you need mental health, behavioral health, or substance abuse services	Inpatient services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Office visits	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply for preventive services.
	Childbirth/delivery professional services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
If you are pregnant	Childbirth/delivery facility services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need help recovering or have other special health needs	Home health care	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Wigs are covered up to \$50 per calendar year when hair loss results from cancer or alopecia medical treatments.
	Rehabilitation services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Habilitation services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Skilled nursing care	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Durable medical equipment	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
If your child needs dental or eye care	Hospice services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Hospice respite care is limited to 15 inpatient and 15 outpatient days per lifetime.
	Children's eye exam	No charge	0% <u>coinsurance</u>	One routine vision exam per calendar year.
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | |
|---|--|
| <ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery• Custodial care - in home or facility• Dental care - Adult• Dental check-up• Extended home skilled nursing | <ul style="list-style-type: none">• Glasses• Hearing aids• Long-term care• Routine foot care• Some pharmacy drugs are not covered• Weight loss programs |
|---|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- | | |
|--|--|
| <ul style="list-style-type: none">• Applied Behavior Analysis therapy• Chiropractic care• Infertility treatment (\$15,000 LTM)• Most coverage provided outside the U.S.• Private-duty nursing - short term intermittent home skilled nursing | <ul style="list-style-type: none">• Routine eye care - Adult (one vision exam per calendar year) |
|--|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-524-9242.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next page. _____

Wellmark Blue Cross and Blue Shield of Iowa is an independent licensee of the Blue Cross and Blue Shield Association.

This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.

About These Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$2,500
- PCP coinsurance 0%
- Hospital(facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
--------------------	----------

Managing Joe's type 2 Diabetes
(a years of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$2,500
- Specialist coinsurance 0%
- Hospital(facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$2,500
- Specialist coinsurance 0%
- Hospital(facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,560

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,520

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,500

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Wellmark Language Assistance

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email CRC@Wellmark.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم (٢٤٢٤-٩٢٤٢ أو (خدمة الهاتف النصي: ٨٨٨-٧٨١-٨٨٨).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ ໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ທີ່ດັ່ງກ່າວ. (TTY: 888-781-4262).

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei grieghe. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တစ်ခုခုကိုပြော-နမူနာကတော့ကိစ္စရှိပါက, ကျွန်ုပ်တို့၏စာတော်အားဘာသာပြန်, လက်တွေ့လုပ်ကိုင်မှုအားလုံး, ဆိုလိုချင်ပါသည်။ အေးချမ်းသာယာ ၈၀၀-၅၂၄-၉၂၄, မူဝါဒ (TTY: ၈၈၈-၇၈၁-၄၂၆) ကိုတက်ပါ။

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውለው ያነጋግሩ።

HEETINA To a wolwa Fulfule laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maafa. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoołwoł, t'áá jiik'é, náhółí. Kojí' hółne' 800-524-9242 doodaii' (TTY: 888-781-4262)



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

Spencer Hospital RIC Account Form



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. <i>The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.</i> <table border="0"> <tr> <td></td> <td><u>Pretax</u></td> <td><u>Roth (post-tax)</u></td> </tr> <tr> <td>Empower*</td> <td>\$ _____ /check</td> <td>\$ _____ /check</td> </tr> </table>		<u>Pretax</u>	<u>Roth (post-tax)</u>	Empower*	\$ _____ /check	\$ _____ /check	Effective date. <i>Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.</i> Future effective date (if desired) ☐ Begin as of _____ (check date) ☐ 1 check only _____ (check date) ☐ Final check _____ (check date)
		<u>Pretax</u>	<u>Roth (post-tax)</u>					
	Empower*	\$ _____ /check	\$ _____ /check					
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: Changes to Existing Accounts:	Provider account forms: Forward to the provider RIC Account Form: Forward to your payroll office 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

CFN 552-0317- SP

Revised 3/15/2021

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>



2026 Spencer Hospital Employee/Spouse Wellness Screens



Wed. 1/7 & Thurs. 1/8

5:30-8:30 AM

Tues. 1/13:6:30-8:30 AM

@ Human Resources

FREE to all employees and spouses on our health plan.

\$10 for any employee/spouse not on the health plan.

To Sign Up:

<https://www.signupgenius.com/go/409084CA8AB2BA1FC1-50114293-2024>



NOTES

[illegible]

