2025 | 2026

BENEFITS REFERENCE GUIDE

MONUMENT HEALTH

SUPPORTING YOU SO
YOU CAN SUPPORT OTHERS

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please contact Human Resources.

YOUR ENROLLMENT CHECKLIST

1. Learn About Your Benefits

- ✓ Review this guide and access other additional benefit and enrollment information via Workday and the Caregiver Hub
- ✓ Have Questions? Here are your resources:
  - HR Connect – connecting you to our knowledgeable Monument Health Total Rewards staff at 605-755-5510 M-F from 8am to 4:30pm or email **HRConnect@monument.health**
  - Need help deciding which benefit plans are right for you and your family? Contact the Benefits Advocacy Center at 877-373-1583 or email **monumenthealth.benefits@imacorp.com**
  - Enrollment Questions? Contact HR Connect for assistance with Workday
  - Go to **page 55** for all benefit contacts

2. Plan Your Benefit Elections

Here are some considerations as you review your benefit elections:

- ✓ Consider your upcoming benefit needs, plan options and other sources of coverage (such as your spouse's plan) before making your elections. Be sure to consider the Employed Spouse Surcharge. See **page 4**.
- ✓ Reduce your medical premiums by earning the Well-Being Contribution Credit. See **page 5**.
- ✓ If adding a dependent, have his or her Social Security number(s) available when enrolling and gather required dependent eligibility documents (like birth or marriage certificates)

3. Enroll in Benefits

- ✓ You must elect or waive coverage in Workday within 30 days of your date of hire or status:
  - **From Work**: Click the Workday tile on SharePoint or on the Caregiver Hub
  - **From Home:** Visit **monument.health** and scroll to the bottom of the page and click on "Caregiver Access." From there, click on the Workday tile
  - If you are newly eligible, you will see a "task" in your Workday inbox. Click "Let's Get Started" to begin enrollment.
- ✓ Once you have completed your enrollment, view and print your Benefits Statement for confirmation of your final elections

Monument Health takes pride in offering you a comprehensive benefit program that supports you so you can support others. Electing your benefits is one of the most important purchasing decisions you will make this year. As you carefully consider your benefit needs, and think through your options, please refer to this guide along with your other enrollment materials and keep it for future reference.

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ABOUT THIS GUIDE

This Guide is intended to be an overview of benefits offered at Monument Health. Complete details about the plans are included in the Summary Plan Descriptions and the Plan Documents/Insurance Policies. If there are any inconsistencies between this guide and the Plan Documents, the Plan Documents will govern. In addition, as part of our compliance with the Affordable Care Act, we provide a Summary of Benefits and Coverage (SBC), which is designed to help you understand and compare different medical plans. Please log in to Workday or visit the Caregiver Hub to view these documents.

If you don't have access to a computer and require printed copies of any of the benefit enrollment materials or the SBC, please contact Human Resources.

Monument Health offers a ZERO COST medical plan for caregiver only coverage if you complete your LiveWell Health Assessment.

See pages 4 and 5 for more details.

ELIGIBILITY FOR BENEFITS

Generally, caregivers are eligible to enroll in Monument Health's benefits if actively working 20 or more hours per week.

Eligible Dependents and Required Documentation

DEPENDENT TYPE	AGE RESTRICTIONS	ELIGIBILITY REQUIREMENT	ACCEPTABLE DOCUMENTS FOR VERIFYING ELIGIBILITY
Legal spouse (including same-gender spouse)	None	The covered caregiver's spouse under Federal or State law	State issued marriage certificate or license AND one additional item: - Federal Tax Return filed within the last six months OR - Proof of joint ownership issued within the last six months (e.g. a mortgage statement or utility bill)
Children - Biological child - Stepchild - Adopted children - Children for whom you are the legal guardian - Child covered by a Qualified Medical Support Order	Up to age 26	Coverage ends the last day of the month the child turns age 26	Provide one of the following: - Government issued birth certificate - Legal Adoption placement document - Proof of legal guardianship
Disabled Children - Disabled biological child - Disabled stepchild - Disabled adopted child	After age 26	Must be unmarried and certified as medically disabled	Provide the following: - Government issued birth certificate AND - Letter from the dependent's provider verifying disability

Verifying Your Dependent's Eligibility for Healthcare Coverage

To ensure that dependents being added to coverage meet the eligibility requirements of the Plan, we ask that all caregivers who are adding a dependent provide the required documentation. Keep in mind that without proper documentation, your dependents will not be covered.

NOTE: if you falsely cover ineligible dependents, Monument Health will remove the dependent from medical, dental and vision coverage, as well as possibly charge you a penalty.

DEPENDENT COVERAGE
30 DAYS TO PROVIDE DOCUMENTATION

If you are covering eligible dependents, please attach supporting documentation in Workday. If you do not have the documentation ready while you are enrolling, you will receive a task in your Workday inbox to submit the documentation later. You have 30 days from the day you complete your enrollment elections to upload the documentation in Workday.

If you have a covered dependent who may no longer meet the qualifications as a covered dependent, it is your responsibility to update Workday within 30 days of the status change event. Failure to do so may result in the loss of your dependent's right to COBRA continuation coverage and may have negative tax consequences for you.

Spouses who both work at Monument Health

If you and your spouse are both employed at Monument Health, there are two ways you can handle enrollment:

OPTION 1

- ✓ Each of you may enroll on your own separate medical, dental and vision plan
- ✓ Your eligible children can be enrolled as covered dependents under your enrollment, OR your spouse's enrollment, but not under both

OPTION 2

- ✓ One of you enrolls and covers the other as a dependent (including your eligible children) under one family enrollment

WHEN COVERAGE BEGINS

New Caregivers

The benefit elections you make as a new caregiver will become effective on the first of the month following 30 days of employment. Your benefit elections will be in effect until June 30 of the current plan year unless you experience a Qualified Life Event. You must make your elections and submit your enrollment within 30 days of your hire date. If you do not enroll within this time period, your next opportunity to enroll will be at our next annual open enrollment unless you experience a Qualified Life Event.

Effective Date Example

Hire Date	October 12
Enrollment Deadline (30-day employment date)	November 10
Benefit Effective Date (First of the month following November 10)	December 1

Existing Caregivers

The election you make during open enrollment will be effective from July 1 to June 30 of the following year. Carefully consider your enrollment elections as you will not be allowed to change them until our next annual open enrollment unless you experience a Qualified Life Event.

Making Changes Mid-Plan Year Qualified Life Events (QLE)

If you experience one of the following events during our plan year (July 1 through June 30), you will be allowed to make changes to your medical, dental and vision plan coverage and flexible spending account elections:

- Birth, adoption or placement for adoption of a child
- Death of an eligible family member (spouse or child)
- Change in marital status
- You or your eligible family member(s) gain or lose coverage under this or another plan
- A gain or loss of coverage due to your eligible family member's employer plan's open enrollment period
- A court order requiring coverage for a child such as a Qualified Medical Child Support Order (QMCSO)
- Change in employment status that affects your eligibility for benefits

For dependent daycare flexible spending accounts, in addition to the changes listed above, you are also allowed to make mid-year election changes if you have a change in your work schedule that changes your need for childcare, a change in your child's care provider that has a financial impact, or if your daycare center or childcare provider closes or is no longer able to provide services.

If you intend to change your elections because of one of these situations, you have 30 days (60 days in some cases) from the date you initiate the life event in Workday, and submit the required enrollment and supporting documents, if applicable.

EXPERIENCED A QLE? IMPORTANT DEADLINE INFORMATION

If you have had a QLE and wish to make changes to your benefit elections, or who you cover, go to Workday, from the menu, navigate to "Benefits and Pay" to create a Change Benefits Event. If supporting documentation is required, you can scan and upload them directly in Workday.

You must make changes within 30 days of the event, with birth or adoption QLE's, with gain/loss of Medicare/Medicaid coverage, having a 60 day deadline.

Contact HR Connect with questions at 605-755-5510 or email: HRConnect@monument.health

Please note - Your Qualified Life Event benefit changes may result in retroactive premium changes in future paychecks. This could include additional premiums being taken, or refunded to you, depending on the timeframe you load required documentation for your life event or dependent documentation and the timing of pay periods. The Life Event, once approved, will be effective on the date of the event.

2025-26 CAREGIVER CONTRIBUTION RATES

MEDICAL & PRESCRIPTION DRUG CONTRIBUTION RATES

Per Pay Period 26 pays total	HIGH DEDUCTIBLE HEALTH PLAN (HSA ELIGIBLE)		STANDARD PPO HEALTH PLAN (FSA ELIGIBLE)	
	NON-TOBACCO	TOBACCO USER	NON-TOBACCO	TOBACCO USER
FULL-TIME CAREGIVERS				
Caregiver Only	$20.00	$45.00	$132.00	$157.00
Caregiver + Spouse	$196.50	$221.50	$320.50	$345.50
Caregiver + Children	$150.50	$175.50	$244.50	$269.50
Caregiver + Family	$258.50	$283.50	$407.00	$432.00
PART-TIME CAREGIVERS				
Caregiver Only	$70.00	$95.00	$174.50	$199.50
Caregiver + Spouse	$253.50	$278.50	$401.50	$426.50
Caregiver + Children	$191.50	$216.50	$302.50	$327.50
Caregiver + Family	$329.00	$354.00	$513.50	$538.50

The Caregiver only coverage on the High Deductible Health Plan is available at ZERO COST if you complete your LiveWell Health Assessment. See the next page for more information.

DENTAL CONTRIBUTION RATES

FOR ALL CAREGIVERS

Per Pay Period 26 pays total	STANDARD PLAN	PREMIER PLAN
Caregiver Only	$11.00	$21.50
All other coverage levels	$21.50	$43.50

VISION CONTRIBUTION RATES

FOR ALL CAREGIVERS

Per Pay Period 26 pays total	STANDARD PLAN	PREMIER PLAN
Caregiver Only	$4.25	$6.21
Caregiver + Spouse	$8.48	$12.41
Caregiver + Child(ren)	$9.07	$13.27
Caregiver + Family	$14.50	$21.21

Employed Spouse Surcharge

If your spouse has access to other primary medical coverage through their own employer, but you choose to cover them under the Monument Health medical plan, an additional $46.15 will be added to your pre-tax, bi-weekly medical plan deductions.

You **WILL be charged** the bi-weekly surcharge:

- If you enroll your spouse in a Monument Health medical plan, and
- Your spouse works and has access to primary medical coverage through their employer

You **WILL NOT be charged** the bi-weekly surcharge if any of the following applies to your spouse:

- Is not presently employed
- Is employed, but the employer does not offer medical coverage
- Is employed, but is not eligible for medical benefits through their own employer
- Is employed by Monument Health

Our LiveWell program at Monument Health highlights all the ways we strive to inspire, create and maintain a workplace that supports each individual. LiveWell is the collective of all the opportunities, resources, and support so caregivers can choose to live well even while at work. Our vision is to be a great place to work by helping our caregivers live longer, healthier and happier lives.

There are two ways you can receive credits to reduce the amount you pay towards your medical premiums through our voluntary well-being program:

SIGN IN TO THE PORTAL!

LiveWell AT MONUMENT HEALTH

Sign in or create an account by visiting **healthpartners.com/signin/livingwell**

Sign in with:

- Caregivers with medical insurance: use your member ID from your insurance card
- Caregivers without medical insurance: use your employee ID

You can also contact LiveWell by calling 605-755-8040 or by email at **LiveWell@monument.health**.

1. Well-Being Credit

As part of our LiveWell program, we reward caregivers with a $20 per-pay-period Medical Plan contribution credit for those who earn 200 well-being points before June 15, 2026. This credit is to support and empower you to take control of your personal health and well-being. To start your well-being journey, go to the Monument Health intranet home page and click the LiveWell tile to take the first step: Complete the Health Assessment. This earns you 100 of the needed 200 points towards your 2026-27 contribution credit. You can choose which Livingwell activities to engage in to earn your additional 100 points.

New caregivers: to earn the credit for your initial enrollment, you must complete the Health Assessment within your first 30 days after getting access to the Living Well portal. By June 15, 2026, you must earn an additional 100 points by completing activities to attain the Well-Being Credit for the **next** plan year.

New hires on/after March 1, 2026 will need to complete the health assessment within 30 days after getting access to the Living Well portal to earn the **current** incentive and for the **next** plan year.

2. Non-Tobacco/Non-Nicotine Use Contribution Credit

For those who are non-tobacco/non-nicotine users, you will see the $25 per-pay-period reduction in your health plan premiums.

You must submit an electronic signature on the Non-Tobacco/Non-Nicotine Use affidavit during your enrollment to earn the credit for the 2025-26 plan year. You can also earn the credit if you are a tobacco/nicotine user, and you complete an approved tobacco/nicotine cessation program. For a cessation course, get started on-line with **healthpartners.com** or call 800-311-1052.

Note: If you are unable to earn the reward (due to disability and/or medical condition), you may be entitled to a reasonable accommodation or an alternative standard.

MEDICAL BENEFITS

Comprehensive medical coverage – including prescription medications – is an important part of supporting a healthy lifestyle and living well. Our medical plans are self-funded, meaning that Monument Health serves as our own insurance company, paying all medical and pharmacy claims on behalf of you and your covered family members. The administration of our plans, including processing claims, managing our networks, providing care management services, and customer service is provided by our third-party administrator, HealthPartners.

Your Medical Plan Options

Monument Health offers you the choice of two medical plans. Both plans cover preventive care at 100%. They differ by:

- Provider networks
- How much you pay when you need care
- Weight loss medications in the GLP-1 drug category are only covered for those on the HDHP plan
- Your per-pay-period contributions (**see page 4**)

Things to consider when selecting your medical plan:

- How much healthcare does my family use during a year?
- How much flexibility do I need in the provider network? Both plans have a little different network access, with the High Deductible Health Plan (HDHP) being the least restrictive.
- Am I, or my family member, currently taking or considering taking GLP-1 medications for weight loss? If so I will need to enroll on the HDHP.
- How much is coming out of my paycheck for each plan and does the lower cost plan option work for me?
- For those on the High Deductible Health Plan (HDHP), you can contribute tax free funds from your paycheck into your Health Savings Account (HSA) in addition to what Monument Health may provide. These funds are yours to keep, even if you leave Monument Health; they never expire.
  - Keep in mind that Monument Health adds funds to your HSA for those who earn less than $34.01 per hour. Those funds help pay for out-of-pocket healthcare expenses and are yours to keep even if you leave Monument Health.
- For those on the PPO plan, you can contribute pre-tax funds from your paycheck into a Medical Flexible Spending Account (FSA) to help pay for your out-of-pocket medical, dental and vision expenses. This is a per plan year “use it or lose it account”.
- For those on the HDHP plan, you can contribute pre-tax funds from your paycheck into a Limited Purpose Flexible Spending Account (FSA) to help pay for your out-of-pocket dental and vision expenses only. This is a per plan year “use it or lose it account”.

Networks

Provider networks through HealthPartners are tied to the benefit plan you select. Following is a brief description of each plan's networks to help you decide which might work best for you and your family.

CHECK OUT OUR MEDICAL PLAN NETWORKS

healthpartners.com/MonumentHealth
OR
Call HealthPartners member services at 888-324-2064

Monument Health High Deductible Health Plan Network

This is our broadest network plan offering that consists of all local providers contracted by HealthPartners, which includes physicians and facilities owned by Monument Health and partner providers needed to ensure our network provides care available in our community. Caregivers and their family members have access to coverage outside the Monument Health services area, and nationwide outside South Dakota, through HealthPartners and their partnership with CIGNA. There is one level of benefit coverage.

Monument Health Standard PPO Health Plan Network

This is a tiered network plan offering that consists of local, regional and national providers. Level 1 providers consist of physicians and facilities owned by Monument Health and select community providers that offer cost-efficient and high-quality care. All other participating network providers are in Level 2. You will receive the highest benefit level when you receive care from a provider in the Level 1 tier.

IMPORTANT NOTE! NO OUT-OF-NETWORK COVERAGE

The only service the plans cover out-of-network are emergency and urgent care. Any other services you receive from a provider or facility that is out-of-network will not be covered, and you will be responsible for paying 100% of the cost.

WHAT ARE THE FEATURES OF THE TWO MEDICAL PLANS?

Standard PPO Plan

This option requires a higher caregiver premium, but the deductible and out-of-pocket maximum is lower. Some basic services require you to only pay a copay, and then the plan pays the rest. Other services like hospital care or surgery require you to meet the plan year deductible, after which the plan covers a portion of the cost and you pay the rest. To help protect you financially, there is a maximum out-of-pocket each plan year. The Standard PPO plan does not cover GLP-1 medications for weight loss. Coverage is limited to the HDHP only.

MEDICAL ID CARD

Your medical/pharmacy ID cards will be sent by HealthPartners to your home within two to three weeks of your enrollment. You can also access your ID card in the HealthPartners portal or app.

High Deductible Health Plan (HDHP) with a Health Savings Account

The HDHP has a higher deductible that applies to all care, except prevention. This is a qualified HDHP that allows you to put tax free funds into a Health Savings Account (HSA) to help offset out-of-pocket healthcare expenses. This plan offers lower premiums in exchange for a higher deductible. You pay 100% of your healthcare expenses (including prescription costs) until the deductible is met, then the plan covers a portion of the cost and you pay the rest. To help protect you financially, there is a maximum out-of-pocket each plan year. This is the only plan that will cover GLP-1 medications for weight loss.

Health Savings Account (HSA)
An HSA is a tax-favored savings account that can be used to pay for qualified healthcare expenses. The funds in the account are triple tax favored:

1. they go into the account from pre-tax contributions,
2. they can be invested and the proceeds are tax free, and
3. they are not taxed when you use the funds for qualified healthcare expenses

Any funds in an HSA are yours to keep, even if you leave Monument Health, or select a different medical plan at next open enrollment.

HSA contributions come from:

- Monument Health for those who earn $34.00 per hour or less
- Your voluntary pre-tax deductions from your paycheck

Funds can be accessed using a debit card or online bill pay through Fidelity. See **page 20** for additional information.

Who is not eligible to have a Health Savings Account?
The IRS has special rules about who is eligible to have a health savings account. If you have health insurance coverage from another source that is not a qualified HDHP, you cannot have an HSA. Examples are:

- Medicare (any parts)
- Veterans Administration, Tricare
- Indian Health
- Coverage on your spouse's plan that is not also a qualified HDHP
- A healthcare flexible spending account (yours or through your spouse)

100% PAID PREVENTIVE CARE:
A COMMITMENT TO YOUR HEALTH

Monument Health believes in preventing health problems before they arise, so our medical plans cover the full cost of eligible, in-network preventive care services. There is no deductible to meet, no copays and no coinsurance. This includes your routine exams, immunizations, cancer screenings and more. For a list of preventive services visit the HealthPartners website at:
healthpartners.com/public/coverage-criteria/policy.html?contentid=AENTRY_046106

Monument Health takes pride in offering high quality and affordable healthcare coverage for our caregivers and their eligible dependents. This is why we offer a no cost option to caregivers on the HDHP plan and cover most of the cost of PPO premiums (70 to 75% on average). You can help us manage costs by being mindful of how you use healthcare, and by sharing in some of the cost of your care. As you consider which medical plan to select, keep the following definitions in mind:

Deductible

The deductible is the amount you are required to pay out-of-pocket for healthcare before the plan begins paying. Once you have experienced covered medical expenses that are more than the deductible the plan will pay a benefit. We call the action of meeting your deductible, "satisfying" your deductible. Our deductible runs on our plan year, from July 1 to June 30 each year.

For the Standard PPO and HDHP plans, the deductible is per person. The family deductible is met when a combination of two or more people on the plan have reached the stated amount, with no individual ever exceeding the individual deductible.

Copays

Under the Standard PPO plan, certain services require you to pay up-front a set dollar amount - called a copay - to a healthcare provider or pharmacy each time you receive care. Typically, the rest of the cost of the service is covered by the plan.

Out-of-Pocket Maximum

The out-of-pocket maximum is the plan's way of providing you with a safety net; protecting you and your family from the high cost of healthcare. You will generally not pay more during our plan year of July 1 through June 30 than this maximum. Once your out-of-pocket maximum has been met, the plan will pay 100% of eligible expenses for the rest of the plan year. **Your deductible, medical copays, prescription costs, and coinsurance all apply towards the medical out-of-pocket maximum.**

MAYO CLINIC COMPLEX CARE PROGRAM

If you are diagnosed with a complex condition and your doctor believes you need subspecialized care from Mayo Clinic, your doctor will initiate the internal provider referral process to assess the appropriateness and authorization of such care. Without this authorization, no coverage is available at Mayo Clinic. If care is authorized:

- Mayo Clinic and Monument Health providers will collaborate on your treatment plan to help ensure a smooth transition of care and ongoing care management.
- All medical plans will cover up to $1,000 of qualified travel expenses per plan year and will process the Mayo Clinic claims at the highest benefit level.
- The Standard PPO plan will waive the deductible, coinsurance and copayments, up to $1,000 per plan year. We are unable to provide this waiver for the HDHP plan due to legal restrictions.

This allows you to be seen outside the network at Mayo Clinic, however this does not supersede coverage criteria for procedures, treatments, etc.

Please refer to your Summary Plan Description (SPD) plan for coverage details.

HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT (HSA)

EFFECTIVE JULY 1, 2025

There is NO COVERAGE for out-of-network services (except for qualifying Emergency Services)

	HEALTHPARTNERS MONUMENT HEALTH HDHP NETWORK
PREVENTIVE CARE*	
Annual Physical	No charge
Age-appropriate Screenings (i.e. mammograms, colonoscopy)	No charge
Nutritional Counseling - Up to 6 visits - Up to 16 visits if BMI is 30 or higher	No charge
Pre and Postnatal Maternity Visits	No charge
Well Baby/Child Visits, Immunizations	No charge
COST SHARING FEATURES AND HSA CONTRIBUTIONS	
Monument Health Annual HSA contribution - For full-time caregivers only (30+ hours per week)	**If your pay is: MH's contribution is:** $23.60/hr or less = $38.46 per pay period $23.61 – $34.00/hr = $28.85 per pay period $34.01+/hr = $0
Plan Year Deductible - Individual - All other coverage tiers	 $3,400 $6,800
Plan Year Out-of-Pocket Maximum - Individual - All other coverage tiers	 $5,340 $9,345
TREATMENT — COINSURANCE APPLIES AFTER YOU MEET YOUR DEDUCTIBLE	
Physician Office Exams - Family Medicine Residency Clinic - Primary Care - Urgent Care - Specialty Care	Plan pays 80%/ You pay 20%
Virtual Care Visits	Deductible does not apply
- Virtuwell	First 3 visits per plan year you pay a $20 copay Thereafter you pay a $50 copay
- Doctor on Demand	You pay a $50 copay
- Hinge Health musculoskeletal care and physical therapy	Plan pays 100% You pay 0%, deductible does not apply
Physician Office Diagnostics - Labs - Tests/Radiology - Readings/Diagnostics	Plan pays 80% You pay 20%

HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT (HSA), CONTINUED

	HEALTHPARTNERS MONUMENT HEALTH HDHP NETWORK
TREATMENT (CONTINUED) — COINSURANCE APPLIES AFTER YOU MEET YOUR DEDUCTIBLE	
Inpatient Hospital Services - Physician/Surgeon Fees - Facility Fees - Maternity Care, delivery	Plan pays 80% You pay 20%
Emergency Services - Emergency transportation to nearest qualified facility, includes authorized ambulance - ER facility, professional services	Plan pays 80% You pay 20%
Ambulatory Surgical Center & Specialty Hospitals - Facility Fees - Physician/Surgeon fees	Plan pays 80% You pay 20%
Outpatient Hospital Services - Facility fees - Physician/Surgeon fees	Plan pays 80% You pay 20%
Maternity Care - Physician delivery services - Facility delivery services	Plan pays 80% You pay 20%
Rehabilitative Therapy - Physical, Occupational and Speech Therapy	Plan pays 80% You pay 20%
Continued Care - Home health care - Home infusion therapy - Hospice care - Skilled nursing facility	Plan pays 80% You pay 20%
Mental Health and Chemical Dependency - Outpatient services - Inpatient services	Plan pays 80% You pay 20%
Special Services - Durable medical equipment (DME) - Chiropractic care (limited to 16 visits per plan year)	Plan pays 80% You pay 20%
Omada Disease Support Program - Diabetes - High Blood Pressure	Plan pays 100% You pay 0%

Preventive care is covered based on the recommendations of the Centers for Disease Control, the US Preventive Services Task Force and the Health Resources and Services Administration. For additional information on the recommendations of these Federal governing bodies, visit **healthcare.gov.*

STANDARD PPO HEALTH PLAN (FSA ELIGIBLE)

EFFECTIVE JULY 1, 2025

There is NO COVERAGE for out-of-network services (except for qualifying Emergency Services)

	HEALTHPARTNERS MONUMENT HEALTH PREFERRED NETWORK	
	LEVEL 1	LEVEL 2
PREVENTIVE CARE*		
Annual Physical	No charge	
Age-appropriate Screenings (i.e. mammograms, colonoscopy)	No charge	
Nutritional Counseling - Up to 6 visits - Up to 16 visits if BMI is 30 or higher	No charge	
Pre and Postnatal Maternity Visits	No charge	
Well Baby/Child Visits, Immunizations	No charge	
COST SHARING FEATURES		
Plan Year Deductible - Individual - All other coverage tiers	$2,500 $5,000	$4,500 $9,000
Plan Year Out-of-Pocket Maximum - Individual - All other coverage tiers	$5,500 $11,000	$8,500 $17,000
TREATMENT — COINSURANCE APPLIES AFTER YOU MEET YOUR DEDUCTIBLE		
Physician Office Exams	Deductible does not apply	
- Family Medicine Residency Clinic	You pay a $25 copay**	N/A
- Primary Care	You pay a $40 copay **	Deductible does not apply, You pay a $55 copay**
- Urgent Care	You pay a $65 copay	You pay a $65 copay
- Specialty Care[1]	You pay a $65 copay**	Plan pays 70%/You pay 30%
Virtual Care Visits	Deductible does not apply	
- Virtuwell	First 3 visits per plan year you pay a $20 copay Thereafter you pay a $50 copay	
- Doctor on Demand	You pay a $50 copay	
- Hinge Health musculoskeletal care and physical therapy	Plan pays 100%/You pay 0%	
Physician Office Diagnostics		
- Labs	Deductible does not apply Plan pays 80%/You pay 20%	Plan pays 70% You pay 30%
- Tests/Radiology	Plan pays 80%/You pay 20%	
- Readings/Diagnostics	Plan pays 80%/You pay 20%	
Inpatient Hospital Services - Physician/Surgeon Fees - Facility Fees - Maternity Care, delivery	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%

STANDARD PPO HEALTH PLAN (FSA ELIGIBLE), CONTINUED

	HEALTHPARTNERS MONUMENT HEALTH PREFERRED NETWORK	
	LEVEL 1	LEVEL 2
TREATMENT (CONTINUED) — COINSURANCE APPLIES AFTER YOU MEET YOUR DEDUCTIBLE		
Emergency Services - Emergency transportation to nearest qualified facility, includes authorized ambulance - ER facility, professional services	Plan pays 80% You pay 20% Deductible does not apply You pay a $400 copay (waived if admitted as an inpatient)	
Ambulatory Surgical Center & Specialty Hospitals - Facility fees - Physician/Surgeon fees	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
Outpatient Hospital Services - Facility fees - Physician/Surgeon fees	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
Maternity Care - Physician delivery services - Facility delivery services	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
Rehabilitative Therapy - Physical, Occupational and Speech Therapy	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
Continued Care - Home health care - Home infusion therapy - Hospice care - Skilled nursing facility	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
Mental Health and Chemical Dependency - Outpatient services - Inpatient services	Deductible does not apply You pay a $40 copay Plan pays 80%/You pay 20%	Deductible does not apply You pay a $55 copay Plan pays 70%/You pay 30%
Special Services - Durable medical equipment (DME) - Chiropractic care (limited to 16 visits per plan year)	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
Omada Disease Support Program - Diabetes - High Blood Pressure	Plan pays 100% You pay 0%	

Preventive care is covered based on the recommendations of the Centers for Disease Control, the US Preventive Services Task Force and the Health Resources and Services Administration. For additional information on the recommendations of these Federal governing bodies, visit* **healthcare.gov.

[1] *Not all specialty care providers will be available at level 1.*

***Copays apply to office exam charges only. Any other services provided in the physician's office are subject to the deductible and coinsurance.*

If you enroll in one of our medical plans, you are automatically enrolled for prescription coverage. Your medical ID card is also your prescription ID card.

Save Money! Use Monument Health Network Pharmacies

You will pay the least out of pocket if you fill your prescriptions within the Monument Health Preferred Pharmacy Network (see **page 16** for the list). You can also purchase at any HealthPartners participating pharmacy, or through HealthPartners mail order for maintenance generic medications.

How Prescription Coverage Works For the HDHP

Prescription coverage is treated the same as any other medical care under the HDHP, meaning you pay 100% of the cost until you meet your deductible. After that, you pay 20% of the cost and the plan pays the rest.

HIGH DEDUCTIBLE HEALTH PLAN — PRESCRIPTION BENEFITS

EFFECTIVE JULY 1, 2025

	HIGH DEDUCTIBLE HEALTH PLAN (HSA & LPFSA ELIGIBLE)		
	MONUMENT HEALTH PREFERRED PHARMACY NETWORK	HEALTHPARTNERS PARTICIPATING PHARMACIES	HEALTHPARTNERS MAIL ORDER
Maximum Days Supply	30 & 90 days	30 days	90 days
Cost Sharing	Coinsurance applies after you reach your medical deductible.		
All Generics	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%
Preferred Brand Drugs	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Not Covered
Non-Preferred Brand Drugs	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Not Covered
Preferred Specialty Drugs†	Plan pays 80% You pay 20%	Not covered; You pay 100%	Not Covered
Non-Preferred Specialty Drugs†	Plan pays 80% You pay 20%	Not covered; You pay 100%	Not Covered
Weight Loss Medications (must be prescribed by a Monument Health provider)			
- GLP-1's	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Not Covered
- Other	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Not Covered
Insulin**	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%	Not Covered
Contraceptives	Plan pays 100% You pay 0%	Plan pays 100% You pay 0%	Not Covered
Plan Year Prescription Drug Out-of-Pocket Maximum	Combined with Medical Out-of-Pocket Maximum		

**Includes insulin syringes with needles, blood glucose test strips, urine glucose test strips, ketone resting strips and tablets, lancets, glucose monitors and lancet devices.*

***Insulin includes, but is not limited to: Lantus, Levemir, Humalog, Novolog, Apidra, Humulin and Novolin.*

†Specialty Pharmacy manufacturer assistance dollars will not accumulate towards the HDHP deductible or the Standard PPO plan pharmacy out-of-pocket maximums.

For the Standard PPO Plan

There is generally no deductible that you are required to meet, so your coverage begins with your first prescription. For most types of medication, you will pay a copay at the time of service and the plan will pay the rest. Certain specialty medications and diabetic supplies are subject to coinsurance rather than a copay.

STANDARD PPO HEALTH PLAN — PRESCRIPTION BENEFITS

EFFECTIVE JULY 1, 2025

	STANDARD PPO HEALTH PLAN (FSA ELIGIBLE)			
	MONUMENT HEALTH PREFERRED PHARMACY NETWORK		HEALTHPARTNERS PARTICIPATING PHARMACIES	HEALTHPARTNERS MAIL ORDER
Maximum Days Supply	30 days	90 days	30 days	90 days
Cost Sharing	Deductible does not apply.			
All Generics	You pay $15	You pay $35	You pay $30	You pay $35
Preferred Brand Drugs	You pay $45	You pay $125	You pay $75	Not Covered
Non-Preferred Brand Drugs	You pay $100	You pay $275	You pay $105	Not Covered
Preferred Specialty Drugs†	Plan pays 80% You pay 20% up to $500 maximum	Limited to 30 days supply	Not covered; You pay 100%	Not Covered
Non-Preferred Specialty Drugs†	Plan pays 70% You pay 30% up to $600 maximum	Limited to 30 days supply	Not covered; You pay 100%	Not Covered
Weight Loss Medications				
- GLP-1's	Not covered; You pay 100%	Not covered; You pay 100%	Not covered; You pay 100%	Not Covered
- Other	Covered, normal plan benefits. Must be prescribed by a Monument Health provider.			Not Covered
Insulin**	Plan pays 80% You pay 20% up to $150 maximum	Plan pays 80% You pay 20% up to $450 maximum	Plan pays 80% You pay 20% up to $150 maximum	Not Covered
Contraceptives	Plan pays 100% You pay 0%; Copays apply to brands		You pay $25	Not Covered
Plan Year Prescription Drug Out-of-Pocket Maximum	Combined with Medical Out-of-Pocket Maximum			Not Covered

**Includes insulin syringes with needles, blood glucose test strips, urine glucose test strips, ketone resting strips and tablets, lancets, glucose monitors and lancet devices.*

***Insulin includes, but is not limited to: Lantus, Levemir, Humalog, Novolog, Apidra, Humulin and Novolin.*

†Specialty Pharmacy manufacturer assistance dollars will not accumulate towards the HDHP deductible or the Standard PPO plan pharmacy out-of-pocket maximums.

Monument Health Preferred Pharmacy Network

This network includes Monument Health Rapid City Hospital's pharmacy and a number of local pharmacies that provide access to additional in-network coverage for key geographic areas.

AREA	PREFERRED PHARMACIES (CONSIDERED IN-NETWORK)
Rapid City	Monument Home + Pharmacy (located inside Rapid City Hospital) Monument Home + Specialty Pharmacy Monument Health Home + Home Infusion Boyd's Drug Mart: East, West and Rx Express Medicine Shoppe Medicine Shoppe Advanced
Custer	Carson Drug
Sturgis	County Drug
Spearfish	Monument Home + Pharmacy
Lead-Deadwood	Vilas Pharmacy White Drug
Hot Springs/Fall River/ Belle Fourche	Lynns Dakotamart Pharmacy in Hot Springs & Belle Fourche Prairie Hills Pharmacy
Newcastle, WY	Weston County Pharmacy
Philip	Dakota Country Pharmacy
Wall	Wall Drug Store
Sundance, WY	Vilas Pharmacy
All Areas	HealthPartners Mail Order (for Generic Drugs only)

For the most recent list of participating pharmacies, visit **healthpartners.com/monumenthealth**. You may also access the list on the Caregiver Hub or by calling HealthPartners member services.

HealthPartners Participating Pharmacy Network

You may find yourself in a situation where you need to fill a prescription immediately and are unable to get to a Monument Health Preferred Pharmacy. In these instances, you can get your prescription filled at a leading retail pharmacy through the HealthPartners Network, however, you will pay more out of pocket.

Non-participating Pharmacies

If you decide to use a retail pharmacy outside of the Monument Health or HealthPartners networks, you will pay the full cost of the medication. The plan does not provide any coverage for out-of-network pharmacies.

Mandatory Generics

Generics are mandatory when there is a generic equivalent available. If you or your physician requests a brand drug when there is a generic equivalent, the brand drug will be covered up to the cost of the generic, minus any brand drug required copayment.

Maintenance Medications

Maintenance medications (taken on a regular basis for ongoing conditions such as high blood pressure, or asthma) must be filled through the Monument Health Preferred Pharmacy Network. You may only fill maintenance medications ONE TIME outside of the Monument Health Preferred Pharmacy Network. If you decide to fill the same prescription a second time, outside of the Monument Health Preferred Pharmacy Network, you will pay 100% of the cost.

Pre-Authorization and Step Therapy

To manage our pharmacy plan most effectively, there are some medications that will require approval before they can be filled. This pre-authorization process will involve your physician and pharmacist working together to find the most effective, lowest possible cost medication. Authorization for some medications will include step therapy, which requires that you try lower cost, proven treatments before using higher cost medications. Both processes must be completed before the prescription is filled.

SAVE TIME BY USING MAIL SERVICES TO FILL YOUR PRESCRIPTIONS

If you take generic medications for long term, chronic conditions such as diabetes, high blood pressure, depression, or high cholesterol, you can save time by having them delivered directly to your home.

HOW TO GET STARTED

Call 800-591-0011
Visit **healthpartners.com/mailorder**

Note: Caregivers and covered family members who live outside the Monument Health service area can use mail order for long-term generic medications, with benefits paid at the Monument Health Pharmacy Network benefit level.

THINGS TO CONSIDER WHEN CHOOSING YOUR MEDICAL/PHARMACY PLAN

Here is a handy chart that can help point you in the right direction when making your plan election:

HIGH DEDUCTIBLE HEALTH PLAN WITH HSA	STANDARD PPO PLAN
Premiums: $ Deductible: $$$	Premiums: $$$ Deductible: $$
Good choice if: ✓ You prefer a higher deductible which enables you to pay less out of your paycheck ✓ You would like to plan for the future by opening a tax-favored Health Savings Account, and you like that you own the account ✓ You can plan for your health care needs and put funds into the Health Savings Account to cover them	**Good choice if:** ✓ You like a lower deductible and are willing to pay more out of your paycheck for it ✓ You have a lot of ongoing health care needs and are uncomfortable with a higher out-of-pocket maximum ✓ You prefer predictable office visit and prescription drug copays ✓ You are over age 65 and are enrolled on Medicare

Are you over age 65? Some special considerations:
Due to improvements in Medicare Part D (the pharmacy portion of Medicare), the HDHP plan does not provide creditable coverage compared to Medicare Part D benefits. This is important to know if you delay enrolling in Medicare Part D and instead enroll in the Monument Health coverage. You will avoid late enrollment penalties (higher Part D premiums) if you maintain coverage that is Medicare Part D creditable.

If you are currently enrolled in Medicare but have not elected Part D and would like to avoid the late enrollment penalties (higher Part D premiums), then you should elect the Standard PPO plan which is Medicare Part D creditable, or enroll in the HDHP and purchase a Part D policy, **but know that you are not eligible to have a Health Savings Account**.

If you are not yet enrolled in Medicare (Part A, B or D), you can choose to enroll in the HDHP plan, have a health savings account, and avoid late enrollment penalties. Once you become eligible and enroll in Medicare, you will need to elect Part D within two months of enrolling in Part A or B to avoid higher Part D premiums, unless you have other creditable coverage.

Please remember that if you are enrolled in Medicare (Part A, B or D), you may enroll in the HDHP, but you are not eligible to put money into a Health Savings Account or accept the contributions made by Monument Health if you make $34.00 per hour or less.

WEIGHT LOSS SURGERY AND MEDICATIONS

Our medical plan will cover weight loss surgery for caregivers and their family members over age 18, only after the caregiver has been continuously employed for 12 months or more. Prior authorization is required.

Those who wish to use GLP-1's for weight loss (Wegovy & Zepbound), coverage is restricted to those covered on the HDHP only.

HOW DO YOU DECIDE?

How do you ultimately decide which plan to select? Once you consider the differences in networks, how the HDHP plan works (particularly for those with high cost medications) and how much health care you usually use, or are anticipating, typically your decision comes down to minimizing what comes out of your pocket if you have some expensive health care needs. Here is a quick outline of the financial differences for each plan based on the deductible, Monument Health's contributions to the HSA for full-time caregivers, care provided by tier 1 providers (for the Standard PPO plan), and your payroll deductions. If you need help deciding which benefit plans are right for you and your family, contact the Benefits Advocacy Center at 877-373-1583.

Please note: the payroll deductions in this example are based on full-time employment.

SCENARIO 1: CAREGIVER ONLY COVERAGE	HDHP	STANDARD PPO
DIFFERENCE IN DEDUCTIBLE AFTER MONUMENT HEALTH ACCOUNT FUNDING		
Calendar Year Deductible	$3,400	$2,500
Monument Health Dollars into HSA		
$23.60 per hour or less	$1,000	N/A
$23.61 to $34.00 per hour	$750	N/A
BALANCE OF DEDUCTIBLE TO MEET AFTER APPLYING HSA FUNDS		
$23.60 per hour or less	$2,400	N/A
$23.61 to $34.00 per hour	$2,650	N/A
DIFFERENCE IN PAYROLL DEDUCTIONS, PER YEAR, FULL-TIME, NON-TOBACCO USER*		
Annual Payroll Deductions	$520	$3,432
How the payroll deduction compares to the HDHP	=	$2,912
How the payroll deduction compares to the Standard PPO plan	-$2,912	=

SCENARIO 2: CAREGIVER AND FAMILY (SPOUSE & CHILDREN) COVERAGE	HDHP	STANDARD PPO
DIFFERENCE IN DEDUCTIBLE AFTER MONUMENT HEALTH ACCOUNT FUNDING		
Calendar Year Deductible	$3,400 per individual but not more than $6,800 per family	$2,500 per individual but not more than $5,000 per family
Monument Health Dollars into HSA		
$23.60 per hour or less	$1,000	N/A
$23.61 to $34.00 per hour	$750	N/A
BALANCE OF DEDUCTIBLE TO MEET AFTER APPLYING HSA FUNDS		
$23.60 per hour or less	$2,400	N/A
$23.61 to $34.00 per hour	$2,650	N/A
DIFFERENCE IN PAYROLL DEDUCTIONS, PER YEAR, FULL-TIME, NON-TOBACCO USER*		
Annual Payroll Deductions	$6,721	$10,582
How the payroll deduction compares to the HDHP	=	$3,861
How the payroll deduction compares to the Standard PPO plan	-$3,861	=

**Tobacco users add $650 per year*

HDHP AND HSA — HOW DO THEY WORK TOGETHER?

The HDHP works with a tax-advantaged health savings account, giving you control over the payment of healthcare services. You can only put funds into an HSA if you are participating in a qualified HDHP. Funds into your account include:

- Up to $1,000 per plan year (through bi-weekly payroll contributions) from Monument Health if you work full time and earn less than $23.61 per hour
- Up to $750 per plan year (through bi-weekly payroll contributions) from Monument Health if you work full time and earn between $23.61 and $34.00 per hour
- Your own funds, through payroll deduction

The most that can go into your HSA each calendar year is limited to $4,300 if you have single coverage, or $8,550 if you have coverage other than single. If you are age 55 or over you can contribute an additional $1,000 per calendar year as a catch-up contribution. The maximum includes both yours and Monument Health's contributions. You will make an election during open enrollment as to how much you would like to contribute to your account for the year. You have the flexibility to change your elections during the plan year if you need to.

Once the funds go into your account, they are yours, even if you leave Monument Health or choose a different medical plan in future years. There is no "use it or lose it"!

Because the HSA is governed by the IRS, there are rules about who is allowed to have an account. If you as our caregiver have access to any other health coverage that is not a qualified HSA plan, you are not allowed to have a Health Savings Account. Examples of other coverage are:

- Medicare (any parts)
- Veterans Administration, Tricare
- Indian Health
- Coverage for you on your spouse's plan that is not also a qualified HDHP
- A healthcare flexible spending account (yours or through your spouse)
    - If you have funds remaining in your healthcare FSA on July 1, you will not be able to receive HSA contributions, your own or Monument Health's, until after the end of our HCFSA grace period on October 1st.

When you enroll for the HDHP, you will be prompted to establish your account with our HSA administrator Fidelity. Simply follow the instructions provided during the enrollment process. Once the account is activated, funds can be deposited. When you have built up $1,000 or more in your account, you may invest the funds in one of the Fidelity investment plan options.

What can you use your HSA dollars for?

Qualified out-of-pocket healthcare expenses, including medical, dental or vision expenses. Some examples are:

- Medical or dental plan deductible
- Copays for medical or pharmacy expenses
- Coinsurance for medical, pharmacy or dental expenses
- Dental expenses in excess of your annual plan maximum
- Orthodontia expenses not paid by your dental plan
- Glasses or contact expenses not paid by your vision plan
- Laser eye surgery
- Reading glasses
- Contact lenses and contact lens solutions
- Over the counter medications
- Acupuncture
- Massage therapy
- COBRA premiums
- Medicare Part B premiums
- Long term care insurance premiums

And much more. Visit the IRS website at **irs.gov/pub/irs-pdf/p502.pdf** for a complete listing.

How do I access my HSA funds?

1. Use your HSA debit card
2. Request funds from Fidelity through their website at **fidelity.com/atwork**. You can set up direct deposit.

Either way, you will not be asked to send in paperwork to prove that you are using your HSA funds for qualified expenses. You will need to keep copies of your bills or explanation of benefits that show the qualified expense in the event the IRS audits you and asks for proof that you used your HSA funds for qualified expenses.

Monument Health provides you with additional access to office visits, behavioral health visits and musculoskeletal care virtually through the following vendors. This care is lower cost to you, and can be more convenient for you and your family. Consider using Virtuwell and Doctor on Demand instead of urgent care or office visits for day-to-day healthcare needs.

Virtuwell – Your 24/7 Online Clinic

Visit HealthPartners virtual clinic called Virtuwell where you can use your desktop computer, smartphone or tablet to visit a certified nurse practitioner through their online connection. You can use the portal for treatment of conditions such as pink eye, rashes, sinus infections, UTI's, bronchitis, allergies and more. They can treat over 85 common conditions from the comfort of your home, office or other location. They ask the same questions you would hear in a doctor's office, but using an online tool, and can upload photographs of rashes or eye infections. Your practitioner will respond through the HealthPartners portal and if prescriptions are needed, can send them to the pharmacy of your choice. An after visit summary can also be provided to your primary care physician.

VIRTUWELL VISITS — A GOOD VALUE!

For both plans:

- ✓ The first three visits each year, you will pay a $20 copay
- ✓ After three visits, the copay increases to $50 per visit
- ✓ The deductible does not apply!

Doctor on Demand – 24/7 Doctor Visits

Similar to Virtuwell, visits with a Doctor on Demand provider can be from the comfort of your home, office or other location. Different from Virtuwell, your visit is with a board-certified physician and is through video conference or phone rather than through online messaging. They can treat most urgent care needs like coughs, headache, UTIs, flu, Covid and more. Doctor on Demand physicians can prescribe medication, sending the prescription to the pharmacy of your choice. Your cost for a visit is $50 for either of our plans, and the deductible does not apply.

Doctor on Demand - Virtual Behavioral Health Care

In addition to medical issues, you can also receive behavioral health counseling through Doctor on Demand. Just as with in-person visits, you can select your provider and have regular virtual sessions by video. They have a variety of provider types available who can provide talk therapy or medication management, or both! It usually takes between one and three days to schedule an appointment, and while care is not 24/7, there are expanded hours with appointments available 7 days a week. You can visit the Doctor on Demand site or app and select the provider that best fits your care criteria prior to making your appointment. Your cost for a visit is $50 for either plan, and the deductible does not apply.

Hinge Health – Virtual Musculoskeletal (MSK) Clinic

To address each person's unique physical needs, Hinge Health pairs advanced wearable devices with a full care team that includes doctors, physical therapists, expert specialists (such as nutritionists) and health coaches. This care is no cost to you, even if you are covered on the HDHP.

By engaging in the program, participants will receive:

- Hardware: tablet pre-installed with Hinge Health app, wearable sensors, charging unit and carrying case. This is only provided for those participating in the Chronic/Surgery program.
- You can also use your smartphone or tablet to access the program from anywhere, anytime
- Unlimited, personalized exercise therapy sessions
- Access to a physical therapist
- Unlimited 1-on-1 access to a personal health coach via email, text or phone
- Personalized weekly educational content
- Peer support and discussion boards

All programs include a health coach and other providers needed to give you tools and support to get you to a functional state.

SCAN OR CLICK

Programs include:

- Prevention – uses exercises to prevent injury
- Acute care – virtual physical therapy
- Chronic/Surgery Program – comprehensive program includes wearable sensors, with long term goal setting
- Expert Medical Opinion – provides decision support for MSK related conditions and treatments

Each of these programs provide support at no cost to you or your covered family members.

OMADA

Support for diabetes and high blood pressure

If you are living with diabetes or high blood pressure, or both, you are keenly aware of how difficult it can be to monitor your glucose or blood pressure to keep your readings in normal ranges. Omada is a digital care program that empowers you to achieve your health goals through sustainable lifestyle change. You will receive a cellular-connected blood glucose monitor or blood pressure monitor to help you seamlessly track your progress.

MySTRENGTH by TELADOC HEALTH

Personalized Support for Emotional Challenges

MyStrength is a flexible and comprehensive digital program for emotional health to help with life's evolving challenges. From learning activities and guided meditations to skill-building courses, with myStrength, you get personalized support to build a healthier mind for a stronger you. This program is self-guided and is designed to help change behavior.

MyStrength offers evidence-based support for many types of emotional and physical challenges: Stress, sleep, depression, anxiety, relationships, pregnancy and early parenting, chronic pain, and more. Accessing their portal through your private, online account or through their mobile app, you start your journey by answering a series of clinically validated questions. MyStrength will then create a plan designed just for you. You can then choose what to focus on in your own time, at your own pace.

WELLBEATS

Need some help creating a good home fitness routine? Or with making nutritious, well balanced meals? Wellbeats provides you with access to over 1,000 virtual fitness, nutrition and mindfulness classes to help you jumpstart your home self care plans. Access Wellbeats by registering on the HealthPartners website, or through the MyHP app, using the Living Well tab.

MEDICAL PRE-AUTHORIZATION

To ensure that services you receive are medically necessary and covered by our health plan, certain services require authorization or provider notification before care is received. Examples of services that require pre-authorization/notification include:

- Advanced Imaging – e.g. MRI, CT, PET scans
- Non-emergency Air Ambulance Transportation
- Specialty prescription drugs
- Cochlear Implants
- Durable Medical Equipment
- Electroconvulsive Therapy
- Genetic Testing
- Infusion Therapy (such as enteral and IV's)
- All Inpatient Admissions including mental health, substance use, emergency admissions

Outpatient Surgical Procedures for ONLY the following:

- Abdominoplasty
- Bariatric Surgery
- Breast Reconstruction/Breast Reduction
- Orthognathic Surgery, Bone Grafts and Surgical Management of the temporomandibular joint (TMJ)
- Surgery that could be considered cosmetic including, but not limited to rhinoplasty, blepharoplasty, lipectomy, excess skin removal, etc.
- Pain Management Services
- Skilled Nursing
- Spinal Cord Stimulators

Your physician will work with HealthPartners on the pre-authorization/notification process. If you are unsure any care you are considering requires pre-authorization/notification, call HealthPartners member services at 888-324-2064 for information.

COORDINATION OF BENEFITS

How does our plan coordinate with other coverage you or your covered family members have? If you or a covered family member is covered by more than one medical or dental plan, benefits paid will be coordinated between the two plans to avoid paying for services twice. The Monument Health plans are considered primary for our caregivers, with your spouse's plan being secondary.

The order the plan pays benefits for your children is determined by the "Birthday Rule", which says that the plan of whichever parent's birthday falls earlier in the year pays first, or primary. For your spouse, their employer sponsored plan will always be primary. When the Monument Health plan is secondary, benefits are determined by calculating what the plan would have paid if no other coverage existed and then subtracting what the primary plan paid. If the primary plan paid less than our normal plan benefits, our plan will pay up to what we would have paid, minus the primary plan payment. If the primary plan paid more than our normal plan benefits, our plan will pay nothing.

By coordinating benefits this way, you receive the full benefits you are entitled to under the Monument Health plan, but you cannot combine your two sources of insurance to pay for 100% of the cost of services. This way, all caregivers receive the same level of benefits regardless of whether they have one or more sources of insurance.

HealthPartners: Here For You 24/7

Call HealthPartners at one of these numbers if you have questions about their services or what your plan covers. They are ready to help! You can also visit the Monument Health HealthPartners website at **healthpartners.com/monumenthealth** to access all the benefits and services provide by HealthPartners. This site also includes provider directories and contact information.

MEMBER SERVICES		
For questions about: - Your coverage or claims - Finding a doctor or specialist in your network - Finding care when you are away from home - Health plan services, programs and discounts	Monday-Friday 6am to 5pm Call 888-324-2064 **Espanol:** 866-398-9119 Interpreters are available if you need one **Healthpartners.com**	
MEMBER SERVICES CAN HELP YOU REACH:		
Nurse Navigator Program	**For questions about:** - Understanding your health care and benefits - How to choose a treatment	Monday – Friday 6:30am to 4pm
Pharmacy Navigators	**For questions about:** - Your medicines or how much they cost - Approval for coverage of certain medications, prior authorizations - Your pharmacy benefits - Transferring prescriptions to mail order	Monday – Friday 7am to 4pm
BEHAVIORAL HEALTH NAVIGATORS		
For questions about: - Finding a mental health or substance use treatment care professional in your network - Your behavioral health benefits		Monday – Friday 7am to 4pm 888-638-8787
CARELINE PHONE SERVICE FOR ACCESS TO A REGISTERED NURSE		
For questions about: - Whether you should see a doctor - Home remedies - A medicine you are taking		24/7/365 days a year 800-551-0859
BABYLINE PHONE SERVICE		
For questions about: - Your pregnancy - The contraction you are having - Your new baby		24/7/365 days a year 800-845-9297

HealthPartners On-Line

To get personalized information when and where you need it, use the HealthPartners online tools through either the web or their app. For either the web or app, in order to register you will need to have your ID card handy. To get started:

Through the Web:
Have your ID card handy to sign in and register at **healthpartners.com**

Through the App:
For android or apple, download the myHP app.

NOOM

SCAN OR CLICK

To support you in your journey towards health, we provide access to the Noom Program at no cost to you.

Through the Noom App, you will receive a personalized, mind-first approach that combines technology and human support to create healthier daily habits. Noom will teach you the why behind unhealthy habits and how to change them. You will also have daily lessons tailored to your personal goals. If you want more support, you have access to one-on-one coaching and peer support.

How does it work?

Tracking Tools

- ✓ Nutritional guidance and food logging
- ✓ Activity logging and step tracking, integrated with all major fitness devices and apps
- ✓ Weight, blood pressure and other measurement capabilities

Content

- ✓ Daily lessons teach the why behind unhealthy habits and how to change them. These daily lessons help build healthier habits in just 5 to 10 minutes per day

Coaching and Community

- ✓ One on one coaching for consistent and pro-active check-ins to keep you on track and pace
- ✓ Peer groups provide a social support network to help you sustain weight loss and wellness goals
- ✓ Noom Circles provide online groups based on interests, goals and lifestyle, allowing you to choose a community based on your needs

Are you taking GLP-1 medications?

Are you currently taking Ozempic, Mounjaro, Wegovy or Zepbound, or other GLP-1 medications for weight loss or to treat type 2 diabetes and would like some extra support? Noom is also for you! Simply sign up for Noom Weight and during their intake process, you will be identified as a type 2 diabetic using a GLP-1, so your Noom journey will be tailored to your specific needs.

Noom is separate from Monument Health and any data shared with Noom is subject to Noom's privacy and security policies and may be accessed or stored outside the U.S.

ACCESSING NOOM IS EASY!

First

- ✓ Go to: go.noom.com/monumenthealth and register using your name and date of birth.
- ✓ Or scan the QR code, above, for direct access.
- ✓ Use passcode: XGCFPJ to create your Noom account.

Then

- ✓ Download the Noom app and sign in using the credentials you created.
- ✓ Complete your intake questions, which should take about 10 minutes.
- ✓ Start the program!

To assist with the cost of treatment and to provide preventive dental care we offer comprehensive dental coverage through Delta Dental of South Dakota.

Provider Networks

Under both the **Standard** and **Premier** plans you can use the services of any licensed dentist anywhere. However, Delta Dental has negotiated discounted rates with certain dental providers – meaning you will have lower out-of-pocket costs if you choose a dentist that participates in the Delta Dental network. In South Dakota, 98% of dentists participate in the Delta Dental network. There are also participating Delta Dental dentists nationally for those who live outside of South Dakota. If you choose to use a non-participating dentist, you will be responsible for paying any amount charged that is more than the Delta Dental allowable (discounted) fees.

Through the Health Through Oral Wellness program, there may be some additional, special dental benefits and programs available to you. Additional details can be found in Workday or via the Caregiver Hub. These programs include additional cleanings for those with certain chronic conditions or who are pregnant.

TWO PLANS

You have the choice of two plans: the **Standard** and the **Premier**. Consider how much dental care you and your covered family members may need during the next plan year to help you make the right decision when making your dental plan election. Things to consider:

- ✓ Will any of your children need braces?
- ✓ Do you or any of your family members need major dental work?
- ✓ Does your spouse's employer provide dental coverage? If so, how do the benefits and contributions compare?

DENTAL BENEFITS

DESCRIPTION	STANDARD PLAN	PREMIER PLAN
Preventive Dental Care Exams, cleanings, routine x-rays, fluoride treatment, space maintainers, sealants	Plan pays 80% You pay 20%	Plan pays 100% You pay 0%
Your Plan Year Deductible (does not apply to preventive)	$50 Individual $150 Family	$25 Individual $75 Family
Minor Dental Services Emergency dental treatment, fillings, extractions and oral surgery	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%
Endodontic and Periodontic Services Root canals, treatment of gum disease	Plan pays 50% You pay 50%	Plan pays 80% You pay 20%
Major Dental Services Crown, bridges, denture, implants	Plan pays 50% You pay 50%	Plan pays 60% You pay 40%
Plan Year Maximum Benefit, Per Covered Person All benefits combined	$1,000	$2,000
Maximum Bonus Account	N/A	Benefit Available
Orthodontia	Not Covered	Plan pays 50%, you pay 50% Lifetime maximum of $2,000 per person*

**$2,000 benefit is only available to those who started treatment 7/1/2024 or after.*

Note: plan year is July 1 through June 30 each year.

Dental ID Cards will be sent to you from Delta Dental within two or three weeks of your enrollment.

To assist with the cost of routine eye exams, lenses and frames we offer comprehensive vision coverage through Vision Service Plan (VSP).

Two Plans to Choose From

You have the choice of two plans: the **Standard** and the **Premier**. Consider the vision care needs of you and your covered family members to help you make the right decision when making your vision plan election. **Things to consider:**

- ✓ Does anyone in your family currently wear glasses or contacts?
- ✓ Do you anticipate anyone in your family needing glasses or contacts in the coming year?
- ✓ Do you require progressive or anti-reflective lenses (covered in full on the Premier plan)?
- ✓ When was the last time you and your family members had an eye exam?

VISION BENEFITS — THE STANDARD PLAN

DESCRIPTION	STANDARD PLAN
WellVision Exam	$10 copay
AND	
PRESCRIPTION GLASSES	
Lenses (every 12 months) - Single Vision, lined bifocals, lined trifocals - Polycarbonate for children only	$25 copay
Lens Enhancements - Standard Progressives - Premium Progressives - Custom Progressives - Anti-glare Coating	$0 copay $80-$90 copay $120-$160 copay Not covered
Frames (every 24 months) - Wide selection of frames - Featured brands - Additional discounts	$150 Allowance $200 Allowance 20% off any amount over your allowance
OR	
CONTACTS INSTEAD OF GLASSES (EVERY 12 MONTHS)	
Contact lens fitting **Contact lenses**	Up to $60 copay with 15% discount $150 allowance
KIDSCARE BENEFITS - ENHANCEMENTS FOR KIDS	
Two Eye Exams **Frames** **Additional Lenses**	Every 12 months Every 12 months Covered with a prescription change within the same year
OTHER PROGRAMS	
Discounts for additional pairs of prescription glasses and sunglasses	30% off from VSP doctor on same day as WellVision exam **OR** 20% off any VSP doctor within 12 months of WellVision exam
Laser Vision Care Program	15% off regular price or 5% off promotional price for PRK, LASIK and Custom LASIK at VSP contracted facilities
Low Vision Support (every 2 years)	Professional services for severe visual problems not corrected with regular lenses, limited to $1,000
Supplemental Vision Testing	Paid in full
Supplemental visual aids	Plan pays 75% of the cost

Provider Networks

Under both the Standard and Premier plans you can use the services of any licensed vision provider anywhere. However, you will get much better benefits if you use a VSP provider. If you choose not to, you will have to pay for your services up-front and submit them to VSP for reimbursement. Benefits are limited for out-of-network providers. To find a VSP provider either call VSP at 800-877-7195 or visit VSP.com. To ensure the highest benefit level, confirm with your provider that they are contracted with VSP when you make your appointment.

No Vision ID Cards – the vison plan does not have an ID card. Simply make an appointment with a VSP provider and they will take care of the rest!

VISION BENEFITS — THE PREMIER PLAN

DESCRIPTION	PREMIER PLAN
WellVision Exam	$10 copay
AND	
PRESCRIPTION GLASSES	
Lenses (every 12 months) - Single Vision, lined bifocals, lined trifocals - Polycarbonate for children only	$20 copay
Lens Enhancements - Standard Progressives - Premium Progressives - Custom Progressives - Anti-glare Coating	$0 copay $0 copay $0 copay $0 copay
Frames (every 24 months) - Wide selection of frames - Featured brands - Additional discounts	$180 Allowance $230 Allowance 20% off any amount over your allowance
OR	
CONTACTS INSTEAD OF GLASSES (EVERY 12 MONTHS)	
Contact lens fitting **Contact lenses**	Up to $60 copay with 15% discount $180 allowance
CONTACTS INSTEAD OF GLASSES (EVERY 12 MONTHS)	
Two Eye Exams **Frames** **Additional Lenses**	Every 12 months Every 12 months Covered with a prescription change within the same year
OTHER PROGRAMS	
Discounts for additional pairs of prescription glasses and sunglasses	30% off from VSP doctor on same day as WellVision exam **OR** 20% off any VSP doctor within 12 months of WellVision exam
Laser Vision Care Program	15% off regular price or 5% off promotional price for PRK, LASIK and Custom LASIK at VSP contracted facilities
Low Vision Support (every 2 years)	Professional services for severe visual problems not corrected with regular lenses, limited to $1,000
Supplemental Vision Testing	Paid in full
Supplemental visual aids	Plan pays 75% of the cost

FLEXIBLE SPENDING ACCOUNTS

To help you save money on out-of-pocket health and dependent care expenses, Monument Health offers you participation in our Health Care, Limited Purpose and Dependent Care Flexible Spending Accounts (FSA). These accounts allow you to have funds taken out of your paycheck before taxes to help you pay for qualifying health and dependent care expenses.

Our FSA's are administered by Inspira Financial who will track your elections and manage reimbursements when you have expenses you wish to claim from your FSA. Our plan runs from July to June, so your funds must be used to pay for eligible health care or dependent care expenses with service date between July 1 and June 30, with an extended grace period to September 15 for health care expenses.

When making your FSA election, keep in mind that the funds are use it or lose it, meaning that you must use up the funds in your account by the end of the plan year or you will lose them.

You are allowed to participate in the health care FSA even if you are not enrolled in our medical plan, and you may use the funds to pay expenses for your eligible family members, even if they are not enrolled in the Monument Health medical plans.

Health Care FSA (HCFSA) – Standard PPO Participants ONLY

If you elect to participate in our Health Care FSA, you can have up to $3,300 taken out of your paycheck pre-tax to pay for qualified out-of-pocket medical, dental and vision expenses. The amount of your election will be deducted from your paycheck in 26 equal installments, but the entire amount is available for you to use from the first day of coverage. This means that you can use your entire election to pay for qualified expenses at any time during the plan year, even if the full amount has not been paid in.

You can use your funds for qualified expenses that are allowed by the IRS. For a completed list of eligible expenses, go online to the IRS website and view their "Publication 502" at: irs.gov/forms-pubs/about-publication-502 or call Inspira Financial at 844-729-3539.

Here is a short summary of some of the things you can use your health care FSA to pay for:

- Medical or dental plan deductible
- Copays for medical or pharmacy expenses
- Coinsurance for medical, pharmacy or dental expenses
- Dental expenses in excess of your annual plan maximum
- Orthodontia expenses not paid by your dental plan
- Glasses or contact expenses not paid by your vision plan
- Laser eye surgery
- Reading glasses
- Contact lenses and contact lens solutions
- Chiropractic or medically necessary massage therapy not covered by your health plan
- Over the counter medications (like allergy, acid reflux or pain medications)
- Band-aids and other first aid supplies
- Pregnancy tests
- Menstrual products
- Thermometer
- Vitamins and supplements, with a prescription from your physician

Limited Purpose Flexible Spending Account (LPFSA) - for those on the HDHP only

If you are on the HDHP, you are allowed to elect to participate in our Limited Purpose FSA. You can have up to $3,300 taken out of your paycheck pre-tax to pay for dental and vision expenses only. This is also a "use it or lose it" account.

Dependent Care FSA (DCFSA)

If you elect to participate in our dependent care FSA, per calendar year, you can have up to $5,000 per household ($2,500 if married filing separately), taken out of your paycheck pre-tax to pay for qualified dependent daycare expenses. The amount of your election will be taken out of your paycheck in 26 equal installments, and you can only claim what has been deducted.

You can use the dependent care FSA to pay for daycare expenses that allow you and your spouse to work, look for work or attend school. If this criterion is not met, your DCFSA funds will be taxed. You can use the funds to pay for the dependent care costs of your children under age 13 who you claim as a dependent on your taxes, and some adult or elder care expenses for a tax dependent adult.

Eligible expenses include:

- Daycare
- Pre-school
- Before and after school care
- Day camps
- Adult daycare facilities
- Wages paid to a nanny in or outside your home

NOTE: if you terminate employment with Monument Health, your FSA contributions will automatically stop. You can continue to submit claims for reimbursement up to the year-to-date amount you have in your account, provided the expenses are incurred in the current plan year prior to your termination date. For the HCFSA, you may be able to continue your contributions on an after-tax basis through COBRA continuation or by having the remaining annual amount deducted pre-tax from your final paycheck.

ACCESSING YOUR FUNDS

Inspira Debit Card – HCFSA or LPFSA Only

If you enroll in the HCFSA or LPFSA, you will receive an Inspira debit card at your home address that is pre-loaded with your annual election. You can use this card to pay for eligible HCFSA or LPFSA expenses for you and your eligible family members. Be sure to activate the card by calling the number on the activation sticker on your card.

QUESTIONS?

VISIT inspirafinancial.com

CALL 844-729-3539

Monday – Friday 6am to 6pm

Saturday from 8am to 1pm

You can use the card instead of cash to pay for qualifying expenses. The amount will automatically be deducted from your HCFSA or LPFSA. Because the use of this plan is governed by the IRS, Inspira will need proof that what you used your debit card for is allowed by the IRS. This will require you to send proof to Inspira when they ask for it – this is called “substantiation”. For HCFSA or LPFSA, auto-substantiation technology is used to attempt to electronically verify that the transaction meets the IRS rules. If the transaction cannot be auto-substantiated, a paper follow-up will be required. In these instances, you will receive notification from Inspira that you need to submit a receipt.

Keep your receipts, explanation of benefits or paperwork from your medical, dental or vision provider, or your orthodontist so you have them handy. They need to include:

- The name of the patient
- The name of the provider
- A description of the service or items purchased
- The date the services were provided or items were purchased, and
- The charge and/or out-of-pocket expense that was not paid by the Plan or other insurance

Please note: if you do not submit the requested receipt in a timely manner, your Inspira debit card will be turned off until your previous usage can be substantiated.

Submit Claims – HCFSA, LPFSA and DCFSA

If you pay eligible expenses with cash, check or credit card, you will need to submit a claim to Inspira online or through their mobile app. You can receive a check or set up the payment to be directly deposited into your checking or savings account.

IMPORTANT DEADLINES

HEALTH CARE OR LIMITED PURPOSE FSA	DEPENDENT CARE FSA
September 15, 2026 Deadline to incur eligible healthcare expenses	**June 30, 2026** Deadline to incur eligible dependent care
December 15, 2026 Deadline to submit 2025-26 plan year claims	**September 30, 2026** Deadline to submit 2025-26 plan year claims

MANAGING YOUR FSA ACCOUNTS

Log into **inspirafinancial.com** to create your profile to:

- ✓ Enroll for direct deposit
- ✓ Sign up for account alerts and notifications
- ✓ Check out the savings calculator and the complete list of eligible expenses
- ✓ Submit claims online
- ✓ Get instructions on how to submit claims or debit card substantiation requests

Please note your Inspira member number is the last 4 digits of your Monument Health Employee ID.

403(B) RETIREMENT SAVINGS PLAN

The 403(b) Retirement Savings Plan is a valuable part of your Monument Health benefits package. It allows you to save for retirement through easy and convenient payroll deductions. Monument Health matches a portion of your contributions and has automatic enrollment so you don't miss out on this savings opportunity. The Plan is a vital complement to other retirement benefits or savings you may have. All caregivers, including those who are PRN, are eligible for this plan.

KEY FEATURES OF THE 403(B)

Getting Started: Automatic Enrollment

- ✓ Newly eligible full-time and part-time caregivers are automatically enrolled at 3% of pay, meaning 3% is deducted from your paycheck before taxes and is set aside into your 403(b) account. If you wish to opt out, contact Fidelity at 1-800-343-0860 within 30 days of your hire date.
- ✓ Full-time and part-time caregivers who are contributing 0% towards the 403(b), will be automatically enrolled at 3% of pay every year in July when our fiscal year starts over. You can contact Fidelity to opt out.

Monument Health's Matching Contribution

Monument Health provides a discretionary match to your contributions.

Flexibility to Change Your Contributions

You may change your contributions at any time by contacting Fidelity. You are allowed to contribute between 1% and 80% of your gross pay up to the IRS limit in two ways:

- ✓ Traditional pre-tax contributions (goes into your account tax-deterred and is taxed when withdrawn at retirement)
- ✓ Roth post-tax contributions (taxed before it goes into your account and is not taxed when withdrawn at retirement)

Maximum Contributions

The maximum amount a caregiver can contribute to the 403(b) Retirement Savings Plan for 2025 is $23,500. If you are age 50 and over during the calendar year, you can put in an additional $7,500 in catch-up contributions. If you are age 60-63, you are allowed $11,250 in increased catch-up contributions.

You Choose How Your Funds are Invested

Choose between several investment funds to best match your needs and financial goals. Contact Fidelity for personalized retirement planning assistance.

403(B) RETIREMENT SAVINGS PLAN

Accessing Your Account

This plan is intended to help you save for retirement, so it is not easy to access funds while still employed. However there are a couple of situations when you may be eligible to access your fund before retirements:

- ✓ Loans
- ✓ Hardship Withdrawals

Contact Fidelity for details.

Owning Your Account

Your contributions, and any balance you have rolled over from prior tax favored accounts:

- ✓ Immediately 100% vested (you own)

Matching contributions:

You earn ownership (called vesting) of the matching contributions after three years of qualified service. If you leave or retire from Monument Health, you may take the vested funds with you.

CONTACT FIDELITY!

To change elections, for help with investing your funds or if you have questions:

CALL: 800-343-0860

VISIT: fidelity.com/atwork

BE SURE TO DESIGNATE A BENEFICIARY

In the event of your death, your designated beneficiary would receive the balance in your 403(b) account. You can designate your beneficiaries any time online with Fidelity.

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Life and AD&D insurance are important parts of your financial security – especially if others depend on you for support. That's why Monument Health buys life and AD&D insurance for you – Monument Health pays the full cost of coverage for eligible caregivers. You do not need to enroll; coverage is automatic. Reliance Matrix insures our basic life and AD&D coverage.

BASIC LIFE AND AD&D AT-A-GLANCE

BENEFIT	COVERAGE AMOUNT	COVERAGE REDUCTION SCHEDULE
Basic Life Insurance	One times base annual earnings rounded up to the next higher $1,000 to a maximum of $50,000	**At age 70:** benefit reduces to 67% of your covered amount **At age 75:** benefit reduces to 45% of covered amount
AD&D Benefits are paid when the loss is due to a covered accident	**One times base annual earnings up to $50,000 with the full amount paid for:** - Loss of life due to an accident - Total paralysis of upper and lower limbs - Loss of hearing and speech - Loss of one hand and one foot, or two hands or feet **50% of base benefit for:** - Total paralysis of one upper OR lower limb - Loss of one hand OR one foot - Loss of speech OR hearing (in both ears) **25% of base benefit for:** - Loss of thumb and index finger on the same hand	**At age 70:** benefit reduces to 67% of your covered amount **At age 75:** benefit reduces to 45% of covered amount
Accelerated Death Benefit	If you become terminally ill while covered, with limited time to live as certified by your physician, you may receive up to 75% of your life benefit prior to your death. Your beneficiaries would receive the balance upon your death.	N/A

CHOOSE YOUR BENEFICIARY

You must choose who you would like your life and AD&D benefits to go to in the event of your death. This is known as a "beneficiary designation". You will be required to name the person(s) such as your spouse, siblings, children, parents, or entities such as a trust when you designate your beneficiary. You can update your beneficiary any time in Workday. It is a best practice to review your beneficiary designation annually to ensure it is up to date.

Keep in mind that if you do not name a beneficiary, benefits will be paid according to the default guidelines identified in the Insurance Certificate or Contract.

Monument Health offers you the opportunity to purchase additional insurance through payroll deduction that can support you and your family in the event of an accident, illness or death. These coverages are voluntary, but can provide valuable protection regardless of your health status. You pay the full cost of the insurance, but you get the advantage of special group rates. Reliance Matrix insures our voluntary benefits.

Supplemental Life

You may purchase additional life insurance for yourself, your spouse or your children. To purchase coverage on your spouse or children, you must also purchase coverage for yourself. You can buy up to $250,000 for yourself, $100,000 for your spouse and/or $10,000 for each of your children during your initial eligibility period with no questions asked. Any higher amount, or request for coverage after your initial enrollment period will require you to prove your good health through evidence of insurability, and be approved by the insurance carrier.

EVIDENCE OF INSURABILITY (EOI)
PROOF OF GOOD HEALTH

If you choose to purchase coverage over $250,000 for yourself or $100,000 for your spouse, you will be required to complete a health questionnaire and be approved by the insurance company. This is known as providing "Evidence of Insurability". Your online enrollment will indicate whether or not your coverage option requires you to meet the EOI requirement, and will link you to the insurance company to complete.

Benefit at Annual Enrollment

Each year during open enrollment you can add or increase coverage up to $50,000 for yourself, $25,000 for your spouse and you can add coverage for your children, all with no health questions asked. This applies so long as your current coverage is not $250,000 or more for you, or $100,000 or more for your spouse.

Caregiver Coverage	Up to 5 times your base annual earnings in increments of $10,000 to a maximum of $250,000, or up to $500,000 with Evidence of Insurability
Spouse Coverage	Up to 100% of the caregiver benefit election in increments of $5,000 to a maximum of $100,000, or up to $250,000 with Evidence of Insurability
Dependent Child(ren) Coverage	**Birth to 6 months**: $1,000 **6 months to age** 26: $10,000 The benefit is per child and the premium covers all your children

Premiums are based on your and your spouse's age as of July 1, and will increase as you get older. Benefits will reduce to 67% of your covered amount at age 70, and to 45% of your covered amount at age 75.

Supplemental AD&D

You may also purchase additional AD&D insurance for yourself, your spouse or your children. To purchase coverage on your spouse or children, you must also purchase coverage for yourself.

Caregiver Coverage	Up to the lesser of 10 times your base annual earnings in increments of $10,000 to a maximum of $500,000
Spouse Coverage	50% of the caregiver benefit election up to $250,000
Dependent Child(ren) Coverage	15% of the caregiver benefit election up to $75,000 This benefit is per child and the premium covers all your children

Accident Insurance

This plan will pay you cash benefits if you have an accidental injury. The benefit is a set amount based on the type of injury and the treatment needed. It covers accidents that occur on and off-the-job, and it includes a range of incidents from common injures to more serious events. You will receive a lump sum cash benefit even if you receive benefits from other insurance. Use the funds however you need — whether for out-of-pocket medical expenses or a vacation to celebrate your recovery — you decide. Premiums are based on who you decide to cover. It also includes an AD&D benefit of $50,000 for caregivers, $50,000 for spouses and $25,000 for children.

Examples of covered injuries and treatment types that will result in a payment:

- ✓ Surgery
- ✓ Emergency room visit
- ✓ Physician visits
- ✓ Physical Therapy
- ✓ Ground or air ambulance
- ✓ Hospital admission
- ✓ Lacerations
- ✓ Concussion
- ✓ Coma
- ✓ Fractures
- ✓ Paralysis
- ✓ Burns (2nd or 3rd degree)

Wellness Benefit: Included in your Accident Insurance policy is a $100 benefit per covered person (up to 4 in your family), every 12 months if you have your annual routine physical or other routine screenings.

Critical Illness Insurance

This plan will pay a benefit if you are diagnosed with a covered illness. You will receive a lump-sum benefit even if you receive benefits from other insurance. Use the funds however you need – they are yours to spend as you see fit.

You have a choice of coverage amounts and you can also purchase coverage for your spouse and/or children. You must enroll in order to cover your spouse and/or children. Benefit payments will depend on the covered condition.

Coverage Options

You	Choose a benefit of $10,000, $20,000 or $30,000
Your Spouse	Choose a benefit of $10,000, $20,000 or $30,000, not to exceed 100% of the caregiver's selection.
Your Child(ren)	50% of the caregiver's coverage amount. Includes coverage for certain childhood conditions such as cerebral palsy, cystic fibrosis or muscular dystrophy

Some examples of covered conditions are cancer, heart attack, stroke, multiple sclerosis, coma, paralysis, coronary artery disease, etc. Benefits vary based on the disease. Refer to the policy for a complete list and the associated benefit amount. No benefits will be paid for a date of diagnosis that is before your coverage effective date. Premiums are based on you and your spouse's age on July 1.

Wellness Benefit: Included in your Accident Insurance policy is a $75 benefit per covered person (up to 4 in your family), every 12 months if you have your annual routine physical or other routine screenings.

IDShield: Identity Theft Protection

IDShield provides identity theft protection and restoration for you and up to eight dependents, in the event your identity is stolen. They will monitor your personal information, provide access to private investigators, and you can set up alerts for suspicious activity.

Learn more at **benefits.legalshield.com/monumenthealth**.

DISABILITY INSURANCE - VOLUNTARY

Monument Health provides you access to purchase both short and long term disability insurance through the convenience of payroll deduction. Both policies provide funds when you are sick or hurt and cannot work. Think of this as paycheck insurance as the benefits are meant to replace a percentage of your salary. Because you pay the premiums, the benefits are not taxed, different from your normal paycheck.

Short Term Disability

This plan replaces a portion of your income if you are unable to work due to a non-worked related injury or illness. Following a 14 day elimination period, this weekly benefit will continue for up to 13 weeks so long as you meet the definition of disability and are under the care of a physician. If you elect coverage after your initial enrollment period, you will be required to provide evidence of insurability and be approved by the insurance company. You can also enroll each year during open enrollment.

FEATURE	DESCRIPTION
Weekly Benefit Options	Caregivers can choose to purchase a weekly benefit in increments of $25, between $100 and the lesser of $1,650, or 60% of your base pay* not subject to income or payroll taxes
When Benefits are Payable	Once you meet the definition of disability, Short Term Disability will pay a weekly benefit after you have been disabled for 14 days
Length of Benefit Payment (Per Disability)	For 13 weeks once benefits begin so long as you cannot do your own job and are under the care of a physician
Pre-Existing Condition Limitation	If you elect coverage, and in the first 12 months of your coverage are disabled due to a pre-existing condition, the plan will pay no benefit. A pre-existing condition is defined as any sickness or injury (whether specifically diagnosed or not) for which you have received medical treatment, consultation, care or services, including diagnostic procedures, or took prescription drugs or medications, within the 12 months immediately prior to your benefit effective date. Once you have been covered for 12 months, this limitation is removed.
What Happens if You Leave Monument Health?	If you leave employment or retire from Monument Health, your disability coverage will end, unless you are on an STD claim or are eligible for LTD benefits.

Please refer to the Short Term Disability insurance certificate for details.

**You are allowed to add to your STD benefits using your accumulated paid time off and/or extended illness benefit, up to full pay.*

Long Term Disability

Long Term Disability insurance is designed to pick up when Short Term Disability ends but will pay benefits for a much longer period of time, depending on your age at disability. LTD pays a monthly benefit so long as you meet the definition of disability and are under the care of a physician. The plan will pay for disabilities from on or off the job illnesses or injuries. If you elect coverage after your initial enrollment period, you will be required to provide evidence of insurability and be approved by the insurance company.

FEATURE	DESCRIPTION
Monthly Benefit	The plan pays 60% of your base monthly earnings to a maximum monthly benefit of $7,500 not subject to income or payroll taxes
Additional Monthly Benefits Provided	**Loss of ADL (activities of daily living) Benefit:** If due to your disability, you are unable to perform two or more activities of daily living * without another person's assistance, or have sufficient cognitive impairment, you will receive an additional 33% of your base monthly earnings to a maximum of $5,000 per month. **Special Care Benefit:** If due to your disability, you are confined to a hospital, rehabilitation facility or skilled nursing home, there is an additional benefit of $5,000 per month. If you are having home health care or hospice care, there is an additional benefit of $250 per month. The Special Care Benefit is limited to 24 months.
When Benefits are Payable	Once you meet the definition of disability, Long Term Disability benefits will begin after 90 days
How is disability defined?	You will be considered disabled and eligible for an LTD benefit for the first 24 months of disability if you are unable to perform the material duties of your own occupation. Thereafter, you will be considered disabled and eligible to continue benefits if you are unable to perform the material duties of any occupation that fits your education, training and experience.
When Benefits End	So long as you continue to meet the definition of disability, you will receive benefits up until your Social Security "Normal Retirement Age" as defined by Social Security. If your disability begins at age 62 or after, your benefits will be limited based on your age at disability.
Pre-Existing Condition Limitation	If in the first 12 months of your coverage you are disabled due to a pre-existing condition, the plan will pay no benefit. A pre-existing condition is one defined as any sickness or injury (whether specifically diagnosed or not) for which you have received medical treatment, consultation, care or services, including diagnostic procedures, or took prescription drugs or medications, within the 3 months immediately prior to your benefit effective date. Once you have been covered for 12 months, this limitation is removed.
Benefits if Your Disability is due to Mental Health or Substance Use Disorder	Benefits are limited to 24 months lifetime for disabilities from a mental nervous condition unless you are hospital or institutional confined, then the benefit will continue until your release date. Benefits for disabilities due to substance use disorder are limited to 24 months.
Reduction of Benefits	Your monthly benefit may be reduced if you have sources of other income that provide earnings while you are disabled. Examples are income from work while disabled, social security, workers compensation or similar laws. For a complete list, consult the insurance certificate.
What Happens if You Leave Monument Health?	If you leave employment you can take your LTD plan with you on a self-pay basis for up to a $3,500 per month benefit. Other exclusions, limitations and reductions may apply.

**An ADL includes bathing, dressing, using the toilet, eating, getting in and out of bed or a chair, walking or cognitive impairment.*

CAREGIVER ASSISTANCE PROGRAM (CAP)

Available to All Caregivers and their Household Members

Our Caregiver Assistance Program (CAP) through Canopy is a free and confidential program that helps you and your family members address issues that are distracting you from work and life. There are two parts to our CAP: Wellbeing and Work/Life Balance.

Wellbeing Services

These benefits are here to support you and your family members when you are experiencing life stress and need to talk to someone to help you through. This includes behavioral, mental health or substance use issues, or help with setting life goals or advancing your career. Licensed counselors are available 24/7/365.

Counseling Sessions

You and members of your household can each have up to 5 counseling sessions per person, per issue face to face, over the phone or virtually for concerns such as:

- ✓ Relationship conflicts
- ✓ Conflicts at work
- ✓ Depression
- ✓ Stress management
- ✓ Anxiety
- ✓ Family relationships
- ✓ Alcohol or substance misuse
- ✓ Grieving a loss

Life Coaching

Canopy will provide up to 5 phone or video sessions per year with a coach to support you or your family member in goal setting, healthy habits, and personal development.

Enlight – Digital Cognitive Behavioral Therapy (dCBT)

Complete an online wellbeing assessment to gain insights into your well-being. The Enlight platform on Canopy's mobile app includes goal setting and tracking tools, resources on mindfulness and relaxation, an extensive video library and access to digital therapy options.

WORK/LIFE BALANCE PROGRAMS

Canopy is here to do the leg work when you need to find services, or to provide services when you need them. Here is a sample of what they can do for you:

Legal Consultations/Mediation

Contact Canopy for your free 30-minute consultation with an attorney and receive a 25% discount off the attorney's normal hourly rate on any additional services you may need. You also have access to a legal resource center where you can create and print legal forms and documents.

Financial Coaching

Each covered member has access to unlimited financial coaching to help with developing better spending habits, reducing debt, improving credit, increasing savings and planning for retirement. You will work with experienced professionals who will help with a needs analysis and create a written action plan.

Identity Theft

This service provides you with 60 minutes of free consultation with a Fraud Resolution Specialist who will conduct emergency response activities and assist with restoring your identity, good credit, and dispute fraudulent debts.

Home Ownership and Housing Support

You have a variety of services available to you to help with housing:

- ✓ Resources for buying, selling and refinancing a home
- ✓ Down payment resources
- ✓ Rental property alert notifications
- ✓ Credit score review
- ✓ Help finding housing through resource retrieval for short and long term rentals

Concierge Services

Canopy provides information and resource retrieval services to make your life easier. They find needed information within two business days, and your time is saved as the legwork is done for you. No issue is too small, form helping you locate the perfect anniversary or birthday gift, to finding a dry cleaner or pet sitter.

Childcare and Education Services

Canopy will help you find qualified childcare providers, and can help with education, behavioral and developmental concerns. They can also provide guidance and support with information on adoptions of newborns and older children.

CAREGIVER ASSISTANCE PROGRAM (CAP)

Eldercare Services

Canopy provides help finding solutions for the needs of older adults, and family members caring for them, in areas such as housing, in-home care, alternative living, home health, community services, legal concerns and medical issues.

Pet Parenting

There are times when we need some help with our furry/feathered friends for:

- ✓ Pet Insurance – Discounts
- ✓ Help finding boarding, daycare, pet sitting, walking services
- ✓ New pet parent resources
- ✓ Bereavement Support
- ✓ Emergency preparedness for pets

Wellbeing Tools

- ✓ Fertility health support and discounts
- ✓ Online legal tools
- ✓ Will kit questionnaire
- ✓ Wellness and gym discounts

LIFEBALANCE DISCOUNTS

Canopy provides thousands of discounts for all caregivers through LifeBalance discounts. Common discounts include: Disneyland, pet insurance, travel, lodging, movie tickets, sporting event tickets, and more!

To access, login to your member portal at my.canopywell.com and select the “My EAP Benefit” tile.

HOW DO YOU ACCESS OUR EAP SERVICES?

CALL: 800-433-2320 (24/7)

TEXT: 503-850-7721

EMAIL: info@canopywell.com

REGISTER AND USE THE WEBSITE:
Visit my.canopywell.com to create a Member Log-in. Enter Monument Health for “organization name” when you register.

DOWNLOAD AND USE THE APP:
Search “Canopy EAP” from the App Store or Google Plan, or click the QR code.

SCAN OR CLICK

Your call, text, or email will be responded to by a licensed counselor who will help you navigate all the resources you have available through Canopy.

The benefits you elect during enrollment are only a part of your total rewards at Monument Health. Here are some of the other benefits and programs you can access as a member of the Monument Health family.

WORK/LIFE BALANCE

Education Assistance

Tuition Reimbursement – Caregivers are eligible after 6 months of continuous service.

- ✓ Regular full-time caregivers: $2,800 maximum per fiscal year
- ✓ Regular part-time caregivers: $1,400 maximum per fiscal year

Certification Assistance - Caregivers are eligible after 6 months of continuous service.

- ✓ Caregivers may be reimbursed for certification/licensures that will enhance the caregiver's development specific to their position. The maximum allowed per caregiver per two-year period is $650.

Student Debt Repayment Program is also available for eligible positions.

Paid Time Off (PTO)

- ✓ All eligible caregivers begin accruing PTO on their first day of employment
- ✓ Part-time caregivers will accrue PTO on a pro-rated basis
- ✓ PTO is used to cover vacation, holidays, short-term illness or injury, or other personal time off needs

Your PTO will accrue based on your hours worked at the following rate:

YEARS OF SERVICE	HOURLY ACCRUAL	MAXIMUM ANNUAL ACCRUAL (BASED ON 80 HOURS)	MAXIMUM ACCRUAL BALANCE
Less than 5 Years	.0846	176 hours	232 hours
5 to less than 10 Years	.1039	216 hours	272 hours
10+ Years	.1231	256 hours	312 hours

Additional leave time is provided for bereavement leave and jury duty.

Monument Health offers opportunities for PTO cash-out at the end of each calendar year for the next year. Caregivers are notified when the cash-out window is open.

Extended Illness Bank (for use when on an approved medical leave of absence)

- ✓ All eligible caregivers begin accruing EIB on their first day of employment
- ✓ Part-time caregivers will accrue EIB on a pro-rated basis
- ✓ EIB is used when caregivers have an extended medical illness/injury that requires an approved leave of absence

Your EIB will accrue based on your hours worked at the following rate:

HOURLY ACCRUAL	MAXIMUM ANNUAL ACCRUAL (BASED ON 80 HOURS)	MAXIMUM ACCRUAL BALANCE
.0231	48 hours (6 days)	980 hours (122.5 days)

HEALTH & WELLNESS

- Tobacco/Nicotine cessation
- No-cost annual flu vaccine
- Designated walking paths (at each hospital)
- Massage Discounts (through Monument Health Therapy Services)

GYM MEMBERSHIP OPTIONS

- Monument Health Sports Performance Institute powered by EXOS – 755-MOVE
  - Free cardio suite membership for all caregivers
  - Discounted 24/7 access to gym and other membership options for caregivers and family members
  - Punch cards available
- Cardiac Rehab gyms
  - No-cost access for caregiver and spouse (at each hospital excluding MHOSH)
  - Call for hours of availability:
    - Custer: 605-673-9470
    - Lead Deadwood: 605-717-6370
    - Rapid City: 605-755-8040 or email livewell@monument.health
    - Spearfish: 605-644-4020
    - Sturgis: 605-720-2519
- Active and Fit (for members covered on the PPO or HDHP medical plan)
  - Offers standard fitness membership to gym of your choice for $28/month
  - Join through HealthPartners portal
- Discounts at gyms/fitness centers in Black Hills – visit discount page on the Caregiver Hub

DISCOUNTS

See complete list on the Caregiver Hub

- Café discounts at hospital locations when you use your badge
- Monument Health Dermatology & Plastics Products & Services
- Movie ticket discounts
- Dance lesson discounts
- Sporting event discounts
- Karate lesson discounts
- Lodging discounts
- Scrub discounts
- Beauty discounts
- Elevate Rapid City discounts
- Dining/Grocery discounts
- Gift Shop birthday discounts
- Gift Shop rewards punch card & free gift bags
- Car & home insurance discounts
- Cell phone discounts (Verizon and AT&T)

To see all of your benefits and special caregiver discounts, or to learn more, please visit the Caregiver Hub or contact HR Connect.

SUPPORT

- Dedicated daycare through Rapid City Children's Center
- Adoption Assistance
- Caring for our Caregivers Fund

RAPID CITY CHILDREN'S CENTER

Monument Health provides caregivers a safe and nurturing child-care alternative with the Rapid City Children's Center. This is a private child-care center that is only available to Monument Health caregivers. Payroll deductions provide a convenient way to budget and pay for this expense. Due to the popularity of this service, space is limited and this service is based on availability. Contact Rapid City Children's Center at 605-755-1172 with questions on availability and fees.

SCAN OR CLICK

Monument Health caregivers can request a pay advance up to 50% of your hours worked using Branch and your smartphone. We have partnered with Branch to offer a mobile digital wallet which allows you to received qualified earned wages in advance of pay day, manage cash flow, and spend money anywhere – all from your smartphone.

Features include:

- No fees or minimum balance
- No credit check
- Access to 40,000+ free ATMs
- Save, spend or send funds to any bank account
- Sign-up in 90 seconds or less!

Want to know more?

- Visit: My.branchapp.com/access/monument-health
- Scan or click the QR code

HEALTHCARE REFORM

The healthcare reform law, or Affordable Care Act (ACA), is complicated and you may have questions about how it impacts you, your family and your benefits. There are three things you should know.

1. The individual mandate (the requirement that all individuals have health insurance) remains in place. On January 1, 2019 the ACA tax penalty was repealed, which means you won't pay a penalty if you don't enroll.
2. The Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.
3. For most people, the plans we offer are considered affordable and you are not eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in Monument Health's plan.

Effective in 2023, the IRS updated how eligibility for subsidies are calculated. This means your spouse and/or child(ren) may be eligible for less expensive coverage on the Health Insurance Marketplace as eligibility for a subsidy is now based on your monthly premium contribution to enroll family members in Monument Health's plan. Be sure to complete a thorough evaluation of the Health Insurance Marketplace's plan benefit designs and networks when comparing insurance coverage.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to **healthcare.gov** or call 1-800-318-2596.

SPECIAL ENROLLMENT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following individuals may enroll outside the Open Enrollment period:

- ✓ Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 30 days of the loss of other coverage.
- ✓ New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 30 days of date of marriage, or 60 days of a birth, adoption or placement for adoption.
- ✓ A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 30 days after issuance of such court order.
- ✓ If employee and/or dependent(s) become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination (Please read the Medicaid and the Children's Health Insurance Program notice for more information).
- ✓ If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

NOTICE REGARDING THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- ✓ All stages of reconstruction of the breast on which the mastectomy has been performed;
- ✓ Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- ✓ Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

HIPAA PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights with regard to your personal health information. You received a copy of the Monument Health Plan Privacy Notice when you were hired. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact Human Resources.

COBRA

COBRA coverage is a temporary continuation of health plan coverage under our employee benefit plan. Please contact Human Resources for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless you tell us. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, you must notify us of the change within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.

IMPORTANT NOTICE FROM MONUMENT HEALTH ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Monument Health 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. The information below indicates the creditability of our prescription drug coverage under each plan.

CREDITABLE COVERAGE	NON-CREDITABLE COVERAGE
PPO Plan	HDHP Plan

   Because PPO plan 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. Because the HDHP plan is NOT expected to pay out as much as the standard Medicare prescription drug coverage pays it is considered Non-Creditable Coverage. **This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the HDHP plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**

3. As it is open enrollment, you have the option to change plans. If you decide to remain on the HDHP plan, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

Since the coverage under the HDHP plan is not creditable, depending how long you go without creditable prescription drug coverage you may pay a penalty to join a medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you 63 continuous days or longer without prescription drug coverage that is creditable, 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 19 months without creditable coverage, your premium may be consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- ✓ You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. If you are enrolled on the PPO plan, you will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. If you enroll on the HDHP plan, the higher premiums (penalty) will apply when you choose to enroll in Medicare prescription drug coverage at a later date as described above.
- ✓ You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer, and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage.
- ✓ You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to re-enroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

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).

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

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

Date:	July 1, 2025
Name of Entity/Sender:	Monument Health
Contact—Position/Office:	Human Resources, Benefits Representative
Address:	P.O. Box 6000
	Rapid City, SD 57709
Phone Number:	605-755-5510

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **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 **askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: myalhipp.com

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: myakhipp.com

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility:
health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

Website: myarhipp.com

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: dhcs.ca.gov/hipp

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) **& Child Health Plan Plus** (CHP+)

Health First Colorado Website: healthfirstcolorado.com

Health First Colorado Member Contact Center: 1-800-221-3943 / **State Relay** 711

CHP+: hcpf.colorado.gov/child-health-plan-plus

CHP+ Customer Service: 1-800-359-1991 / **State Relay:** 711

Health Insurance Buy-In Program (HIBI): mycohibi.com

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp

Phone: 678-564-1162, Press 1

GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program: in.gov/fssa/dfr

Medicaid Website: in.gov/medicaid

Family and Social Services Administration
Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Iowa Medicaid:
hhs.iowa.gov/programs/welcome-iowa-medicaid

Iowa Medicaid Phone: 1-800-338-8366

Health and Well Kids in Iowa (HAWKI) Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki

HAWKI Phone: 1-800-257-8563

Health Insurance Premium Payment (HIPP) Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: kancare.ks.gov

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: kynect.ky.gov

Phone: 1-877-524-4718

Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Website: medicaid.la.gov or ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: mymaineconnection.gov/benefits

Phone: 1-800-442-6003 / **TTY:** Maine relay 711

Private Health Insurance Premium Webpage:
maine.gov/dhhs/ofi/applications-forms

Phone: 1-800-977-6740 / **TTY:** Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: mass.gov/masshealth/pa

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: mn.gov/dhs/health-care-coverage

Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: dss.mo.gov/mhd/participants/pages/hipp.htm

Phone: 573-751-2005

MONTANA – Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: ACCESSNebraska.ne.gov

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: dhcfp.nv.gov

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/

Phone: 1-800-356-1561

CHIP Premium Assistance Phone: 609-631-2392

CHIP Website: njfamilycare.org/index.html

CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: health.ny.gov/health_care/medicaid

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: medicaid.ncdhhs.gov

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: hhs.nd.gov/healthcare

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: insureoklahoma.org

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: healthcare.oregon.gov/Pages/index.aspx

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html

Phone: 1-800-692-7462

Children's Health Insurance Program (CHIP) Website: dhs.pa.gov/CHIP/Pages/CHIP.aspx

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: eohhs.ri.gov/

Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: scdhhs.gov

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: dss.sd.gov

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: medicaid.utah.gov/upp

Email: upp@utah.gov

Phone: 1-888-222-2542

Adult Expansion Website: medicaid.utah.gov/expansion

Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program

CHIP Website: chip.utah.gov

VERMONT– Medicaid

Health Insurance Premium Payment Program Website: dvha.vermont.gov/members/medicaid/hipp-program

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: dmas.virginia.gov

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: hca.wa.gov

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: dhhr.wv.gov/bms

Website: mywvhipp.com

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

This guide describes the benefit plans and policies available to you as an employee of Monument Health. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your Summary Plan Descriptions (as required by ERISA) found in your other employee benefit materials. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits highlighted and described in this guide may be changed at any time and do not represent a contractual obligation – either implied or expressed – on the part of Monument Health.

CT-MH-NTL-NH-081525

QUESTIONS ABOUT	CONTACT	PHONE OR CONTACT	WEBSITE AND/OR APP
Eligibility, Enrollment, or Benefit Issues	Monument Health HR Connect	605-755-5510 **Email:** HRConnect@monument.health	Self-service using Workday Help
Benefit Decision Support	Benefit Advocacy Center	877-373-1583 **Email:** monumenthealth.benefits@imacorp.com	
Medical and Prescription Drugs	HealthPartners Member Services	888-324-2064	healthpartners.com/monumenthealth **APP:** MyHP
Nurse Care Line	HealthPartners	800-551-0859	
Healthy Pregnancy Program	HealthPartners	888-324-2064	healthpartners.com/pregnancysupport **APP:** MyHP
Baby Line	HealthPartners	800-845-9297	
Virtual Health Care	Virtuwell		virtuwell.com
Virtual Health and Behavioral Health Care	Doctor on Demand		doctorondemand.com **APP:** Doctor on Demand
Virtual Musculoskeletal Care	Hinge Health	855-902-2777	hinge.health/monumenthealth **APP:** Hinge Health
Disease Support	Omada for diabetes and hypertension		omadahealth.com/monumenthealth **APP:** Omada
Dental	Delta Dental of South Dakota	800-627-3961	southdakota.deltadental.com **APP:** Delta Dental
Vision	Vision Service Plan	800-877-7195	vsp.com **APP:** VSP
Weight Loss Program	Noom	**Email:** partnershipsupport@noom.com	go.noom.com/monumenthealth **Use Passcode:** XGCFPJ **APP:** Noom
Flexible Spending Accounts (HCFSA & LPFSA)	Inspira	844-729-3539	inspirafinancial.com **APP:** Inspira
Health Savings Account	Fidelity HSA	800-544-3716	fidelity.com/atwork **APP:** NetBenefits

CONTACT INFORMATION

QUESTIONS ABOUT	CONTACT	PHONE OR CONTACT	WEBSITE AND/OR APP
Life and AD&D Voluntary Life and AD&D	Reliance Matrix	800-351-7500	**reliancematrix.com**
Leave Administration: FMLA/Medical or Family Leave	Monument Health HR Connect	605-755-5510	**HRconnect@monument.health**
Short or Long Term Disability	Matrix Absence Management	877-202-0055 **File a claim online: matrixabsence.com**	**matrixabsence.com** **APP:** Matrix eService Mobile
Accident and Critical Illness Insurance	Matrix Absence Management	877-202-0055 **File a claim online: matrixabsence.com**	**matrixabsence.com** **APP:** Matrix eService Mobile
LiveWell Wellness Plan	Living Well from Health Partners	605-755-8040 **Email: LiveWell@monument.health**	**Livewellbymonumenthealth.com** or **healtherpartners.com/monumenthealth**
Online Nutrition and Exercise Support	Wellbeats/ Living Well		**healthpartners.com/monumenthealth** **APP:** MyHP
Caregiver Assistance Program	Canopy Wellbeing	**Call:** 800-433-2320 **Text:** 503-850-7721 **Email: info@canopywell.com**	**Website: my.canopywell.com** **Company name:** Monument Health **APP:** Canopy EAP
Resiliance and Mindfulness	MyStrength/ Living Well		**healthpartners.com/monumenthealth**
Onsite Caregiver Mental Health Support	Monument Health	605-415-8041	
Identity Theft Protection	ID Shield	888-807-0407	**benefits.legalshield.com/ monumenthealth** **APP:** IDShield
Pay Advance	Branch	956-625-9896	**branchapp.com** **APP:** Branchapp
403(b) Retirement Savings Plan	Fidelity	800-343-0860	**fidelity.com/atwork** **APP:** NetBenefits


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