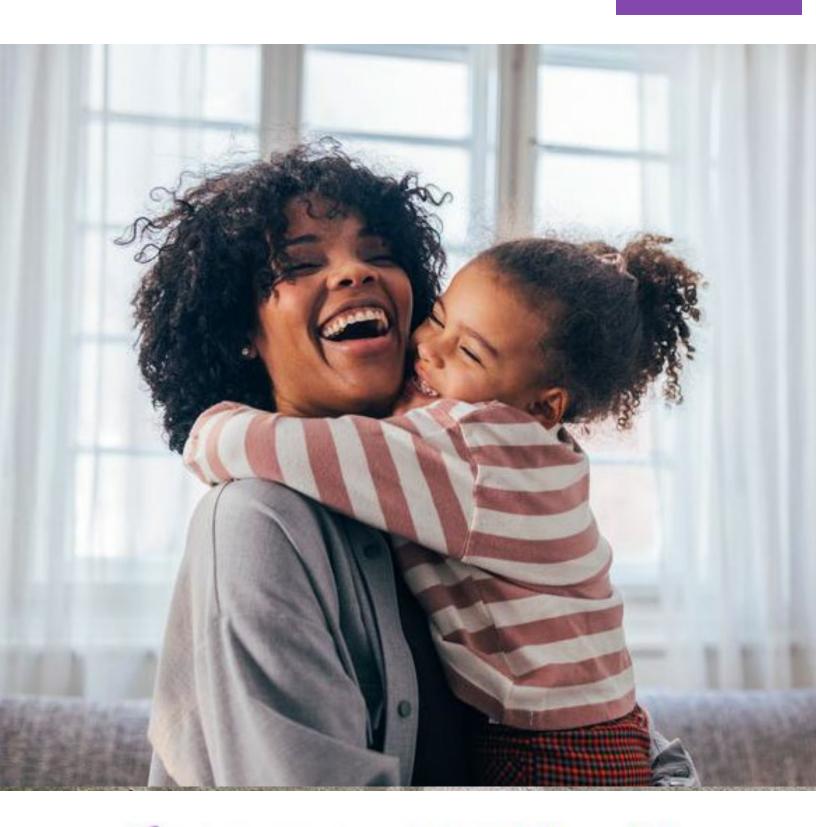
Benefits Decision Guide 2024





Welcome

Choose Well, Be Well A partnership for good health

Providing great benefit choices to you and your family is just one of the many ways we support the physical, financial, and emotional well-being of the people who make our company successful — you.

Your benefits

We recognize how important benefits are to you. That's why we're committed to supporting your overall wellness with a comprehensive benefits program designed to meet your unique needs. The benefits we offer:

- Let you design a benefit package that fits the needs of you and your family
- · Affordable comprehensive coverage
- Help both you and Wellstar MCG manage health care costs.

Who can enroll?

- Full-time employees (20+ hrs./wk. at a .5 work commitment) – Eligible upon hire; must choose benefits within 30 days of hire date.
- Eligible dependents Includes employee's spouse/ domestic partner and children to age 26, plus dependent children of any age who are physically or mentally disabled, if the disability occurred before age 19 and who depend on you for support.

Take action

Use this guide to better understand your benefits, so you can make the best choices for yourself and your family. Complete enrollment by the deadline to ensure you receive coverage.

Effective date of coverage

For new employees, the effective date of coverage for most plans is your date of hire.

More information

You can find more information about your benefit plans, including detailed Summary Plan Descriptions (SPDs), on the Wellstar MCG Benefits web page.









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Important reminders

- Home address verification employees are required to verify the home address listed in Employee Self Service annually and update as needed.
- New employees: Enroll within 30 days from your date of hire. If you don't enroll in, or decline coverage, within this time period, you will receive default coverage, which may not suit your needs, and for which you may have to pay premiums. After your new hire benefits enrollment period has ended, you will not be able to change your coverage until the next Open Enrollment period (unless you have a qualifying family status change event). Qualified family status events include:
 - Change in your marital status
 - · Birth or adoption of a child
 - · Death of a covered dependent
 - Change in employment status for you/your spouse
 - · A covered dependent losing eligibility status
 - An unpaid leave of absence

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on the <u>benefits website</u>-https://my.augusta.edu/auhs-hr/benefits/.



Medical Plans

Quality health coverage is one of the most valuable benefits you enjoy as a Wellstar MCG Health employee. Our benefits program offers plans to help keep you and your family healthy and provide important protection in the event of illness or injury.

Medical

You have a choice of medical plans with a range of coverage levels and costs. This gives you the flexibility to choose what's best for your needs and budget.

Plan options & key features

Medical Base Plan (default plan):

- A Preferred Provider Organization Option (PPO)
- For all services (except preventative services) you pay a percentage of the cost (coinsurance) after you meet your deductible.

Medical Choice Plan (HDHP) Plan:

- · A consumer-driven health care plan (HDHP)
- For all services (Except preventative services), you pay a percentage of the cost (coinsurance) after you meet your deductible.
- The option to elect an HSA which you may use to help pay for eligible medical expenses.

Medical Select Plan:

- A Preferred Provider Organization option (PPO)
- You pay a copay or coinsurance for services

All medical plan options offer:

 Choice of four coverage levels: Employee Only, Employee + Spouse, Employee + Child(ren), Employee + Family

Tobacco and Spousal surcharges

There are tobacco use and spousal surcharge attestation requirements for all medical plans. If the attestations are not completed in Employee Self Service your premiums will be adjusted to reflect the increase.

Tobacco use - \$41.67 per month

Spousal surcharge - \$100 per month

2024 paycheck deductions per pay period

	Monthly		
Coverage Level	Base	Choice	Select
Employee Only	\$99.97	\$136.00	\$230.36
Employee + Spouse	\$303.77	\$304.38	\$516.67
Employee + Child(ren)	\$202.95	\$203.35	\$344.87
Employee + Family	\$370.99	\$371.71	\$631.17

Bi-weekly			
Coverage Level	Base	Choice	Select
Employee Only	\$46.00	\$62.77	\$106.32
Employee + Spouse	\$140.20	\$140.48	\$238.46
Employee + Child(ren)	\$93.67	\$93.86	\$159.17
Employee + Family	\$171.22	\$171.56	\$291.31

Note: Wellstar MCG Health requires all benefits eligible employees to have medical insurance. If you do not elect a plan, or provide proof of other medical coverage, you will be defaulted into the Base Medical plan and premiums will be applied.

Take Advantage of Your Wellstar MCG Health Providers:

- Better health: Getting the right health screenings each year can reduce your risk for many serious conditions.
- · A healthier wallet: Utilizing Wellstar MCG Health Providers is cost-effective, saving you unnecessary out-of-network costs.
- Peace of mind: Advice from someone you trust is even more important when you're sick.

Find an Wellstar MCG Health Physician: For a list of Wellstar MCG Health Physicians and providers click here.





Compare Medical Plans - The chart below provides a comparison of key coverage features and costs of Wellstar MCG Health's 2024 medical plan options.

	Select Plan (PPO)	Choice Plan (HDHP)	Base Plan (PPO) - Default Plan
Medical Plan Features	Network Coverage Wellstar MCG Health/UHC/OON	Network Coverage Wellstar MCG Health/UHC/OON	Network Coverage Wellstar MCG Health/UHC/OON
ANNUAL DEDUCTIBLE INDIVIDUAL	\$500/\$750/Not Covered	\$1,600/\$2,100/Not Covered	\$2,000/\$4000/Not Covered
ANNUAL DEDUCTIBLE FAMILY	\$1,000/\$1,500/Not Covered	\$3,200/\$4,200/Not Covered	\$6,000/\$8,000/Not Covered
ANNUAL MEDICAL OUT-OF-POCKET MAXIMUM EMPLOYEE ONLY	\$4,000/\$5,000/Not Covered	\$4,500/\$6,000/Not Covered*	\$5,000/\$5,100/ Not Covered
ANNUAL MEDICAL OUT-OF-POCKET MAXIMUM FAMILY ONLY	\$8,000/\$10,000/Not Covered	\$9,000/\$12,000/Not Covered	\$10,000/\$10,200/Not Covered
ANNUAL PRESCRIPTION OUT-OF-POCKET MAXIMUM	\$1,500/Individual \$3,000/Family	COMBINED WITH MEDICAL	\$1,500/Individual \$3,000/Family
	Co-pay/Co-insurance	Co-pay/Co-insurance	Co-pay/Co-insurance
Outpatient services			
Preventive care Office visit	\$0/\$0/Not Covered \$25/45%/Not Covered	\$0/\$0/ Not Covered 20%/30%/Not Covered	\$0/\$0/ Not Covered 35%/50%/Not Covered
Specialty office visit	\$35/55%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Outpatient surgery Outpatient lab/x-ray/non-hospital tests	20%/45%/Not Covered \$0/45%/Not Covered	20%/30%/Not Covered 20%/30%/Not Covered	35%/50%/Not Covered 35%/50%/Not Covered
Physical Therapy/Occupational Therapy/Speech Therapy	\$25/45%/Not Covered	20%/30%/Not Covered	35%/35% /Not Covered
Acupuncture/acupuncture therapy	\$25/Not Covered/Not Covered	20%/Not Covered/Not Covered	35%/Not Covered/Not Covered
Nursing services home health**	20%/20%/Not Covered	20%/20%/Not Covered	35%/35%/Not Covered
Genetic counseling	\$35/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Mental health care/substance abuse***(2)	\$0/\$0/Not Covered	20%/20%/Not Covered	35%/35%/Not Covered
Chiropractic**	\$30/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
IVIG therapy/home infusion therapy	20%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Durable medical equipment (some exclusions apply)	20%/20%/Not Covered	20%/20%/Not Covered	35%/35%/Not Covered
Radiation therapy/chemotherapy	\$30/45%/Not Covered	20%/30%/Not Covered	35%/50% Not Covered
Outpatient Dialysis	20%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Hearing aid (1 per ear/per life)	20%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Inpatient services	200/1070/10:	200/ /200/ /2	070//700//0
Inpatient care/surgery (per admit/surgery)	20%/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered
Bariatric Surgery	20%/Not Covered/Not Covered	20%/Not Covered/Not Covered	Not covered/Not Covered/Not Covered
Mental health care/substance abuse***(2)	20%/20%/Not Covered	20%/20%/Not Covered	35%/35%/Not Covered
Emergency and Urgent Care			
Emergency Room(1)	\$250/\$250/\$250	30%/30%/30%	30%/30%/30%
Urgent/convenience care	\$40/\$40/Not Covered	20%/20%/Not Covered	35%/35%/Not Covered
Ambulance Services	20%/20%/20%	20%/20%/20%	35%/35%/35%
Labor & Delivery Observation Stay	\$125/45%/Not Covered	20%/30%/Not Covered	35%/50%/Not Covered

^{*} The maximum any one individual will pay out of pocket is \$6,550 each calendar year in the Choice HDHP, Family option

⁽¹⁾Emergency room services are covered for any provider or network (2)Mental health care/substance vices are covered for any United Health Care Network

^{**}Number of visits may be limited based on services. See Summary Plan Documents Provider for details

^{***} It is our intent to comply with required terms of federal regulations related to health care reform and mental health parity

Your Pharmacy Cost



Prescription Tier Costs - The charts below provides prescription drug cost based on their drug tier.

OOP Maximums	Select PPO (Wellstar MCG Health Network/UHC)	Choice HDHP (Combined Medical/Rx) (Wellstar MCG Health Network/UHC)	Base PPO (Wellstar MCG Health Network/UHC)
	\$1,500 Rx	¢4 500 / ¢6 000	\$1,500 Rx
Employee	Employee \$4,000 Medical \$4,500 / \$6,000		\$5,000 Medical
	\$3,000 Rx	\$9,000 / \$12,000	\$3,000 Rx
Family	Family \$8,000 Medical \$9,000 / \$12,000		\$10,000 Medical

OOP Maximums	Wellstar MCG Health In- Network Provider Any Wellstar MCG Health Pharmacy	UHC Network Provider Any Wellstar MCG Health Pharmacy	Retail Pharmacy
Days Supply	30 day / 90 day	30 day / 90 day	30 day
Tier 1	\$5/\$10	\$10/\$20	\$20 + 35% to a max of \$450*
Tier 2	\$10/\$20	\$20/\$40	\$20 + 50% to a max of \$450*
Tier 3	\$30/\$60	\$40/\$80	Must fill at any Wellstar MCG Health Pharmacy
Specialty**	\$50 (30 day supply)	\$80 (30 day supply)	No Coverage
Select Specialty**	\$500 (30 day supply)	\$500 (30 day supply)	No Coverage

Alluma App

- You can download Alluma's mobile app, powered by Express Scripts, for convenient access and management of your prescriptions anytime, anywhere.
- Download the app here: https://apps.apple.co m/us/app/express-scripts/id442464896



Annual Deductibles and Out-of-Pocket Maximums

- Select/Base PPO plan members will not be required to meet a medical deductible for medications. Both plans will require separate Medical and Rx OOP maximums.
- Choice HDHP plan members will not be required to meet a medical deductible for preventive medications, however, copays/coinsurances for preventive medications will apply to a member's deductible. Non-preventive medications will require meeting of a medical deductible. All copays/coinsurances (preventive/non-preventive) apply toward the combined Medical/Rx out of pocket maximum for the calendar year.

Money-Saving Tips

To stretch your health care dollars, remember to **use the Wellstar MCG Health pharmacy** – It will save you time and money when filing prescriptions.



^{*}Maintenance medications MUST be filled at a Wellstar MCG Health Pharmacy after the first fill.

^{**}Specialty and Select Specialty prescriptions must be filled at a Wellstar MCG Health Retail Pharmacy

Closer Look at the Medical Choice Plan (HDHP)/HSA



The Medical Choice Plan costs you less from your paycheck, so you keep more of your money. As a result, you could pay less for your annual medical costs.

Medical Choice Plan advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to Wellstar MCG Health 's other health plans, giving you the opportunity to contribute the cost savings to a tax-free Health Savings Account (HSA). There are no copayments. Instead, when you meet the annual deductible, the program generally pays 80% of most of your eligible in-network expenses up to the out-of-pocket maximum.

2. Tax-advantaged savings account

To help you pay your deductible and other out-of-pocket costs, the Medical Choice Plan lets you open a Health Savings Account (HSA) and make before-tax contributions directly from your paycheck. Wellstar MCG Health will also contribute to your HSA to help cover your annual deductible:

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

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

3. Free in-network preventive care

As with all Wellstar MCG Health plans, preventive care is fully covered under the Medical Choice Plan—you pay nothing toward your deductible and no copays as long as you receive care from in-network providers. Preventive care includes annual physicals, well-child and well-woman exams, immunizations, flu shots, and cancer screenings.

4. Extensive provider network

The Medical Choice Plan uses United Healthcare's large network of doctors and other health care providers.

Free preventive care	You pay nothing for in-network preventive care.
2 Deductible	You pay your medical expenses up to the annual deductible amount. Use your HSA to plan ahead for these costs and save money by paying with tax-free dollars.
3 Coinsurance	
4 Out-of-pocket Maximum	You're protected by an annual limit on costs. The plan starts to pay 100% once you've paid this amount during the year.



Health Savings Account (HSA)

Health Savings Account (HSA)

If you enroll in the Medical Choice Plan, you are eligible to open an HSA. An HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.



How does an HSA work?

- Build tax-free savings for health care. You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits for 2024 include any company contributions you receive from Wellstar MCG Health:
 - Up to \$4,150 for employee-only coverage.
 - Up to \$8,300 if you cover dependents.
 - Add \$1,000 to these limits if you're age 55 or older.
- Receive company contributions. Wellstar MCG Health will make the following contributions to your account:
 - \$500 for employee-only coverage.
 - \$875 if you cover dependents.
 - Earn an additional \$500 for completing qualified Wellness Program activities.
- Keep your money. Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave Wellstar MCG Health.

- Use it like a bank account. Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card, or reimburse yourself for payments you've made (up to the available balance in your account).
- Earn interest and invest for the future. Once your interestbearing HSA reaches a minimum balance, you may start an investment account, which offers a variety of no-load mutual funds similar to 401(k) investments.
- Never pay taxes. Contributions are made on a before-tax basis, and your withdrawals will never be taxed when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too.

HSA eligibility



To qualify to participate in the HSA you must meet the following criteria:

- Must only be enrolled in the Medical Choice Plan and cannot be covered by any other medical plan (this includes a spouse's medical coverage)
- Cannot be enrolled in a traditional health care FSA in 2024.
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare.
- Cannot be claimed as a dependent on another person's tax return.



Flexible Spending Accounts (FSAs)



Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Wellstar MCG Health offers you the following FSAs:

Traditional Health Care FSA

- Pay for eligible medical, pharmacy, dental, vision, and prescription drug expenses.
- You may enroll in this FSA if you are electing the Medical Select Plan, Medical Base Plan, or waiving medical coverage.
- Contribute between \$100 and \$3050* in 2024.

Limited Purpose Health Care FSA

Note: If you have an HSA account, you are not eligible for a Traditional FSA, but you can open a Limited Purpose Health Care FSA.

- · Use it to pay for eligible dental and vision expenses.
- Contribute between \$100 and \$3050* in 2024.

Dependent Care FSA

- Pay for eligible dependent care expenses, including day care for a child under age 13; care for elderly parent, or disabled dependent.
- Contribute between \$100 and \$5,000*.

*Current IRS limits; the 2024 plan year limits may not have been available when this guide was printed.

Estimate carefully

FSAs are "use-it-or-lose-it" accounts. You will forfeit any amount above \$500 left in the account at the end of the plan year.

Virtual Benefits Fair:

http://virtualfairhub.com/AUHS

HSA vs. Health Care FSA: What's the difference?

	HDHP (Medical Choice Plan)	PPO plan
Eligible for employer contribution	Yes	No
Change contribution amount anytime	Yes	No
Access annual contribution amount from beginning of plan year	No	Yes
Access only funds that have been deposited	Yes	No
"Use if or lost it" at end of plan year	No	Yes
Money is always yours to keep	Yes	No

Managing your FSA(s)

When you enroll in a Health Care FSA, you will receive a debit card, which you can use to pay for eligible expenses.

Depending on the transaction, you may need to submit receipts or other documentation.

Note: Please use the free online <u>FSA calculator</u> to help you estimate how much to set aside for your FSA.

What's an eligible expense?

- **Health Care FSA –** Plan deductibles, copays, coinsurance, and other health care expenses.
- Dependent Care FSA Child day care, babysitters, home care for dependent elders, and related expenses.

To learn more, see IRS Publication 503 at www.irs.gov.

Deadlines

 Claims must be incurred as of 12/31/24 and must be submitted no later than 3/31/25.

Dental and Vision Benefits



Dental Plans

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health. Plans are administered by MetLife.

	Value Option	Core Option
Annual deductible (employee only/family)	\$25/\$75	\$25/\$75
Calendar-year maximum	\$1,000 per member	\$1,350 per member
Preventive/diagnostic services	0%	0%
Basic services	20%	20%
Major services	50%	50%
Orthodontia lifetime maximum	No coverage	\$1,500 per member

Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.

Benefits paid for routine exams, cleanings, bitewing X-rays and fluoride treatments, as well as orthodontia, do not apply to the annual maximum.

Dental 2024 paycheck deductions per pay period: **Monthly**

Plan	Employee Only	Employee +Spouse	Employee +Child(ren)	Employee + Family
Value	\$26.24	\$43.93	\$46.13	\$65.91
Core	\$32.81	\$54.96	\$57.70	\$82.45

Bi-Weekly

Plan	Employee Only	Employee +Spouse	Employee +Child(ren)	Employee + Family
Value	\$12.11	\$20.28	\$21.29	\$30.42
Core	\$15.14	\$25.37	\$26.63	\$38.05

Vision plans

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents. Plans are administered by EyeMed Vision Care.

	Value option	Elite option
Exam	\$10 copay	\$0 copay
Conventional Contact Lenses	\$0 copay; 15% off balance over \$150 allowance	\$0 copay; 15% off balance over \$250 allowance
Disposable Contact Lenses	\$0 copay; 100% of \$150 allowance	\$0 copay; 100% of \$120 allowance
Medically Necessary Contact Lenses	\$0 copay; paid in full	\$0 copay; paid in full
Progressive Lenses	Tier 1: \$95 copay Tier 2: \$105 copay Tier 3: \$120 copay Tier 4: \$75 copay, 20% off retail price less \$120 allowance	Tier 1: \$85 copay Tier 2: \$95 copay Tier 3: \$110 copay Tier 4: \$65 copay, 20% off retail price less \$120 allowance
Single Vision, Bifocal, Trifocal, & Lenticular Lenses	\$10 copay	\$0 copay
Progressive/ Standard Lenses	\$75 copay	\$65 copay
Frames	\$0 copay, 20% off balance over \$150 allowance	\$0 copay, 20% off balance over \$250 allowance

Vision 2024 paycheck deductions per pay period: **Monthly**

Plan	Employee Only	Employee +Spouse		Employee + Family
Value	\$9.49	\$17.98	\$17.98	\$21.16
Elite	\$14.35	\$27.19	\$27.19	\$32.01

Bi-Weekly

Plan	Employee Only	Employee +Spouse		Employee + Family
Value	\$4.38	\$8.30	\$8.30	\$9.77
Elite	\$6.62	\$12.55	\$12.55	\$14.77

Focus on Wellness



Wellness Program Incentives

Employees enrolled in Wellstar MCG Health's Select, Base, or Choice medical plans may earn up to a maximum of \$500 in either employer-provided HSA contributions (for Choice HDHP members) or in premium relief (for Select or Base PPO members.

Employees are encouraged to visit the <u>Employee Health website</u> for additional information related to incentives, wellness packets, deadline dates, etc.

Education: \$200 (limited to 20 sessions per year at \$10/session)

- · Attend nutritional weight-loss classes (excluding Real Appeal)
- · Attend Wellstar MCG Health wellness related classes
- · Attend Wellstar MCG Health financial wellness related classes

Healthy Lifestyles

- Complete the Wellstar MCG Health Cancer Center Tobacco Cessation Program (limit 1 time per year): \$50
- Exercise Log (30 minutes per day, 3 days/week) for 3 consecutive months: \$25
- Participate in community-based weight loss event (1 time per year): \$50
- Participate in community-based runs, walks, etc. (up to 6 per year): \$25
- Complete results-based wellness events (up to 3 coaching sessions per event): \$50
- Demonstrated management of chronic health condition for a minimum of 3 months: \$50

Biometric Screening and CHRA: \$100 (must complete both)

- Complete Biometric Screening (includes blood pressure, weight, lab testing for cholesterol and glucose screening)
- Complete Health Risk Assessment (HRA) online

Take advantage of preventive care benefits

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip them.

- Preventative care options include:
 - Routine Physical: \$100
 - Mammogram (for women age 40+): \$100
 - PAP screening (for women age 18+): \$100
 - Colorectal cancer screening age 50+: \$100
 - PSA/Prostate Screening (for men age 40+):
 \$100
 - Coronary Artery Calcium Screening (age 55 to 75 for men, age 45-75 for women): \$50
 - Preventative Dental Screening: \$25
 - Vision Screening: \$25
 - Hearing Screening: \$25

Employee Assistance Program (EAP):

Unlimited 24/7 assistance on the GuidanceNow mobile app, call toll-free call number 888-628-4824, or visit GuidanceResouces.com.

Username: LFGSupport Password: LFGSupport1.

- Confidential help with family, parenting, addictions, legal, financial, relationships, and emotional stress
- In-Person Guidance: Up to five sessions with a counselor per person, per issue, per year, one free consultation with network lawyers, and 25% off subsequent meetings
- · Online articles and tutorials, videos, and interactive tools including financial calculators and budgeting worksheets

Financial

Wellstar MCG Health offers programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

Basic life and AD&D insurance

You automatically receive basic life and accidental death and dismemberment (AD&D) insurance so that you can protect those you love from the unexpected. There is no cost to you for this coverage. You can also choose supplemental coverage.

Wellstar MCG Health's Life and AD&D Insurance plans are administered by Prudential Insurance Company of America (Prudential).

Company provided*

- 1 times your base annual salary (minimum \$25,000 and maximum \$500,000).
- Employee basic AD&D** equal to the employee basic life benefit.
- * Federal tax law requires Wellstar MCG Health to report the cost of company-paid life insurance in excess of \$50,000 as imputed income.

Employee paid

- Employee supplemental life 1-6x your base salary (minimum \$25,000 and maximum \$1,500,000). You may elect to increase your Supplemental Basic Life and AD&D benefit by one level, up to 3x your base salary or \$500K, and you will not be required to submit any Evidence of Insurability (EOI)
- Spouse/domestic partner supplemental life Amounts of \$10,000, \$30,000, \$50,000 or \$100,000 are available.
- You may elect to increase your Spousal Life benefit by one level up to \$50K, or add the lowest level as a new benefit, and you will not be required to submit any Evidence of Insurability for your spouse.

Spousal Life Rates							
10K 30K 50K 100K							
Life/AD&D Life/AD&D Life/AD&D Life/AD&							
Monthly	\$2.56/\$0.35	\$12.80/\$1.75	\$25.60/\$3.50				
BiWeekly	\$1.19/\$0.16	\$3.55/\$0.48	\$5.91/\$0.81	\$11.82/\$1.62			

 Child supplemental life – Amounts of \$10,000, \$15,000, or \$20,000 are available.

Child Life Rates						
10K 15K 20K						
Life/AD&D Life/AD&D Life/AD&I						
Monthly	\$0.60/\$0.35	\$0.90/\$0.53	\$1.20/\$0.70			
BiWeekly	\$0.28/\$0.16	\$0.42/\$0.24	\$0.55/\$0.32			

Life insurance rates

Employee Supplemental Life Rates						
Employee Age	Total Monthly Cost per \$1,000 of coverage					
<30	0.041					
30-34	0.048					
35-39	0.061					
40-44	0.082					
45-49	0.129					
50-54	0.230					
55-59	0.390					
60-64	0.541					
65-69	0.883					
70-74	1.610					
75+	2.060					

AD&D insurance rates (all ages)				
Employee supplemental AD&D	Monthly rate per \$1,000 = 0.020			

Evidence of Insurability (EOI)

If you elected benefit amounts that require EOI, you must submit your EOI form to Prudential for approval. You can link to the EOI from the online Employee Self Services website.

Prudential will notify you if your EOI is approved or denied. If approved, the amount you elected during enrollment will be your new coverage level. You will also begin paying the new benefit amount on the first of the month following approval, as long as you are actively at work. If denied, no changes will be made.



^{**} AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

Disability Insurance



Disability insurance

Just as routine preventive care can help you prevent future illness, disability coverage can prevent financial hardship if you become disabled and unable to work.

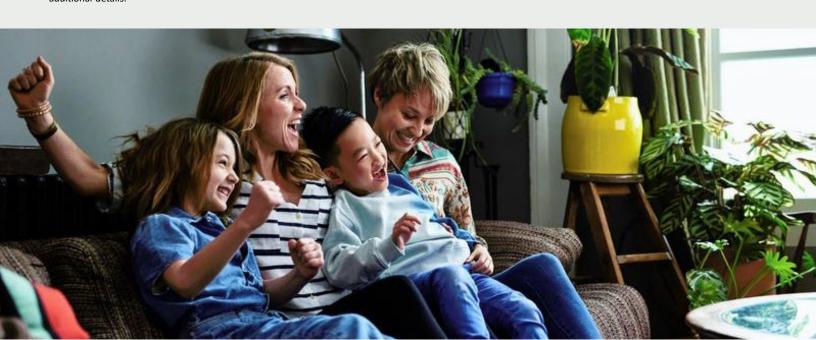
Wellstar MCG Health believes you should have access to a program that allows partial replacement of your salary if you are on a disability leave. This is why the organization provides 50% Short Term Disability (STD) and 50% Long Term Disability (LTD) at no cost to you.

You must complete 366 days of benefits eligible service, this is called the "waiting period", with Wellstar MCG Health before you are eligible for STD or LTD benefits. Wellstar MCG Health provides you with both STD (50% benefit) and LTD (50% benefit) coverage. When you complete the online enrollment during the following enrollment period, you will have the option to elect the 10% Buy Up STD and/or the 60% LTD options.

Summary of disability benefits

	Short-Term Disability	Short-Term Disability Buy up*	Long-Term Disability	Optional Long-Term Disability*
Who pays	Employer-paid	Employee- paid \$1.830/\$10 weekly benefit	Employer-paid	Employee-paid \$.825/\$100 covered payroll
Benefit provided	Up to 50% of your weekly salary	Up to an additional 10% of your weekly salary	Up to 50% of base monthly salary	Up to 60% of your base monthly salary
Maximum benefit payable	\$1,250 per week	\$250 per week	\$6,000 per month	\$6,000 per month
Maximum benefit duration	12 weeks	12 weeks	Until you're no longer considered disabled or up to 5 years, whichever comes first	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first
Elimination period	14 days	14 days	120 days	90 days

^{*}Pre-existing condition limitations apply to the Short-Term Disability Buy up and Optional Long-Term Disability options. Please review the plan summaries for additional details.



Voluntary Benefits



Accident insurance

Accident insurance supplements your primary medical plan and disability programs by providing cash benefits directly to you in cases of accidental injuries. You can use this money to help pay expenses such as copays, deductibles and treatment. Accident coverage can help pick up where other insurance leaves off.:

Key Features

- · Coverage available for the insured or the entire family
- Benefits are paid directly to the insured unless assigned to someone else

Critical illness insurance

When a serious illness strikes, such as a heart attack, stroke, or cancer, critical illness insurance can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and day care. Benefits are paid directly to you, unless assigned to someone else.

Wellness Benefit pays a yearly benefit when one of 19 screening exams is performed.

Key Features:

- · Coverage available for the insured or the entire family
- Benefits are paid directly to the insured unless assigned to someone else

Hospital indemnity insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. A hospital indemnity plan provides supplemental payments directly to you for expenses that your medical plan doesn't cover for hospital stays. Benefits can be used for out-of-pocket expenses such as copays, deductibles and treatment.

Key Features:

- Includes benefits for hospital confinement and hospital intensive care
- · Coverage available for spouse and child(ren)
- · Benefits paid regardless of any other coverage

Cancer insurance

Cancer insurance pays cash benefits for cancer and other specified diseases to help with the costs associated with treatments and expenses as they happen. The benefit can help pay for hospitalization, surgery, radiation/chemotherapy and more. Terms and conditions for each benefit will vary.

Cancer Screening Benefit Pays a yearly benefit for one of many cancer-related screenings.

Wellness Benefit Pays yearly benefit for one of many health carerelated preventive procedures

Key Features:

- Benefits are paid directly to the insured unless otherwise assigned
- · Coverage available for the insured or the entire family
- Waiver of premium after 90 days of disability due to cancer for as long as the disability lasts (Primary Insured only)

For more information on Allstate Medical Supplement benefits go to: <u>allstatebenefits.com/mybenefits</u>
To elect Allstate Medical Supplement benefits, go to the self-service portal:
https://awd.benselect.com/Enroll/Lib/loginAllState.aspx?ReturnUrl=%2fenroll

Customer Service: 877 204 8456.

For Allstate enrollment system: Username: Employee ID OR Social Security Number; Password: Last 4 of social + Last 2 of birth year

Voluntary Benefits cont...



Legal assistance

MetLife Legal Plan offers you convenient, affordable access to legal services through any attorney — anywhere, anytime.

If you stay within the network, covered legal services are provided with no additional attorney fees. Of course, you also have the flexibility to use a non-Plan Attorney and get reimbursed for covered services according to a set fee schedule. It's completely your choice!

You may choose to work with the attorney any way you want – by visiting an attorney's office, by consulting over the phone, or through e-mail, fax or mail.

Pet insurance

Pet insurance is an affordable way to give your pet the best medical care possible.

Pet Insurance covers well care, the diagnosis and treatment of illnesses (including cancer and hereditary conditions), and the diagnosis and treatment of injuries, including those caused by accidents.

Coverage includes:

- Accidents
- Illnesses
- Cancer
- Vaccinations

All employees are eligible to apply at any time throughout the year. You are not required to wait until Open Enrollment to enroll in this program. Contact Nationwide to request your program rate quotes.



Auto and homeowner's insurance

You can receive exclusive employee-only rates on your home and auto insurance coverage. Through the program you can apply to insure your auto, home, and other property against loss, and yourself against personal liability.

In general home insurance policies can cover your home and property from theft or damage. Policies can provide:

- Coverage for theft and property damage from lightning, fire and smoke
- · Coverage for the contents of your home
- · Claim service 24 hours a day, 365 days a week

Auto insurance offers more than basic liability and collision coverage, including:

- · Loan lease gap coverage
- Repair or replacement collision coverage
- · Towing and labor coverages
- · Special program rates and discounts

You may apply for insurance at any time. You do not need to wait for your current policy to expire to call for free quotes.

For more information visit <u>AUHealthVoluntaryBenefits.com</u> or call 1-855-429-8930 for details on these optional benefits:

- Auto
- Home and Renters
- Critical Illness
- Hospital Indemnity
- Accident
- Cancer
- Pet
- Legal Services

Retirement Savings Plan



Wellstar MCG Health's Retirement 403(b) and Roth 403(b) savings plans are administrated by Corebridge Financial

Contributions

You may make pretax contributions through automatic payroll deductions. To support your retirement saving efforts, Wellstar MCG Health provides a 100% match on the first 5% that you contribute to the pre-tax 403(b) or Roth 403(b) plan. You may elect to contribute both the pre-tax 403(b) and the Roth 403(b), however the employer match only applies to first 5% on one account.

Investment elections

The plans offer you a variety of investment fund options to choose from. It's important to carefully consider your investment goals, retirement timeframe, and risk tolerance when deciding how to invest your plan contributions.

Visit <u>www.corebridgefinancial.com/retire</u> or call 1-800-448-2542 to learn more about your investment options.

Vesting

Vesting refers to your ownership of the money in your account. Because you are vested in the plan as soon as you enroll in it, you own both your contributions and Wellstar MCG Health's right away. You can change the percentage of base salary that you contribute to the plan once per calendar year quarter; however, the funds in which you are invested, and the percentage of your account that you invest with each fund may be changed at any time.

Enrolling in the plan

Enrollment for newly hired benefits eligible employees must occur within 30 days of the date of hire.

To register and enroll in the 403(b) retirement plans or make changes to your current contribution:

- 1.Go to www.corebridgefinancial.com/rs
- 2.Log in with your username and password. To create a username and password click on "Register"
- 3.Click on "Manage" in the top center of the screen.
- 4.Click on "Manage Contributions" on the left side of the drop down menu
- 5.Enter the amount you want to contribute
- 6.Click "Submit"

Investing involves risk, including the risk of loss. Before investing, carefully consider the funds' or investment options' objectives, risks, charges, and expenses. Call 706-722-4600 for a prospectus and, if available, a summary prospectus, or an offering circular containing this and other information.

Please read them carefully.

It's always the right time.

Saving for retirement is important for your financial future, whether you are retiring soon or years from now.

The Retirement Savings Plan is a good savings vehicle because it has the potential to build investment income quickly over time. If your investments make money, that money is reinvested and grows your account.

Enrolling

Carefully consider your benefit options and your anticipated needs. Then follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 2024.

How to enroll

Online

ACCESS EMPLOYEE SELF SERVICE HOW TO LOG IN:

- Username: Enter your employee number as found on the back of your employee badge. The number must be six digits. So, if your employee number on the back of your badge is 101123450, drop the 101 and move the 0 at the end to the front of the digits (such that it will look like as 012345).
- Password: Your password is the last four digits of your Social Security number followed by the four-digit year of your birth. For example, if your Social Security number ends in 5678 and you were born in 1965, you would enter 56781965.
- · Click on "Login."
- Complete the Dual Authentication process to obtain a passcode.
- Review and validate your employee contact and work location information
- Click "First Time Enrollment". Click "next" to start the enrollment process

Effective date of coverage

For new employees, the effective date of coverage for most plans is your date of hire.

Changes during the year

After your enrollment opportunity ends, you won't be able to change your benefits coverage during the year unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse/domestic partner's employment status that affects your benefits eligibility.

Active Enrollment

You must make benefit elections during New Hire Enrollment. If you do not, you may receive default coverage, which may not suit your needs, and which may require you to pay payroll deductions.

If you do not make benefit elections during the New Hire Enrollment period, you will be assigned the default coverage below. You will pay premiums for this coverage through payroll deductions.

Enrollment Reminders

MEDICAL

- Proof of coverage
 - Non-tobacco attestation
- Spousal surcharge

- If you decline coverage, you must confirm your current proof of other coverage. If you
 do not provide proof of other coverage, you will be defaulted into the Employee Only
 medical coverage with the Medical Base plan.
- There is a non-tobacco attestation and a spousal surcharge election requirement for all health plans.
- To receive the reduced premium rate for non-tobacco use, the tobacco attestation must be completed.
- If you do not attest or complete the spousal surcharge (if applicable), your premiums will be adjusted to a higher dollar amount.

HEALTH SAVINGS ACCOUNT (HSA)

- Which plan do I enroll into?
 - Do I have to re-elect my HSA?
- Medical Choice Plan is the only HSA qualified plan
- Yes
- \$100

What is the minimum contribution? FLEXIBLE SPENDING ACCOUNT (FSA)

- Which plan do I enroll into to participate in FSA?
 - Do I have to re-elect my FSA every year?
- · Select and Base plans qualify for Flexible Spending
- Yes

Premium Contribution Rates



The information shown here illustrates the current premiums for each benefit plan. Please review each option carefully and choose the coverage that fits your budget and your family's lifestyle. Rates for Retirement, Supplemental Life, Short and Long Term Disability, Pet, Home & Auto and Cancer/Critical Illness, Medical Gap, and/or Accident are on an individual basis and are not outlined below.

Exemp	t/Monthly F	Rate		Non-Exem	ot/Bi-Weekly	/ Rate	
Medical Options*	Base	Choice	Select	Medical Options*	Base	Choice	Select
Employee Only	\$99.67	\$136.00	\$230.36	Employee Only	\$46.00	\$62.77	\$106.32
Employee + Spouse	\$303.77	\$304.38	\$516.67	Employee + Spouse	\$140.20	\$140.48	\$238.46
Employee + Child(ren)	\$202.95	\$203.35	\$344.87	Employee + Child(ren)	\$93.67	\$93.86	\$159.17
Employee + Family	\$370.99	\$371.71	\$631.17	Employee + Family	\$171.22	\$171.56	\$291.31
				<u> </u>			
Dental Options		Core	Value	Dental Options		Core	Value
Employee Only		\$32.81	\$26.24	Employee Only		\$15.14	\$12.11
Employee + Spouse		\$54.96	\$43.93	Employee + Spouse		\$25.37	\$20.28
Employee + Child(ren)		\$57.70	\$46.13	Employee + Child(ren)		\$26.63	\$21.29
Employee + Family		\$82.45	\$65.91	Employee + Family		\$38.05	\$30.42
Vision Options		Elite	Value	Vision Options		Elite	Value
Employee Only		\$14.35	\$ 9.49	Employee Only		\$ 6.62	\$4.38
Employee + Spouse		\$27.19	\$17.98	Employee + Spouse		\$12.55	\$8.30
Employee + Child(ren)		\$27.19	\$17.98	Employee + Child(ren)		\$12.55	\$8.30
Employee + Family		\$32.01	\$21.16	Employee + Family		\$14.77	\$9.77
Constant life	401/ 201/	FOK	4001/	Cura va al Life	401/ 201/	FOL	4001/
Spousal Life	10K 30K	50K	100K	Spousal Life	10K 30K	50K	100K
	\$2.56 \$7.68	\$12.80	\$25.60		\$1.19 \$3.55	\$5.91	\$11.82
Spousal AD&D	10K 30K	50K	100K	Spousal AD&D	10K 30K	50K	100K
	\$0.35 \$1.05	\$1.75	\$3.50	Spousal AD&D	\$0.16 \$0.48	\$0.81	\$1.62
Child Life	10K	15K	20K	Child Life	10K	15K	20K
	\$0.60	\$0.90	\$1.20		\$0.28	\$0.42	\$0.55
Child AD&D	10K	15K	20K	Child AD&D	10K	15K	20K
	\$0.35		\$0.70	Cilila AD&D	\$0.16		\$0.32
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Legal Insurance

\$17.80 Monthly

\$8.22 Bi-weekly

Legal Insurance

^{*} for medical premiums only - the use of tobacco products will increase premiums by \$41.67 each monthly pay period. An additional \$100.00 monthly charge will apply if your spouse has access to group health coverage through their employer but you choose to keep them on your plan

^{*} for medical premiums only - the use of tobacco products will increase premiums by \$19.23 each bi-weekly pay period. An additional \$46.15 bi-weekly charge will apply if your spouse has access to group health coverage through their employer but you choose to keep them on your plan

Contacts

Wellstar MCG Health Benefits

Phone: 706-721-7909

Email: <u>AUMCBENEFITS@augusta.edu</u>

Carrier Information

Benefit Plan	Provider	Phone number	Website
Accident/Cancer/Medical/ Indemnity/Critical Illness	Allstate Benefits	877-204-8456	https://awd.benselect.com/ Enroll/Lib/loginAllState.asp x?ReturnUrl=%2fenroll
			Username: Employee ID OR Social Security Number Password: Last 4 of social + Last 2 of birth year
Dental Plan	MetLife	800-438-6388	metlife.com/mybenefits
Disability Plans (STD & LTD), EAP	Lincoln Financial	866-STD-CALL 866-783-2255	DisabilityClaim@LFG.com www.lincolnfinancial.com
HSA and FSA	Bank of America	866-791-0250	www.myhealth.bankofamer ica.com
Employee Assistance Program	Lincoln Financial	888-628-4824	GuidanceNow mobile app, GuidanceResources.com. Username: LFGSupport Password: LFGSupport1
Home and Auto Insurance	Mercer Voluntary Benefits	855-429-8930	www.AUHealthVoluntaryB enefits.com
Legal Assistance	MetLife	800-821-6400	www.legalplans.com
Life and AD&D Insurance	Prudential	800-524-0542	www.prudential.com
Medical Plan	UMR (Medical) Alluma (Pharmacy)	866-868-7406 800-818-9290	www.umr.com www.allumaco.com
Pet Insurance	Nationwide	877-PETS-VPI	www.nationwide.com
Retirement Savings Plan Corebridge Financial (formerly AIG Retirement Services/VALIC)		1-800-448-2542 Local Office: 706-722-4600	www.corebridgefinancial.c om/retire
Vision Plan	EyeMed	866-723-0513	www.eyemed.com



This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by Wellstar MCG Health. It is not a legal plan document and does not imply a guarantee of employment or continuation of benefits. While this guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. The noted plan changes in this guide may service as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.