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Eligibility

ProHealth Care is pleased to offer a comprehensive suite of health and wellness benefits to our employees. Review this material carefully so that you can make an informed decision and select the benefits that best suit you and your family.

Benefit	Full-Time (36+ hours/week or 72+ hours/pay period)	Regular Part-Time (20-35 hours/week or 40-71 hours/pay period)	Part-Time and Pool (< 20 hours/week)	Enrollment	Enrollment Effective Date
Medical Plan	✔	✔		New Hires: You may elect to enroll within 31 days of your date of hire.	A
Dental Plan	✔	✔			A
Vision Plan	✔	✔			A
Flexible Spending Accounts	✔	✔			A
Health Savings Account	✔	✔		You must be enrolled in a high-deductible health plan. You may enroll or change your elections at any time.	A
Life and AD&D (Accidental Death and Dismemberment) Insurance – Company Provided	✔	✔		You will be automatically enrolled.	B
Life Insurance – Voluntary	✔	✔		New Hires: If you enroll within 31 days of your date of hire, you may be able to enroll without completing underwriting.	B
Short Term Disability	✔	✔		You will be automatically enrolled.	B*
Long Term Disability – Company Provided	✔	✔			B*
Long Term Disability – Voluntary	✔	✔		New Hires: You may elect to enroll within 31 days of your date of hire.	B
401(k) Plan	✔	✔	✔	New Hires: If you don't actively enroll or decline enrollment, you will be automatically enrolled in the plan 30 days after your date of hire, date of rehire or upon becoming eligible for the plan.	C
401(k) Plan Match	✔	✔			C
Paid Time Off (PTO)	✔	✔			C
Voluntary Benefits	✔	✔		Varies by plan	Varies by plan

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A - First of the month following hire date | B - First of the month following 90 days of employment | C - Upon hire (minimum age 18 for 401(k) Plan)

*Leaders and physicians: First of the month following hire date

Eligible Dependents

Your eligible dependents include:	Medical	Dental	Vision
Legally married spouse	✓	✓	✓
Children who are younger than 26 and not on active military duty	✓	✓	✓
Children who are physically or mentally disabled and dependent on you	✓	✓	✓

You must enroll in benefits in order to enroll your eligible dependents. If you enroll your dependents, they may only be enrolled in the same coverage you have for yourself.

Provided they meet the requirements, eligible dependent children (regardless of where they reside) include:

- Your natural children,
- Your adopted children or children placed with you for adoption,
- Your stepchildren and/or
- Children for whom you are the legal guardian.

Dependent children also may be covered under the Medical Plan if they are required to be covered under a Qualified Medical Child Support Order as an “Alternate Recipient”. You are responsible for determining the tax dependent status of dependents when you add them to your health insurance coverage. Consult IRS Publication 501 and IRS Notice 2010-38 for tax dependent guidelines and tests, or speak with a tax advisor.

Spousal Surcharge

If you cover your spouse under the ProHealth Care medical plan and your spouse is eligible for coverage through his or her employer, you will pay a biweekly surcharge of \$75 regardless of whether or not your spouse enrolls in other coverage. You may apply for a waiver of the surcharge if your spouse is not eligible for medical coverage through his or her employer or works for PHC.

Use the [spousal waiver form](#) to apply to waive the spousal surcharge.

- When at work, go to the ProHealth ProNews home page, click on Collaborate. Under Applications, click on iService. When at home, login to [iService](#) with your PHC network ID and password.
- Select the HR Catalog icon at the top of the page.
- Select the Spousal Surcharge Waiver Form.
- Complete the requested information on the form. Click Submit.
- You will receive a confirmation email once your form is submitted to Human Resources.

You will need to complete the form electronically within 31 days of your hire date or qualified event date. If it is received late, it will be applied going forward and will not be retroactive. ProHealth Care may randomly audit employees who have elected to waive the spousal surcharge.

Coordination of Benefits

If you or your dependents are covered under the ProHealth Care medical and/or dental plan and another group plan, the two plans may coordinate benefits. Special rules determine which plan will pay benefits first. Generally speaking, you will not benefit from coverage under more than one plan, so think carefully about whether it is cost effective for you to participate in both plans.

Under coordination of benefits rules, the combined benefit from both of your plans will not exceed the benefit you would have received from each medical plan individually. See the plan document for additional details.

If the other medical plan is primary, the ProHealth Care plan will pay benefits only up to the amount you would have received if it were the only plan.

Other rules determine which plan pays first if your children are covered under both the ProHealth Care plan and a spouse’s medical plan.

Note: You should always check plan documents for coordination of benefit rules.

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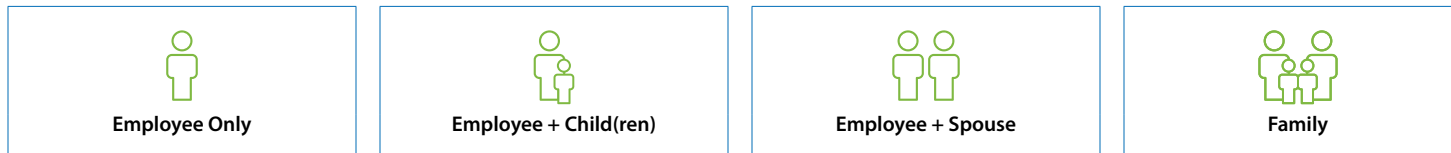
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You may enroll in benefits in one of four coverage categories:



Note: You do not need to enroll in the same coverage level for each benefit. For example, you may enroll in medical with family coverage, but enroll in dental with employee only coverage.

How do I enroll?

1 Access **Employee Self-Service (ESS)** via

- Lawson/ESS button on ProNews Now
- HR Collaborate page
- <https://ess.phci.org> (from your home computer or any other remote location)

2 Log on to ESS

with your PHC network system ID and password. Click *Benefits* and then *Open Enrollment 2024*, *New Hire Enrollment* or *Status Change Enrollment*, depending on your personal situation to begin making your elections.

3 Need help?

For assistance with login information, contact the IT Customer Support Center at **262-928-2777**. For detailed enrollment instructions, review the [ESS Job Aide](#).

Don't forget...

- ✓ If you quit at any time during the enrollment process, you will lose any changes that you make.
- ✓ Enroll — and designate beneficiaries — for life and accident coverage through Lincoln Financial Group's site <https://lfg.benselect.com/prohealth3>. To get started, you'll need to register and create a user name and password.
- ✓ Making benefit changes due to a qualified event change? Complete the Benefit Enrollment Form located on *Collaborate-Human Resources/I Want to Learn About My Total Rewards & Benefits Information/Benefits Changes and Qualifying Life Events/Enrollment/Change form*.
- ✓ You will owe premiums back to the date your coverage change was effective. Any missed deductions will be caught up on the next available paycheck.

Life Insurance Beneficiaries

Important: For life insurance, there are different types of beneficiaries — primary and contingent. If your primary beneficiary(ies) predeceases you, your contingent beneficiary(ies) will become your primary beneficiary, unless you name another primary beneficiary. For additional information or to speak with a representative, call **800-423-2765** or visit [LincolnFinancial.com](https://lincolnfinancial.com).

To make changes to your beneficiaries, visit <https://lfg.benselect.com/prohealth3>.

Good to know

Employees enrolled in voluntary employee life and/or voluntary spouse life may increase current coverage up to the Guarantee Issue amounts by \$10,000 without going through underwriting.

This option is only available during open enrollment.

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When You Can Change Your Coverage

Open enrollment — typically held in November — is your opportunity to select or make changes to your benefit coverage. You may make changes other times during the year if you experience a qualified event change, such as marriage, birth, loss of other coverage, etc.

If you experience a qualified event change, complete the enrollment change form located on *Collaborate-Human Resources/I Want to Learn About My Total Rewards & Benefits Information/Benefits Changes and Qualifying Life Events/2024 Benefit Change and Election Form* — within 31 days of the change. You will need to provide the following information with supporting documentation on the appropriate form:

- The type of status change: divorce, marriage, birth/adoption, spouse loss of coverage
- The date the change occurred
- The new or changed benefit coverage requested

If you do not contact Human Resources within 31 days of the qualified event change, you will not be able to make any changes to your benefit elections until the next annual open enrollment period (unless you experience another qualified event change).



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Enrollment Tools

Use the tools below to help you through the enrollment process.

Before You Enroll

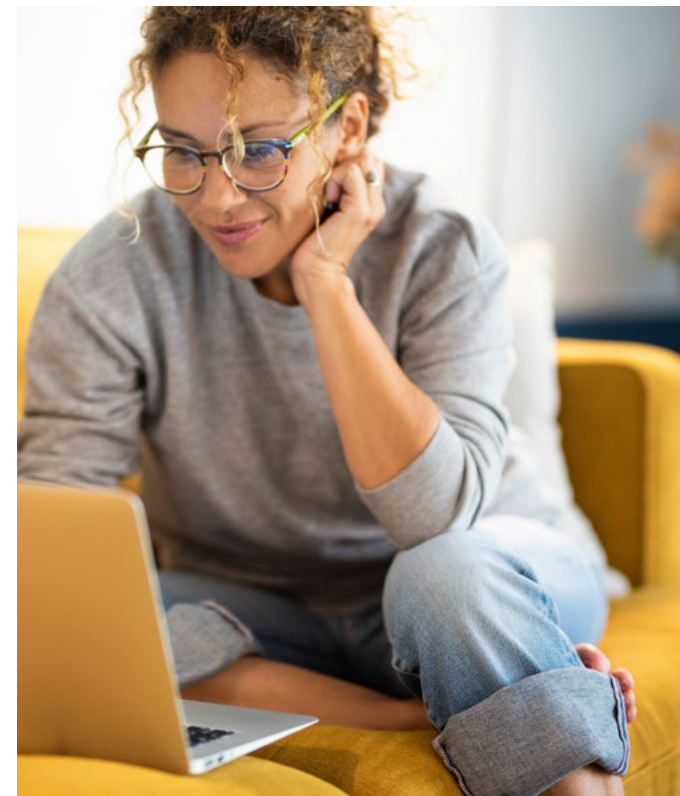
- **Before** enrollment begins, take the time to educate yourself on all of the benefit options that are available to you.
- **Review** this 2024 Benefits Guide as you consider your plan choices. An expanded medical plan comparison chart is also available.
- **Decide** if you want to enroll in a flexible spending account (medical FSA and/or dependent care FSA) or a limited medical FSA (for high-deductible health plan participants). **Remember, you must actively enroll in FSAs and HSAs each year.**
- **Decide** if you want to make contributions to your health savings account (HSA) (for high-deductible health plan participants only).

Enrolling

- **Review** the [ESS Job Aide](#) under Collaborate/Finance/Resources/Payroll Documents to help you navigate the enrollment process on [Employee Self-Service](#).
- **Enroll** in voluntary life coverage through Lincoln Financial Group's site at lfg.beneselect.com/prohealth3 or to speak with a representative, call **800-423-2765**.
- **Once you have completed your enrollment online**, print a copy of your confirmation or elect to receive an email confirmation, review it for accuracy and retain it for your records. Human Resources will not mail confirmations to your home address, so this is your only record of your enrollment.

After Enrollment

- **Verify** your benefits elections at [Employee Self-Service](#). If you notice any errors, notify Human Resources immediately at **262-928-4185** or email HRTotalRewards@phci.org.



ALEX is a confidential, [online tool](#) that can help you select the best plans for you and your family. When you work with ALEX, you'll spend about seven minutes answering a few questions about your health care needs. Then, ALEX takes the amount each plan would cost you in premiums (what comes out of your paycheck) and adds that to the amount it would cost for the services you said you might use. After a quick analysis, ALEX will recommend the least expensive plan for your needs.



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New Hire Benefit Enrollment Checklist

Review the benefit guide in your welcome email.

Enroll in your benefits at <https://ess.phci.org> within **31 days** of hire date.

- You can enroll from home or work.
- See the ProHealth Care [Employee Self-Service](#) Quick Reference Guide for instructions.

If you enroll in the medical plan and in order to receive a medical premium discount, you and your spouse (if applicable) must complete a nicotine test within **31 days** of your hire date. A negative nicotine test result is the only requirement to qualify for the 2024 discount.

- Schedule your nicotine test by calling **Employee Health & Wellness at 262-928-5900**.

Complete the Spousal Surcharge Waiver Form online through [iService](#), HR Catalog.

- If you cover a spouse on the medical plan who is not eligible for other employer-based medical coverage. See [page 3](#) for instructions.

Complete the Out-of-Area Medical Benefit Form online through [iService](#), HR Catalog.

- If you or your covered dependents on the medical plan live outside the following eight counties: Dodge, Jefferson, Milwaukee, Ozaukee, Racine, Walworth, Washington and Waukesha. See [page 19](#) for instructions.

[Enroll in voluntary life insurance](#) and remember to designate your beneficiaries.

- Login user name: Employee ID (Not U number)* or Social Security Number and your confidential Personal Identification Number (PIN)/Password. Your initial PIN is the last 4 digits of your Social Security Number, followed by the last 2 digits of your Year of Birth.
- Employees can enroll in up to \$300,000 of coverage and spouses can enroll in up to \$50,000 of coverage with no medical questions if you apply when you first become eligible (except for those over age 60).

*Your employee ID is not your U number less the "U". Your employee ID is located in Success Factors under personal information.

Enroll in the Retirement Savings 401k Plan at transamerica.com/portal/phc or **800-755-5801** and designate your beneficiaries.

- **First Time Users**
Step 1: Select "Create An Account"
Step 2: Enter your Social Security Number and follow the prompts to create your account
- If you do nothing, after 30 days of hire, you will automatically be enrolled in the plan with a contribution of 2% of your pay. See [page 42](#) for instructions.
- You can schedule a one-on-one appointment with a Transamerica Retirement Planning Consultant at transamerica.com/portal/phc (click the schedule button under PHC Retirement Planning Consultant Team). See [page 40](#) for contact information.

Search for in-network providers at <https://widsnetwork.phci.org>

Have you elected to receive your tax documents (W2 and 1095C) electronically?

- Login to Employee Self Service. Under Bookmarks, select Employee Self Service > My Tax Documents.

Questions?

Contact Human Resources at **262-928-4185** or hrtotalrewards@phci.org

Important Note for New Benefits Enrollees

You will owe premiums back to the date your coverage was effective. Any missed deductions will be caught up on the next available paycheck.

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ProHealth Care offers two medical plan options, both of which emphasize wellness, prevention and wise healthcare spending.

	1 PPO Plan	2 High-Deductible Health Plan
Premium	↑ Higher premium	↓ Lower premium
Deductible/Out-of-Pocket Maximum	↓ Lower deductible/out-of-pocket maximum	↑ Higher deductible/out-of-pocket maximum
Account Type	Health Savings Account (HSA) <ul style="list-style-type: none"> • Employees may contribute up to an annual maximum. <ul style="list-style-type: none"> – \$4,150 for individual coverage – \$8,300 for family coverage – Employees 55 and older can contribute an additional \$1,000 catch-up contribution. • Account earns interest. • Unused amounts roll over into next year. • Money goes with you if you leave the company. 	

Paying for Medical Services

The amount you pay for medical services will depend on whether you see an in-network or out-of-network provider. Claims will be submitted on your behalf to the plan administrator if you see an in-network provider. In most cases, out-of-network providers will submit your claims directly to the plan administrator. If your provider will not file for you, submit a claim form and documentation of services to Aetna at the address on the claim form. In the top right corner in the "Search" box, type *Forms* > click *Health Care Forms for Individuals – Aetna /Claims, Tax, Reimbursement & Other Forms/ Medical Claim Form*.

Emergency Care

If you have an emergency condition, go to the nearest emergency room immediately. In emergent situations, emergency care is covered at the Tier 1 benefit level even though it may be out of network.



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Prescription Drug Benefit

Both medical plan options include prescription drug coverage. Your share of the prescription cost will depend on the type of medication you purchase and whether you purchase the drug through an in-network retail pharmacy or through the mail order program. Drugs are assigned to one of three formulary Tiers; each Tier represents a group or category of drugs and has its own copays or coinsurance amount as shown in the benefit outline on [page 17](#). The drug formulary is a listing of the drugs in each Tier available at [Aetna.com](#). Click on *Find a Medication*, then select the plan year. Under *Choose a Plan* select Aetna Standard Plan. Click *View Plan*. All prescriptions will be filled as generic unless your physician specifies “Dispense as Written” or “DAW” on each prescription. If your physician does not specify “Dispense as Written” and you elect the non-generic drug, you will pay your share of the cost plus the difference in price between the drug chosen and the generic drug.

Specialty Medications

The ProHealth Care pharmacy benefit plan includes coverage for what are considered Specialty Medications. Specialty drugs treat complex, chronic diseases and because of the complex therapy needed, a pharmacist or nurse should check in with you often during your treatment. These drugs may include self-injectable, infused or select oral medications that may require refrigeration and may not be available at retail pharmacies.

You may obtain one fill of the medication through a retail pharmacy if available. But ongoing refills will need to be obtained from a participating specialty pharmacy, like Aetna Specialty Pharmacy or from the onsite pharmacies at the ProHealth Care facilities.

To learn which drugs are considered Specialty drugs, visit [AetnaSpecialtyCareRx.com](#).

Mail Order

If you or a family member take preventive medications for a long-term or chronic condition (such as diabetes, coronary artery disease or arthritis), you can save time and money by obtaining those medications through the mail order service. You save time by not having to refill your prescription every month and by having your prescription mailed to your home. You also save money by obtaining a three-month supply of your medication by mail order for the cost of two copays.

ProHealth Care employees who are on the PPO medical plan and use a ProHealth Pharmacy are able to get a 90-day supply of Preferred Generic (PG) prescriptions for only a 30-day copay. The savings is available only when you fill your prescriptions at one of the four ProHealth Pharmacy locations. Orders placed with Aetna’s mail order pharmacy for preferred generic prescriptions will continue to be \$30 for a 90-day supply.

ProHealth Pharmacy

- **Convenience** – With iDeduct payment, free mail delivery to your home, a wide selection of over-the-counter products and convenient locations at Oconomowoc Memorial Hospital, Waukesha Memorial Hospital and the Pewaukee and Mukwonago campuses.
- **Cost** – Employees receive from five percent to 55 percent off retail prices if enrolled in the ProHealth Care medical plan.
- **Service** – Do you need a special item? The pharmacies will have it to you the next business day. Do you want ProHealth Pharmacy to transfer your prescriptions for you? Just call the pharmacy or bring in your containers.

Oconomowoc ProHealth Pharmacy	ProHealth Oconomowoc Memorial Hospital 791 Summit Ave., 262-569-0284	Monday through Friday, 9 a.m. to 5:30 p.m.
Pewaukee ProHealth Pharmacy	ProHealth Medical Group N16 W24131 Riverwood Dr. 262-696-0919	Monday through Friday, 8:30 a.m. to 5:00 p.m.
Waukesha ProHealth Pharmacy	Waukesha Memorial Hospital 725 American Ave. 262-928-2279	Monday through Friday, 8:30 a.m. to 7 p.m.; Saturday and Sunday, 9 a.m. to 5:30 p.m.
Mukwonago Pharmacy	ProHealth Waukesha Memorial Hospital – Mukwonago 240 Maple Ave. 262-521-7410	Monday through Friday 7:30 a.m. to 6 p.m.



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Health Savings Account

The health savings account (HSA) is an individual account that you set up and can make optional before-tax contributions and receive company-funded incentive amounts, up to an annual maximum determined by the IRS. You can use the HSA to offset a portion of your costs under the medical plan and to pay for qualified expenses not covered by the Plan such as certain over-the-counter medications.

You also can let the account grow and earn interest, and use it for future medical expenses. If there is money in your account at the end of the year, it carries over into the next year. The money in your HSA belongs to you. If you leave the medical plan or leave employment with ProHealth Care, the dollars will remain in that account and are NOT forfeited.

Feature	HSA
Establishing an Account	Elect to enroll in the HSA and enter the amount you wish to contribute to the account.
Contributions	Company incentive contributions, plus optional before-tax personal contributions up to an annual maximum set by the IRS. For 2024 you can contribute up to: \$4,150 (individual coverage) or \$8,300 (family coverage). You may contribute an additional \$1,000 per year as a “catch-up” contribution if you will be age 55 or older by year end and are not enrolled in Medicare. (If your spouse will be 55 or older, is not enrolled in Medicare and wishes to make a catch-up contribution, he or she will need to open an individual HSA.) Please note: Employer and employee contributions count toward the annual maximum.
Account Earnings	Accumulated amounts in your HSA earn interest, compounded monthly. In addition, once you have \$2,000 in your account, you may elect to transfer a portion of your HSA to an investment account.
Can I change my contributions at any time?	Yes. You may contribute by check or electronic funds transfer, and you may stop, change or add to your contributions at any time (subject to the annual maximum).
Tax Liability	Company incentive contributions are considered a benefit and are not subject to federal or state tax. Your personal before-tax contributions reduce your current tax liability and are not taxed when withdrawn if used for a qualified medical expense. Interest earned on your account also is not taxed.
Eligibility	Benefit-eligible employees who are enrolled in the ProHealth Care High-Deductible health plan and are not enrolled in Medicare. This includes being covered by a spouse’s FSA as well.
Using the Money	You will receive an HSA debit card to access your account. You can use the card to pay for your portion of medical expenses covered under the Plan (e.g., deductibles and coinsurance), as well as other qualified medical expenses, including dental and vision expenses.
Unqualified Expenses	You can use the HSA for your portion of covered expenses under the medical plan as well as other qualified healthcare expenses (similar to a flexible spending account). You cannot use the HSA to pay for cosmetic procedures, expenses for which you can be reimbursed under any healthcare plan, your medical plan premium, or premiums for other healthcare plans (e.g., dental or vision).
Unspent Balances at Year-end	Any unspent balance in your account at year end is rolled over and added to your account for the following year.
Unspent Balances at Termination	Your HSA belongs to you. If you leave the company or the plan for any reason, the account remains in your name and you continue to have access to the money. You also may continue to contribute to the account, up to the annual IRS maximum.

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Your Medical Plan Choices

	ProHealth Care PPO			ProHealth Care High-Deductible Health Plan		
	Tier 1 WIDS Network Maximum Savings	Tier 2 Aetna Open Choice PPO Standard Savings	Tier 3 Out-of-Network	Tier 1 WIDS Network Maximum Savings	Tier 2 Aetna Open Choice PPO Standard Savings	Tier 3 Out-of-Network
Network widsnetwork.phci.org	<ul style="list-style-type: none"> • PHC — ProHealth Care • CHW — Children’s Hospital of Wisconsin (hospital only) • WIDS — Waukesha Integrated Delivery System 	<ul style="list-style-type: none"> • PHC Providers and Facilities • CHW (facility charges only) • MCW of Wisconsin Pediatric Sub Specialists • PHC Affiliates • UW Health Providers and Facilities 	Out of Network	<ul style="list-style-type: none"> • PHC Providers and Facilities • CHW (facility charges only) • MCW of Wisconsin Pediatric Sub Specialists • PHC Affiliates • UW Health Providers and Facilities 	Aetna Open Choice PPO	Out of Network
Annual Deductible Amount	\$600 single \$1,200 family	\$1,600 single \$3,200 family	\$1,600 single \$3,200 family	\$1,600 single \$3,200 family	\$2,500 single \$5,000 family	\$2,500 single \$5,000 family
	Deductibles cross accumulate between Tiers 2 and 3.			Deductibles cross accumulate between Tiers.		
	If an individual family member meets the single deductible, that family member will then move to coinsurance. The family deductible (which includes the individual deductible) then needs to be reached before other family members move to coinsurance.			The full family deductible must be met before anyone moves into coinsurance.		
Annual Out-of-Pocket Limit (Includes deductible and copays)	\$2,400 single \$4,800 family	\$6,000 single \$12,000 family	\$6,000 single \$12,000 family	\$4,500 single \$9,000 family	\$6,000 single \$12,000 family	\$6,000 single \$12,000 family
	Annual out-of-pocket maximums cross accumulate between Tiers 2 and 3. This means the amounts you pay toward your deductible and out-of-pocket maximum for services in one network will apply toward the other network. Your deductible and out-of-pocket maximum for services in Tier 1 will no longer apply toward the deductible and out-of-pocket maximum in the other Tiers.			Annual out-of-pocket maximums cross accumulate between Tiers.		
	If any covered family member meets the individual out-of-pocket maximum based on the Tier, that family member will be covered at 100% for the remainder of the year. The family out-of-pocket maximum (which includes the individual out-of-pocket maximum) then needs to be reached before other family members are covered at 100%.			The family out-of-pocket maximum must be reached before any family members are covered at 100%.		
Pre-existing Conditions	Waived			Waived		

Every effort has been made to report accurately the coverage, benefits and limitations of the plan. If there is any difference between this publication and the official plan document, the plan document will govern. ProHealth Care reserves the right to amend, modify or terminate all or part of the plan.

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	ProHealth Care PPO			ProHealth Care High-Deductible Health Plan		
	Tier 1 WIDS Network Maximum Savings	Tier 2 Aetna Open Choice PPO Standard Savings	Tier 3 Out-of-Network	Tier 1 WIDS Network Maximum Savings	Tier 2 Aetna Open Choice PPO Standard Savings	Tier 3 Out-of-Network
Professional Services						
Physician Office Visits <i>(other than Specialist; office visit charge only)</i> Excludes chiropractic services	\$25 copay, then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Specialist Office Visits <i>(office visit charge only)</i>	\$35 copay, then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Urgent Care <i>(exam charge only)</i>	\$25 copay, then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Inpatient Hospital Physician Visit	100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Pathologist/Radiologist, other than an Independent Radiologist or Pathologist Excludes mammograms and pap smears	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Radiology, pathology and anesthesiology services provided and billed by an independent radiologist, pathologist or anesthesiologist	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Covered Oral Surgical Services	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Inpatient, Outpatient and Office Surgery/Surgical Assists/Anesthesia, other than Independent Anesthesiologist <i>(professional service fees)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Routine Prenatal Visits Excludes delivery charges	100% of charges	50% after deductible	50% after deductible	100% after deductible	50% after deductible	50% after deductible

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Hospital Services <i>(Does not apply to alcoholism, drug use and nervous or mental disorders)</i>						
Inpatient Hospital Services — Includes X-rays, labs and miscellaneous hospital expenses	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500
Inpatient and Outpatient Radiation, Chemotherapy, Dialysis, Infusion Therapy	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient miscellaneous hospital expenses	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient radiology and laboratory services	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Emergency room visit — emergency room charge only	\$150 copay plus deductible, then 90% of charges (waived if admitted)			90% after deductible		
Emergency room services provided during an emergency room visit	90% after deductible			90% after deductible		
Preventive Services						
Routine medical exams, including well baby care <i>(exam charge only)</i>	100% of charges, deductible waived	50% after deductible	50% after deductible	100% of charges, deductible waived	50% after deductible	50% after deductible
Preventive Services Includes mammograms and pap smears	100% of charges, deductible waived	50% after deductible	50% after deductible	100% of charges, deductible waived	50% after deductible	50% after deductible
Colonoscopies <i>(limited to one every five years)</i>	100% of charges, deductible waived <i>(If surgery services performed, outpatient surgical coverage applies)</i>	50% after deductible	50% after deductible	100% of charges, deductible waived <i>(If surgery services performed, outpatient surgical coverage applies)</i>	50% after deductible	50% after deductible
Immunizations Excludes travel immunizations	100% of charges, deductible waived	50% after deductible	50% after deductible	100% of charges, deductible waived	50% after deductible	50% after deductible

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Other Covered Services						
Physical, speech, and occupational therapy performed at a clinic <i>(evaluation or evaluation with therapy)</i>	\$35 copay then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient physical, speech and occupational therapy performed at a clinic <i>(therapy only)</i>	100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Inpatient physical, speech and occupational therapy <i>(evaluation or evaluation with therapy)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient physical, speech and occupational therapy performed in an outpatient setting <i>(evaluation or evaluation with therapy)</i>	\$35 copay then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Outpatient physical, speech and occupational therapy performed in an outpatient setting <i>(therapy only)</i>	100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Ambulance services	90% of charges			90% after deductible		
Prosthetic devices <i>(other than dental prosthetics)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Nutritional counseling for morbid obesity and any other health condition <i>(limited to \$500 per calendar year)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Durable medical equipment	90% after deductible	No coverage	No coverage	90% after deductible	No coverage	No coverage
Dental services: <ul style="list-style-type: none"> dental repair of your sound natural teeth due to an injury, extraction of teeth to prepare the jaw for radiation treatment and sealants on existing teeth to prepare the jaw for chemotherapy treatment 	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Chiropractic Care — office visit charge only <i>(limited to 15 visits per calendar year)</i>	\$35 copay, then 100% of charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible

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Other Covered Services						
Allergy Services <i>(vials, injections and medical supplies if no office visit is charged)</i>	\$10 copay, then 100% of charges; copayment applies to each service	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Contraceptives (generic) — Injections, Implants, IUDs and Diaphragms <i>(and related services)</i>	100% of charges	50% after deductible	50% after deductible	100% of charges	50% after deductible	50% after deductible
Infertility services limited to \$2,500 lifetime maximum per participant for surgical and nonsurgical treatments; \$2,500 lifetime for prescription drugs	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Home Care <i>(limited to 40 visits per calendar year)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Home Hospice Care <i>(unlimited visits)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Skilled nursing services in a licensed skilled nursing facility <i>(limited to 120 days per calendar year)</i>	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Dialysis treatment of kidney disease	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
TMJ treatment — oral surgical services and non-surgical treatment	90% after deductible	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Organ transplants Note: All diagnosed transplants (bone marrow/stem cell, heart, lung, heart and lung, liver, pancreas, kidney and pancreas) except cornea and kidney must undergo a pre-transplant evaluation at Mayo Clinic, unless travel is medically contraindicated, or a \$2,000 penalty will be applied. Patients under age 19 are not required to participate in this program.	See benefit book for covered transplants; transplant-related services subject to Plan's benefits for the specific service	50% after deductible	50% after deductible	See benefit book for covered transplants; transplant-related services subject to Plan's benefits for the specific service	50% after deductible	50% after deductible

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Treatment of Alcoholism, Drug Use and Nervous or Mental Disorders						
Nervous & Mental — Inpatient Hospital	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500
Nervous & Mental — Outpatient and Transitional	\$25 copay then 100% of the charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible
Alcoholism & Drug Use — Inpatient Hospital	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	90% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500	50% after deductible. Preadmission certification required or confinement will be subject to a penalty of 10% not to exceed \$1,500
Alcoholism & Drug Use — Outpatient and Transitional	\$25 copay then 100% of the charges	50% after deductible	50% after deductible	90% after deductible	50% after deductible	50% after deductible

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Prescription Drugs						
<p>Prescription Drugs Includes insulin, oral contraceptives and diabetic supplies</p> <p>Mandatory Generic for both plans</p> <p>Mandatory Specialty One fill at retail, ongoing refills need to be obtained from Aetna's Specialty Pharmacy or from the onsite pharmacies at ProHealth Care.</p> <p>Prescription drug copays will count toward your out-of-pocket maximum.</p> <p>Pharmacy Drug Guide — Aetna Standard Plan</p>	<p>Retail: 30-day supply Preferred Generic (PG) — \$15 Preferred Brand (PB) — 40% up to \$50 Non-Preferred Brand and Generic (NP) — 50% up to \$75</p> <p>Specialty Pharmacy: Injectable medications 30-day supply Preferred Specialty (PSP) injectable drugs — \$50 copay Non-Preferred Specialty (NPS) injectable drugs — \$100 copay</p> <p>Mail Order: 90-day supply Preferred Generic (PG) — \$15 ProHealth Retail Pharmacy Preferred Generic (PG) — \$30 Non-ProHealth Retail Pharmacy Preferred Brand (PB) — 40% up to \$100 Non-Preferred Brand and Generic (NP) — 50% up to \$150</p>			<p>Retail: 30-day supply Deductible, then 10% \$10 copay for certain preventive medications</p> <p>Specialty Pharmacy: Injectable medications 30-day supply Deductible, then 10%</p> <p>Mail Order: 90-day supply Deductible, then 10% \$20 copay for certain preventive medications</p>		

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As you incur covered medical expenses during the year, including deductibles and coinsurance amounts, you may pay for those expenses using your health fund or health savings account, if you have funds in one of these accounts. If you enroll in the ProHealth PPO plan, the plan administrator will pay your portion of medical costs from your health fund automatically. If you enroll in the ProHealth High-Deductible Health Plan, you may access those funds using an HSA debit card to pay for eligible out-of-pocket expenses. You can track your health fund or HSA activity online anytime, day or night. Log on to payflex.com to view your account balance, account summary and account activity.

A prescription drug benefit is included when you choose either of the medical plan options. Please refer to [page 48](#) for 2024 medical plan rates.

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Which Medical Plan Is Right For You?

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Eligibility for Health Savings Account (HSA)	Not eligible for an HSA.	Yes. The ProHealth High Deductible Health Plan is a qualified High Deductible Health Plan (HDHP), which means qualifying participants are eligible to open an HSA.
Primary Care and Specialist office visits	You pay a copay for routine office visits with your primary or specialty care provider. Any procedures performed in the office would apply to deductible/coinsurance.	You pay the cost for all provider care until you meet your deductible. Then you pay a coinsurance (10% for in-network care) of all eligible claims up to the annual out-of-pocket maximum.
Prescription benefits	You pay a copay for covered prescriptions.	You pay all prescriptions and medical claims until you meet your combined medical and prescription drug deductible. Then you pay your coinsurance for all eligible claims up to the annual out-of-pocket maximum.
Inpatient services and outpatient surgery facility	You pay a coinsurance percentage for care after you meet your deductible.	You pay a coinsurance percentage for care after you meet your deductible.
Individual deductible	The plan pays a portion of the cost of eligible claims for a participant with individual coverage once that person has met his individual deductible. (Copays do not count toward the deductible.)	The plan pays a portion of the cost of eligible claims for a participant with individual coverage once that person has met his individual deductible. The deductible may be met with healthcare and prescription drug claims.
Family deductible	<p>“Embedded” deductible for family coverage. The plan pays benefits for eligible claims for each individual once that person has met his individual deductible. Then, the plan pays benefits for the family when two or more members combined meet the family deductible. For each individual, no more than the individual deductible amount will count toward the family deductible. (Copays do not count toward the deductible.)</p> <p>Example: Family coverage.</p> <ul style="list-style-type: none"> Participant meets his individual deductible of \$600 in April. Child #1 meets his individual deductible of \$600 in July. The family deductible of \$1,200 has been met since two family members met their individual deductibles. Alternatively, Participant meets his individual deductible of \$600 in April. Child #1 has \$300 in claims in July, and the Spouse has \$300 in claims in August. The deductible has been met since two or more family members contributed toward the family deductible. 	<p>“Aggregate” deductible for family coverage. The plan pays a portion of the cost for eligible claims for individuals in the family only after the family deductible is met. The individual deductible, if met, applies to the family deductible. The family deductible may be met with healthcare and prescription drug claims from one or multiple family members.</p> <p>Example: Family coverage.</p> <ul style="list-style-type: none"> Family has \$200 in prescriptions. Participant has \$200 doctor visit in May. Spouse has \$1,000 in diagnostic tests in June. Child #1 has \$1,600 in September. The family deductible has been met in September by their combined claims equaling \$3,000. Coinsurance applies to all eligible claims for the rest of the year for all family members. Alternatively, one family member has a hospital stay with claims exceeding \$3,000. The family deductible has been met for all family members.

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Find a Participating Provider

The ProHealth Care employee health plans use the Waukesha Integrated Delivery System (WIDS) provider network. The WIDS Network is a partnership among ProHealth Care hospitals and clinics and closely affiliated Waukesha County independent medical groups.

Participants in the employee health plan should see participating WIDS providers to receive the Tier 1 benefit level.

 Access the provider directory by going to widsnetwork.phci.org.

The provider directory lists all of the participants in Tier 1 of the network.

The use of Tier 2 and Tier 3 providers and facilities will result in additional out-of-pocket cost to you.

Out-of-Area Coverage

Medical plan participants who live outside of the coverage area (counties that do not immediately border Waukesha County) will receive Tier 1 coverage when obtaining care from one of Aetna's providers under the Aetna Open Choice PPO.

More detailed information is available on the Human Resources *Collaborate* page. You can access the participant out-of-area form electronically via iService, HR Catalog. The form can be completed anytime throughout the year, and it will be applied once the form is received by Human Resources. Use the [2024 Out-of-Area Benefit Form](#) to apply for out-of-area coverage.

- When at work, go to the ProHealth ProNews home page and click on [iService](#). When at home, log in to iService with your PHC network ID and password.
- Select the HR Catalog icon at the top of the page.

- Select the Participant Out-of-Area Medical Benefit Form.
- Complete the requested information on the form. Click Submit.
- You will receive a confirmation email once your form is submitted to Human Resources. The form can be completed anytime throughout the year, and it will be applied once the form is received by Human Resources.

Locate an out-of-area provider at www.aetna.com:

1. Click *Find a doctor*.
2. Under *Guests*, click *Plan from an employer*.
3. Under *Continue as a guest*, enter the location (ZIP, city or state) to access providers.
4. Under *Select a Plan*, choose Aetna Standard Plans > Open Choice® PPO.

If you have any questions or need assistance, please contact Aetna Customer Service at **800-414-0766**.

Important to Remember:

- Network preferred providers change periodically. The WIDS online directory is updated on a weekly basis. Since this directory frequently changes, it is important to verify that the healthcare provider is in-network prior to receiving services. Otherwise, you will be required to pay a larger portion of the cost of the covered services by an out-of-network provider.
- Physicians who have Medical Staff privileges with ProHealth Care facilities may or may not be participants in the WIDS provider network.

If you have a question about a provider listed on the WIDS site, contact Cara Boyer at **262-928-4767** or by email at wids@phci.org.

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No Nicotine Incentive

If you're enrolled in one of the medical plans, you can take advantage of the nicotine test and get premium discounts if you're nicotine free. Here's how it works for 2024:

- **If you are currently receiving an insurance premium discount** for nicotine free, you will continue to receive the discount in 2024. No action required.
- If you are not currently receiving the discount but wish to take advantage of it in 2024, you (and your covered spouse) can complete a nicotine test. A negative nicotine test result is the only requirement to qualify for the 2024 discount.

Nicotine testing is available November 1 through December 1 (these dates only apply during Open Enrollment; new hires and status changes have 31 days from hire date/ status change date). Call **262-928-5900** to schedule an appointment. There are no walk-ins for this event.

If you have questions about the discount related to the HRA, email HR Total Rewards at HRTotalRewards@phci.org.

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Aetna

Aetna offers a variety of tools and resources to help you:

- Make more informed decisions about your care,
- Communicate better with your doctors and
- Save time and money by showing you how to get the right care at the right time.

[Aetna's Informed Health Line](#) makes it possible to talk directly to a registered nurse anytime, 24 hours a day, seven days a week. When you call the Informed Health Line at **800-556-1555**, you also can listen to the Audio Health Library, which explains thousands of health conditions.

The Aetna member site at aetna.com gives you access to the Healthwise Knowledgebase, where you can find out more about a health condition you have or medications you take. It explains things in terms that are easy to understand.

Family Planning Support

No matter where you are on your family planning journey, it can be stressful. Maven Clinic offers support for a variety of fertility and family planning issues to help you navigate the stressors with ease. If you're enrolled in one of the medical plans, you can get 24/7 support from Maven Clinic for needs such as:

- IUI & IVF
- Pregnancy
- Postpartum
- Adoption and surrogacy
- Male fertility
- Return-to-work support
- Mental health
- Partner support

Your free membership includes access to a personal care advocate who can help you navigate the Maven platform and connect you with providers. You also can video chat or message with top-rated providers in more than 35 specialties, attend provider-led virtual classes, and access expert resources on every topic.

Get more information at mavenclinic.com/join/ProHealth or download the Maven Clinic app from the App Store or Google Play.

Looking for more information about a particular benefit?

Go to [HR Collaborate](#) to find details about all of our benefit options.

Aetna HealthSM App

The Aetna Mobile app puts popular online features, like your electronic ID card, at your fingertips. Download from the App Store or Google Play.

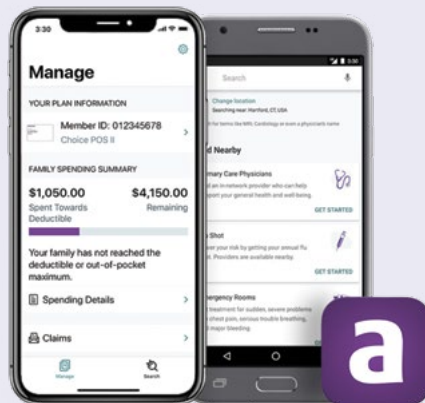


Find your electronic ID card

- Log in to www.aetna.com.
- Choose "ID Card Information"



[Learn more](#)



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The dental plans provide a comprehensive program to ensure your dental health, with coverage for important preventive care as well as for care needed as a result of dental disease or accidental injury.

Delta Dental

ProHealth Care offers two dental options through Delta Dental—the Plus plan and the Base plan. Both options cover diagnostic and preventive care services at 100% with no deductible. The primary difference between the two plans is that the Base plan is offered at a lower premium than the Plus plan, as well as a few different coverage options described on the next page.

In the **Delta Dental Base** plan, preventive exams and cleanings are covered at 100% in-network and 80% if the member goes out of network. In addition, sealants are covered at 100% to age 19. Guidelines recommend that a child begin dental visits at the age of one year, or at the eruption of the first tooth.

Delta Dental makes it easy for you to access important information about your dental health. At deltadentalwi.com (Microsoft Edge, Google Chrome or Mozilla Firefox only), you can:

- Access extensive dental benefits and utilization information,
- Find a network dentist,
- Check claims,
- Request electronic explanations of benefits (EOBs),
- Verify copays and deductibles,
- Review claim history,
- Print ID cards and
- Sign up for Delta Dental's Evidence-Based Integrated Care Plan.

Evidence-Based Integrated Care Plan

Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan option is included in your plan. It provides additional benefits for people with medical conditions that have oral health implications.

Conditions include:

- Diabetes,
- Pregnancy,
- Specific heart conditions that pose a risk of certain types of infection,
- Kidney failure or dialysis,
- Suppressed immune system,
- Cancer therapy and
- Periodontal disease.

The Evidence-Based Integrated Care Plan's unique enrollment mechanism requires no medical claims be filed. You or your dentist can enroll you for the program at Delta Dental's website or by calling **800-236-3712**.

Learn more about the program at deltadentalwi.com/your-health/medical-conditions. Refer to [page 48](#) for 2024 dental plan rates.



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Your Dental Plan Choices

	Delta Dental Plus Plan		Delta Dental Base Plan	
	Delta Dental PPO™ Network	Delta Dental Premier® Network or Out-of-Network	Delta Dental PPO™ Network	Delta Dental Premier® Network or Out-of-Network
Individual Annual Maximum	\$1,500	\$1,000	\$1,000	\$750
Annual Deductible Amount	\$50 single \$100 family	\$75 single \$150 family	\$50 single \$100 family	\$75 single \$150 family
Diagnostic & Preventive Exams, cleanings, fluoride treatments**, X-rays, space maintainers** and sealants**	100%	100%	100%	80%
Basic & Major Services Exams, emergency treatment to relieve pain, fillings***, root canals, treatment of gum disease, extractions and other oral surgery Crowns, bridges, dentures, repairs and adjustments to bridges, dentures and implants	80%* 50%*	80%* 50%*	50%* 50%*	50%* 50%*
Orthodontic Services • Coverage copayment • Individual lifetime maximum • Dependents eligible to • Adult orthodontics	• 50%* • \$1,500 • Age 26 • Yes (up to \$1,500)	• 50%* • \$1,000 • Age 26 • Yes (up to \$1,000 maximum)	No Coverage	No Coverage
CheckUp™ Plus <i>Diagnostic and preventive dental services without those costs getting applied to the single annual maximum providing flexibility for restorative care that might be needed later.</i>	Yes	Yes	Yes	Yes
Evidence-Based Integrated Care Plan (EBICP) <i>Additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.</i>	Yes	Yes	Yes	Yes
Dependent Eligibility	Dependents are covered to the end of the month they turn 26		Dependents are covered to the end of the month they turn 26	

* Deductible applies

** Age limits apply (see SPD for details)

*** White fillings covered on front and back teeth

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VSP administers the vision plan. You may choose either the Vision Base Plan or the Vision Plus Plan.

Your Vision Plan Choices

Benefit	Description	VSP Base Plan Copay	VSP Plus Plan Copay
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every calendar year 	\$10	\$10
Prescription Glasses		\$20	\$20
Frame	<ul style="list-style-type: none"> \$175 allowance for a wide selection of frames \$195 allowance for featured frame brands 20% savings on the amount over your allowance \$95 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription Glasses Every other calendar year	Included in Prescription Glasses Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses Impact-resistant lenses for dependent children (Base Plan only) Every calendar year 	Included in Prescription Glasses	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Impact-resistant lenses (Plus Plan only) UV protection (Plus Plan only) Average savings of 30% on other lens enhancements Every calendar year 	\$0 \$95 - \$105 \$150 - \$175 N/A N/A	\$0 \$95 - \$105 \$150 - \$175 \$0 \$0
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every calendar year 	Up to \$60	Up to \$60
LightCare™	<ul style="list-style-type: none"> Ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts 	<ul style="list-style-type: none"> \$20 copay \$175 allowance Every other calendar year 	<ul style="list-style-type: none"> \$20 copay \$250 allowance Every calendar year

At your appointment, tell your provider your vision coverage is through VSP; your VSP provider and VSP will handle verifying your coverage.

 To find an eye care provider or to review your benefit information, log on to vsp.com or call **800-877-7195**. Refer to [page 48](#) for 2024 vision plan rates.

 **No ID cards are necessary and none will be mailed to you.**



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Benefit	Description	VSP Base Plan Copay	VSP Plus Plan Copay
Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services to treat immediate issues from pink eye to sudden changes in vision, or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma and more. Limitations and coordination with your medical coverage may apply. 	\$0 per screening \$20 per exam	\$0 per screening \$20 per exam
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		

Are you in the VSP Plus Plan?

Included with Prescription Glasses, you get to choose one of these VSP Easyoptions upgrades:

- Additional \$75 frame allowance
- Fully covered premium or custom progressive lenses
- Fully covered light-reactive lenses
- Fully covered anti-glare coating
- Additional \$75 contact lens allowance

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Flexible Spending Accounts (FSAs) offer an easy way to save money while paying for healthcare or dependent care (child care) expenses. You set aside before-tax dollars to pay for eligible out-of-pocket expenses during the year — in other words, you get a tax break for putting money aside for expenses you would have paid for anyway.



Before enrolling in the Medical or Dependent Care (child care/elder care) FSA, it's important to understand the following IRS restrictions:

- **File by the deadline.** For 2024, you will have until March 31, 2025, to file claims for any eligible expenses incurred between Jan. 1, 2024 and Dec. 31, 2024.
- **Plan your contributions carefully.** Be sure to estimate your expenses as accurately as possible and be conservative when electing how much to contribute.
→ **While you can carry over up to \$610 from one year to the next in your medical FSA and your limited FSA, you cannot rollover any unused money from your dependent care FSA.**
- **No transfers.** You may not transfer money between the Dependent Care (child care) FSA and the Medical FSA.

To check whether a particular expense is eligible, refer to IRS Publication 502, available by calling **800-829-3676** or accessing the IRS site at [irs.gov](https://www.irs.gov) or payflex.com.

Note: Participants enrolled in the medical FSA will receive a debit card to use for prescriptions only. The claims reimbursement process will be automatic with Autopay through PayFlex. Autopay is turned on for all participants once enrolled. However, you can choose to opt-out of Autopay at payflex.com. Autopay is automatically turned back on annually as of Jan. 1.

Medical FSA

The Medical FSA gives you the ability to pay for out-of-pocket medical, dental, vision and certain other eligible out-of-pocket expenses with before-tax dollars that you contribute to your flexible spending account. You can contribute to a Medical FSA whether or not you are enrolled in a ProHealth Care medical plan.

Contribution Limits for Medical Reimbursement

Minimum annual contribution: \$100

Maximum annual contribution: \$3,200

Eligible Expenses

You can find a list of eligible flexible spending account expenses at payflex.com.

Dependent Care FSA (child care/elder care)

This account allows participants to pay for eligible dependent care expenses with before-tax dollars. It may appeal to you if you have predictable expenses associated with the care of a child or disabled adult that you claim as a dependent on your tax return.

To use this account your eligible dependent must require day care or elder care to allow you to work. If you are married, you can participate in the Dependent Care FSA only if your spouse is employed or a full-time student for at least five months during the year while you are working, or disabled/elderly and unable to provide for his or her own care.

The dependent care FSA is subject to discrimination testing, and highly compensated employees may be limited in the amount they can contribute to this account. A highly-compensated employee is an employee who earns more than \$150,000 in a calendar year.

Contribution Limits for Dependent Reimbursement

- Minimum annual contribution: \$100
- Maximum annual contribution: \$5,000

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To be eligible, the individual receiving the care must be claimed as a dependent on your tax return and be a child under the age of 13 or an adult who normally spends at least eight hours in your home each day and cannot care for himself or herself because of a physical or mental disability.

Eligible Expenses

You can find a list of eligible dependent care account expenses at payflex.com.

You must incur an expense in order to be reimbursed for it from your Dependent Care Account. Expenses are incurred when the service is rendered — not when they are billed, charged or paid for. When you pay eligible dependent care expenses, obtain a receipt. Complete the Dependent Care Reimbursement Claim form and attach the receipt (or have the caregiver sign the form). Send it in as instructed on the form, and PayFlex will reimburse you for your eligible expenses. Claim forms are available at payflex.com or on the ProHealth *Collaborate-Human Resources/I Want to Learn About My Total Rewards & Benefits Information/Flexible Spending & Health Savings Accounts/Flexible Spending Account (FSA)* page. You must report the name, address and Social Security or tax identification number of each dependent care provider when you submit a request for reimbursement.

Something to Consider

The IRS allows two types of tax advantages for dependent care expenses. You may either file for a federal tax credit on your annual tax return or you can be reimbursed with before-tax dollars contributed to the Dependent Care FSA, but you may not do both with the same expense. For example, if you have two or more eligible dependents and spend at least \$6,000 in dependent care expenses in 2024, you may contribute \$5,000 to the Dependent Care FSA and take \$1,000 as a tax credit. Depending on your income, either the Dependent Care FSA or the tax credit may be more advantageous. You may wish to consult a tax advisor before deciding which option is best for you.

A Note about Social Security

Although it is to your advantage to make before-tax contributions to an FSA to pay for out-of-pocket medical, dental, vision, prescription drug and dependent care expenses, you should be aware that before-tax contributions reduce the amount of earnings used to determine your Social Security benefits. Because your ultimate Social Security benefit is based on your earnings, this salary reduction could cause a slight reduction in the benefit. However, any reduction in your future Social Security benefits probably would be offset by the current tax savings you receive by participating in the FSAs.

You may reimburse yourself for medical expenses in the limited FSA **AFTER** you meet the deductible in your high deductible medical plan.



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Feature	Medical FSA	Limited FSA	Dependent Care FSA	Health Savings Account (HSA)
What is the benefit of enrolling?	The money you contribute is deducted from your pay on a pre-tax basis. Therefore, your taxable income is less.	The money you contribute is deducted from your pay on a pre-tax basis. Therefore, your taxable income is less.	The money you contribute is deducted from your pay on a pre-tax basis. Therefore, your taxable income is less.	The money you contribute is deducted from your pay on a pre-tax basis. Therefore, your taxable income is less.
Eligibility	Benefit-eligible employees.	Benefit-eligible employees who are enrolled in a high-deductible health plan.	Benefit-eligible employees. Note: The Dependent Care FSA is subject to discrimination testing, and highly compensated employees may be limited in the amount they can contribute to this account. A highly compensated employee is an employee who earns more than \$155,000 in a calendar year.	Benefit-eligible employees who are enrolled in the ProHealth Care High-Deductible Health Plan and are not enrolled in Medicare. This includes being covered by a spouse's FSA as well.
Contributions	For 2024, the FSA contribution limit is \$3,200 for each participant. This means, if you and your spouse are eligible to participate in a medical FSA, you may each contribute to your own FSA, up to this limit.	For 2024, the Limited FSA contribution limit is \$3,200 for each participant. This means, if you and your spouse are eligible to participate in a medical FSA, you may each contribute to your own FSA, up to this limit.	For 2024, the Dependent Care FSA limit is \$5,000. If you are married and your spouse files a separate income tax return, the most you may contribute is \$2,500. If you are married filing jointly and your spouse also contributes to a Dependent Care FSA through his or her employer, the \$5,000 annual maximum is the total amount that you and your spouse may contribute to both accounts combined.	Company incentive contributions, plus optional after-tax personal contributions up to an annual maximum set by the IRS. For 2024, you can contribute up to: <ul style="list-style-type: none"> \$4,150 (Single) \$8,300 (Family) You may contribute an additional \$1,000 per year as a "catch-up" contribution if you will be age 55 or older by year end and are not enrolled in Medicare. (If your spouse will be 55 or older, is not enrolled in Medicare and wishes to make a catch-up contribution, he or she will need to open an individual HSA.)
Account earnings	Money in your medical FSA does not earn interest.	Money in your limited medical FSA does not earn interest.	Money in your Dependent Care FSA does not earn interest.	Accumulated amounts in your HSA earn interest, compounded monthly. In addition, once you have \$1,000 in your account, you may elect to transfer a portion of your HSA to an investment account and earn even more.
Can I change my contributions at any time?	Once you elect to contribute to an FSA during open enrollment, you cannot change your contributions unless you have a qualified event change.	Once you elect to contribute to an FSA during open enrollment, you cannot change your contributions unless you have a qualified event change.	Once you elect to contribute to an FSA during open enrollment, you cannot change your contributions unless you have a qualified event change.	You may contribute through regular payroll deductions or by check or electronic funds transfer and you may stop, change or add to your contributions at any time (subject to the annual maximum).

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Flexible Spending Accounts

Feature	Medical FSA	Limited FSA	Dependent Care FSA	Health Savings Account (HSA)
How can I spend the money?	You can reimburse yourself for money spent on eligible healthcare expenses, including deductibles and coinsurance, as well as certain expenses for services not covered by the Medical Plan, such as dental and vision expenses.	You can reimburse yourself for money spent on eligible dental and vision expenses. You may also reimburse yourself for eligible healthcare expenses AFTER you meet your medical plan deductible.	To use this account, your eligible dependent must require day care or elder care to allow you to work. If you are married, you can participate in the Dependent Care FSA only if your spouse is: <ul style="list-style-type: none"> • Employed or a full-time student for at least five months during the year while you are working or • Disabled and unable to provide for his or her own care. 	You can reimburse yourself for money spent on eligible health care expenses, including deductible and coinsurance, as well as certain expenses for services not covered by the Medical Plan such as dental and vision expenses. You also can leave the money in the account and let it continue to grow and earn interest.
Do unspent balances roll over from year to year?	<p>➔ You can carryover up to \$610 in unused contributions to the next year. For example, if you have money remaining in your account at the end of 2023, you'll be able to carry it over to 2024 (up to \$610).</p>		No, unspent balances are forfeited.	Yes.
What happens if I leave the company during the year or change medical plans?	You may continue to participate in the Medical FSA even if you leave the Medical Plan for a specified period of time under COBRA continuation coverage. If you do not continue this coverage via COBRA, the balance is forfeited, but you still have until March of the following plan year to submit eligible expenses incurred prior to your termination date.	You may continue to participate in the Medical FSA even if you leave the Medical Plan for a specified period of time under COBRA continuation coverage. If you do not continue this coverage via COBRA, the balance is forfeited, but you still have until March of the following plan year to submit eligible expenses incurred prior to your termination date.	You have until March of the following plan year to submit eligible expenses incurred prior to your termination date. If you do not submit expenses by March of the following year, the balance is forfeited. Dependent Care FSA is not COBRA eligible.	The money in your Health Savings Account belongs to you. You may continue to save in the account and access the funds for as long as you maintain the account.
Debit Card	Debit card is available to pay for prescriptions only.	Debit Card is available to pay for prescriptions only.	N/A	Debit card is available to pay for eligible medical, prescription, dental and vision expenses.
Autopay	Autopay automatically deducts your eligible health care expenses from your Medical FSA, after your insurance provider processes your claim. You can use this to pay eligible out-of-pocket medical or dental expenses. Autopay is turned on for all participants as they enroll and again on 1/1 every year. Participants have the option to turn off autopay every year.	Autopay automatically deducts your eligible health care expenses from your Limited FSA, after your insurance provider processes your claim. You can use this to pay eligible out-of-pocket medical or dental expenses. Autopay is turned on for all participants as they enroll and again on 1/1 every year. Participants have the option to turn off autopay every year.	N/A	N/A

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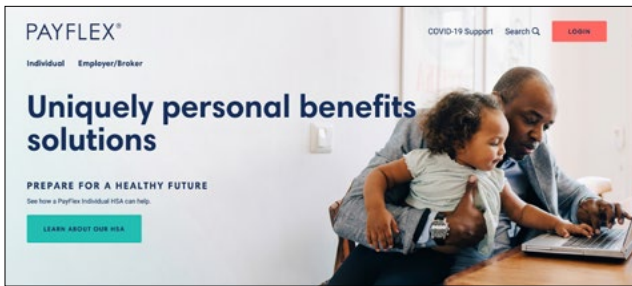
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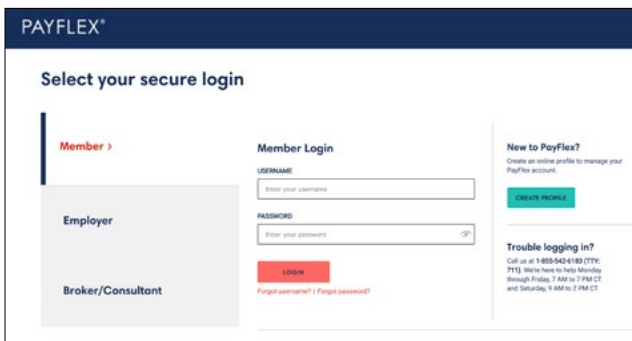
You can automatically pay any out-of-pocket eligible medical expenses if there are dollars available in your PayFlex FSA. To enroll:

1. Go to payflex.com, your PayFlex member site.

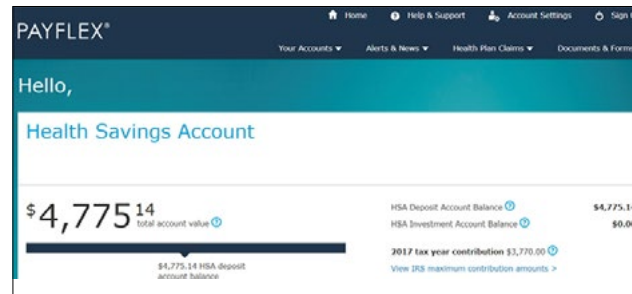


2. Click *Sign In* in the top right corner.

3. Enter your username and password. And, click *Sign In*.

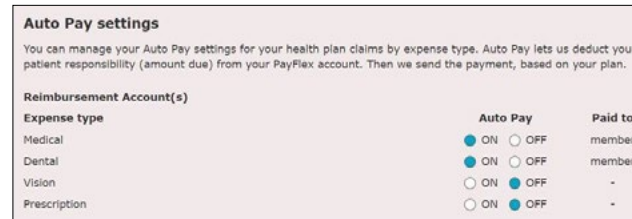


4. Click *Health Plan Claims* at the top of the page.



5. Select *Settings* from the drop down menu.

6. To allow automatic payment from your PayFlex account, select YES next to *Expense Type*. Otherwise, select NO and click *Save*.



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Life and Accidental Death & Dismemberment Insurance

ProHealth Care provides life and accidental death and dismemberment (AD&D) insurance to full-time and regular part-time employees. You can add to your coverage by purchasing voluntary life insurance for you, your spouse and your dependent children. If you pass away while you are covered by the company's life insurance benefits, your beneficiary will receive a payment equal to the amount of basic life insurance you have plus voluntary life insurance you buy. If you pass away as a result of a covered accident, your beneficiary will receive an AD&D benefit in addition to your life insurance benefit.

Lincoln Financial Group is our partner for life and AD&D insurance. For additional information or to speak with a representative, call **800-423-2765** or visit [LincolnFinancial.com](https://lfg.benselect.com/prohealth3).

To make changes to your beneficiaries, visit <https://lfg.benselect.com/prohealth3>.

Important: For life insurance, there are different types of beneficiaries — primary and contingent. If your primary beneficiary(ies) predeceases you, your contingent beneficiary(ies) will become your primary beneficiary, unless you name another primary beneficiary.

Good to know

During open enrollment, employees enrolled in voluntary employee life and/or voluntary spouse life may increase current coverage up to the Guarantee Issue amounts by \$10,000 without going through underwriting.



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Basic Life and AD&D Insurance

ProHealth Care pays the full cost of basic life and AD&D insurance for full-time and regular part-time employees.

Basic Life and AD&D Insurance			
Eligibility	Coverage Effective Date	Basic Life Insurance	Basic AD&D Coverage
Staff (Less than 3 years of service)	First of the month following 90 days of employment	1 times your basic annual earnings rounded to next higher \$1,000 (\$500,000 maximum)	1 times your basic annual earnings rounded to next higher \$1,000 (\$500,000 maximum); plus a cash benefit of 1 times basic annual earnings to a maximum of \$500,000 if you die in an accident
Staff (More than three years of service)	First of the month following status change	1.5 times your basic annual earnings rounded to next higher \$1,000 (\$500,000 maximum)	1.5 times your basic annual earnings rounded to next higher \$1,000 (\$500,000 maximum); plus a cash benefit of 1.5 times basic annual earnings to a maximum of \$500,000 if you die in an accident
Managers, Directors and Physicians	First of the month following date of hire	1.5 times your basic annual earnings rounded to next higher \$1,000 (\$1,000,000 maximum)	1.5 times basic annual earnings to a maximum of \$500,000 if you die in an accident
Vice Presidents, Presidents and Chiefs	First of the month following date of hire	2 times your basic annual earnings rounded to next higher \$1,000 (\$1,000,000 maximum)	2 times your basic annual earnings rounded to next higher \$1,000 (\$500,000 maximum); plus a cash benefit of 2 times basic annual earnings to a maximum of \$500,000 if you die in an accident

This information is meant to answer the most frequently asked questions, and is a summary of the available benefits. For additional information, a certificate of insurance is available on the ProHealth Care *Collaborate-Human Resources* page.

Company-provided Life and AD&D Insurance for all employees will be reduced by 50% of the original amount at age 70.

If your coverage begins for company-provided Life and AD&D Insurance at age 70 or older, the above age reductions will apply to:

- Any Guarantee Issue amount available without Evidence of Insurability and
- The maximum amount of insurance for which you are eligible.

Imputed Income: The IRS places a value on life insurance coverage in excess of \$50,000 that is provided through before-tax group insurance programs. That value is determined by your age and the amount of your coverage, and is known as “imputed income”. It is calculated using “uniform premium levels” established by the IRS. The value of your group life insurance coverage in excess of \$50,000 is added to your gross income for federal tax purposes. The company is required to withhold federal income tax and FICA from your regular pay based on the amount of imputed income.

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Voluntary Life and Accidental Death and Dismemberment Insurance

As a full-time or regular part-time employee, you can purchase additional term life insurance coverage in \$10,000 increments up to \$500,000 maximum for staff and up to \$1,000,000 for leaders and physicians. You can also enroll in up to \$300,000 of coverage for yourself with no medical questions if you apply when you first become eligible.

You may add accidental death and dismemberment (AD&D) coverage to your optional life insurance amount for an additional premium. Benefits are paid in case of an accidental death or dismemberment, as outlined in the policy.

You pay the full cost of voluntary life insurance. The premium depends on your age and your level of coverage. See the rate table on [page 49](#). Coverage is reduced by 50% at age 70.

Voluntary Spouse and Dependent Life Insurance

You may buy life insurance for your spouse and/or your dependent children, whether or not you purchase voluntary life insurance for yourself. You are automatically the beneficiary for any dependent life insurance coverage you purchase for your spouse and/or dependent children.

Coverage for Your Spouse

You may buy insurance for your spouse of up to \$50,000 with no medical questions if you apply when you first become eligible. Additional coverage is available in \$10,000 increments (\$250,000 maximum). Coverage amounts for spouses over \$50,000 are subject to Evidence of Insurability. Spouse amounts will reduce by 50% when the spouse reaches age 70.

Coverage for Your Dependent Children

You also may purchase life insurance to cover your children. There is no limit to the number of eligible dependent children who can be covered (and the cost is the same regardless of the number of children covered). The plan pays the full benefit amount in the event of any covered dependent child's death. The coverage is \$10,000 for children age 14 days to 26 regardless of full-time student or marriage status.

If you are currently enrolled in voluntary employee or spouse life coverage, you may increase your current coverage by \$10,000 (up to the maximum) without going through the medical underwriting process.

Voluntary Life and AD&D Insurance		
Eligibility	Employee Voluntary Life Insurance	Employee Voluntary AD&D
Staff	\$10,000 increments \$500,000 maximum	\$10,000 increments \$500,000 maximum
Managers, Directors, Physicians, Vice Presidents, Presidents and Chiefs	\$10,000 increments \$1,000,000 maximum	\$10,000 increments \$500,000 maximum

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Accelerated Benefit Option (ABO)

A “living benefit” is automatically included on both your and your spouse’s optional life insurance coverage. The living benefit is designed to help offset expenses due to a terminal illness and is paid to you (or your spouse) while you are still living. The living benefit provides up to 80% of your basic life amount not to exceed \$500,000. The covered person must be diagnosed with a terminal illness that is expected to result in death within 12 months of the diagnosis.

Portability and Conversion — Voluntary Life

The voluntary life insurance coverage for yourself, your spouse and your dependent children is portable, which means that you can keep your current coverage even if you leave your job. Another option is conversion, which means that you and your spouse may apply for an individual permanent policy with the same coverage without answering any medical questions. A written application must be made within 31 days after your coverage ends. An additional fee may be applied depending on the payment method.

Portability and Conversion — Group Life

Portability

You can continue your Group Life and AD&D insurance coverage with Lincoln Financial Group if your coverage terminates due to:

- Termination of employment or retirement,
- A change in your employee class or
- You retire and do not continue your coverage under an Employer-sponsored Retiree Life Plan.

You are not eligible for portability if:

- You received approval for Premium Waiver Death Benefits or
- If the Master Contract between your employer and Lincoln Financial Group terminates.
- Your plan may not include the portability feature on every product presented on the Election of Portable Coverage form. The Recordkeeper for your plan will identify which coverage(s) and coverage amount(s) you are eligible to port.

Conversion

You can generally convert your Group Life insurance benefits to an Individual Whole Life insurance policy if your coverage terminates in whole or in part due to:

- Retirement or termination of employment or
- A change in your employee class.

Conversion is available on all Group Life insurance coverages. Conversion is not available on AD&D coverage. For additional information on conversion or to speak with a representative, call **800-423-2765**.

Your first bill will also include any retroactive premium due from the effective date of your portable coverage and an administrative fee. The current administrative fee is \$5. For more information on portability, contact Lincoln Financial Group at **855-818-2883**.

What is Portability?

Portability or porting is an optional feature chosen by your former employer. It allows employees and dependents to continue their Group Term Life and Accidental Death and Dismemberment (AD&D) insurance under a separate group policy. Medical questions (Statement of Health form) do not need to be answered to enroll, however, you or your spouse/domestic partner must complete them in order to apply for Preferred Life Rates (lower). If approved by Lincoln Financial Group, you will be billed using the Preferred Life Rates (lower).

If you do not complete the medical questions or do not satisfy Lincoln Financial Group’s underwriting requirements, portable coverage will still be issued based on the Non-Preferred Rates (higher).

Once enrolled Lincoln Financial will mail you a portable certificate and your initial bill including instructions on how to set up the monthly Electronic Funds Transfer (EFT). The instructions to set up EFT can be found on the back of your bill.

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Additional Lincoln Financial Group Services

Travel ConnectSM

ProHealth Care employees have access to Travel Connect, a special travel service administered by Lincoln Financial Group. Travel Connect offers you and your dependents help and reassurance if you face a medical emergency 100 or more miles from home. If you are enrolled in life and/or AD&D coverage, you and your family have access to service 24 hours a day, 365 days a year.

Travel Connect services include:

- **Arrange and pay for transportation** to the nearest medical facility.
- **Coordinate travel and airfare** for your dependent children under 18. This includes the services, transportation expenses and accommodations of a non-medical escort.
- **Monitor medical care and recovery, including:**
 - Medical record requests
 - Intermediary services
 - Communication with your family, employer and physician back home
 - Recovering lost or stolen documents
 - Medical and dental referrals
 - Language translation
 - Corrective lenses and medical device replacement
 - Medication and vaccine delivery
 - Arrangements for a deceased traveler

For a complete list of Travel Connect services, go to LincolnFinancial.com/TravelConnect and enter Group ID number LFGTravel123.

LifeKeys

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand — thanks to LifeKeys[®] services from Lincoln Financial Group. If you are enrolled in life and/or AD&D insurance, this program provides access to a wide array of services to help you and your loved ones through life's ups and downs — and prepare you for whatever lies ahead.

LifeKeys provides the following services:

- **Online will preparation**

Having a will is important because it allows you to designate who will receive your property and assets when you die. Without one, your state determines how your estate is distributed. EstateGuidance[®] will preparation is a quick and easy way to create and execute a will.
- **Information on important life matters**

You have access to GuidanceResources[®] Online, where you'll find articles, tutorials, videos and "Ask the Expert" advice on a wide range of topics — including legal, financial, family and career. It's a way to stay "in the know" on important matters that impact both your personal and professional life.
- **Protection against identity theft**

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.
- **Guidance and support for your beneficiaries**

The LifeKeys comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters, and help coping with the challenges of day-to-day life.

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Beneficiary Guidance and Support

Because losing a loved one can be tough to walk through alone, LifeKeys services can help provide your beneficiary with the support they need. Services described below are available for up to one year after a loss.

Grief counseling

Advice, information and referrals on:

- Grief and loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about children and teens

Financial service

Online resources or advice from financial specialists on:

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

Legal support

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

Help with everyday life

- Planning a memorial service
- Finding child care or elder care
- Selecting a mortgage
- Moving and relocation
- Making major purchases

Help Is Just a Phone Call Away

With guidance and support services provided by Lincoln Financial Group, you, your dependents and your beneficiaries will have access to resources that help cope with the grief and practical challenges that accompany a loss. That's just one of the valuable services that come with your Lincoln Financial Group life and AD&D coverage.

Call **855-891-3684** or log on to [GuidanceResources.com](https://www.guidanceresources.com)

First time user: Enter Web ID LifeKeys

Lincoln FuneralPrep

With many details to manage and decisions to make, the funeral planning process can be overwhelming. Lincoln FuneralPrep can help with pre-planning or at-need planning.

Pre-planning

Planning ahead is one of the best things you can do for your family. Even a simple plan can make a big difference. In addition to providing pre-planning resources, FuneralPrep can direct you to funeral planning professionals who can provide expert guidance and advice.

At-need planning

When grieving the loss of a loved one, you're dealing with far more than a life insurance claim. Each year many workers will be affected by a loss and many will face the overwhelming task of making funeral arrangements. FuneralPrep helps you reduce the stress and uncertainty of making rapid decisions during an emotional time.

To learn more about Lincoln FuneralPrep, visit lincolfuneralprep.com/gplife.

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Short Term Disability (STD)

Short Term Disability/Salary Continuation provides you with income if you become disabled and unable to work due to a non-work related medical condition. It covers illness or disability after you missed seven consecutive calendar days due to a disability. You may use PTO for the first seven calendar day waiting period. You may also supplement your short term disability with PTO to bring your compensation up to 100%.

Eligibility

Regular part-time and full-time employees are eligible for this benefit on the first of the month following 90 days of employment. Leaders and physicians are eligible for this benefit the first of the month following date of hire.

Coverage Level and Duration

- All Staff, Managers and Directors: 60% of base earnings
- All executives and physicians: 75% of base earnings

You are eligible for up to 6 weeks of STD/Salary Continuance during your first year of employment and up to 26 weeks after first year of employment. You may use your PTO to supplement up to 100% of bi-weekly salary.

If you are disabled and need to apply for STD/Salary Continuance or have any questions about this benefit, contact Lincoln Financial at **800-423-2765** or go to lfg.benselect.com/prohealth3.

Long Term Disability (LTD)

Long term disability is available to you if you remain disabled and unable to work after a 180-day waiting period.

Eligibility

Regular part-time and full-time employees are eligible for this benefit on the first of the month following 90 days of employment. Leaders and physicians are eligible for this benefit, the first of the month following date of hire.

Coverage Level and Duration

- **Hourly Staff:** 33⅓% of salary
- **Exempt Staff:** 66⅔% of salary

Voluntary Long Term Disability Buy-Up

Hourly staff have the option to buy-up to the 66⅔% benefit as a new hire or at open enrollment. This additional buy-up is paid for by you.

For additional information on the Long Term Disability insurance and to view and/or print the insurance certificate, please to go ProHealth Care's *Collaborate-Human Resources /I Want to Learn About My Total Rewards & Benefits Information/Disability, FMLA & Leave* page.



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PHC cares about our employees' health and well-being. That is why we offer a free comprehensive wellness program — including physical wellness and financial wellness.

Physical Wellness

At ProHealth Care, we want to make sure you're healthy and ready to work now and throughout your employment. We provide a safe work environment to reduce or eliminate the risk of injuries to our valued ProHealth Care employees. We also focus on keeping you productive and engaged through prevention and healthcare programs designed just for employees.

Employee Health Improvement Programs

For details, call **262-928-5900**.

- Employee Wellness Coach
- Weight Management
- Diabetic Improvement
- Smoking Cessation

Westwood Health and Fitness Center Membership Discounts

- Call **262-650-8000** for more information.
- Go to Collaborate/Marketplace/Discounts for rate information.

On-Site Employee Health & Wellness Clinics

When you have a healthcare need, remember that ProHealth Care offers immediate care services for employees and their dependents age six and older at the employee health & wellness clinics. **Clinics are open from 8 a.m. to 4:30 p.m.** and are located at ProHealth Care's existing occupational health and employee health locations: Waukesha Memorial Hospital and within the ProHealth Medical Group clinics in Brookfield, Mukwonago, New Berlin, Oconomowoc, Sussex, Watertown and Waukesha along Sunset Drive.

The clinics can be used for the following services:

- Upper respiratory and ear infections
- Cuts, scrapes and lacerations
- Sore throat
- Persistent cough
- Viral symptoms
- Pink eye
- Bladder infections
- Minor stomach ailments
- Sprains and strains
- Minor rashes
- Other conditions that typically would be seen in urgent care

Employees using this service will be seen by a nurse practitioner or physician assistant. Providers will diagnose, treat and manage medical conditions that require timely care, but are not serious enough to warrant an emergency department visit.

Walk-in visits are accepted, though appointments are preferred. (Call Employee Health at 262-928-5900 for an appointment). A \$10 copay per visit can be paid by cash, check or credit card. Bring your Aetna medical insurance card to your visit (medical insurance is only billed for services outside of your office visit, such as lab and radiology).



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Virtual Visits

When you need care fast, ProHealth Care's virtual visits provide a convenient, cost-effective option.

The service uses the video and audio connectivity of your mobile device, tablet or desktop computer and your MyChart account to connect you with a ProHealth Care provider in real time. You simply need to be located within Wisconsin and have access to a reliable internet or cellular telephone service provider connection.

Virtual visits are designed to provide primary care for pink eye, bites, stings, urinary problems, coughs or rashes, to name just a few of the conditions treated.

If you are insured through Aetna through the ProHealth Care medical plan, you and your covered dependents, age 6 and older, can take advantage of same-day virtual visits. Parents need to have access to the MyChart accounts of children under 18 to schedule appointments, and they must be present during the visit to e-sign the necessary consents.

Hours of operation:

Monday – Friday 8 a.m. to 8 p.m.

Saturday and Sunday, 8:30 a.m. to 4 p.m.

Cost for ProHealth Care employees and dependents enrolled in the ProHealth Care medical plan: \$10.

Schedule an appointment via the Visit tab in your MyChart account.



E-visits

When you need care for a minor condition, consider ProHealth Care's e-visit option. It's a fast, convenient and low-cost option for treating non-urgent issues such as allergies, colds, eye irritation, low back pain, migraines and rashes.

Here is how it works:

- Log in to your ProHealth MyChart account and select "E-visit" from the menu.
- Select your condition and complete an online questionnaire. You may be asked to upload photos.
- A ProHealth provider will respond promptly with a diagnosis and treatment plan, including a prescription, if one is needed. The care team will review questionnaires from 8 a.m. to midnight, 7 days a week.
- If you're enrolled in one of the medical plans, you can save 65% off the e-visit fee. Enter code PHC65 when prompted and pay only \$10.15 per visit.

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Financial Wellness

PHC offers many resources that can help you become more “financially healthy”. These resources are always available — at your fingertips — to help you become educated about your personal finances.

Transamerica

Your Transamerica retirement planning consultant can diagnose your account, along with any other retirement-related issues you’d like to discuss — with no copay for a visit.

- Assist you with enrollment and answer plan related questions
- Establish a retirement savings goal
- Understand the investment options offered through Transamerica
- Become familiar with Transamerica’s site and retirement planning tools
- Find out more about taking a distribution from your account
- Consolidate your outside retirement plan assets
- Discuss next steps if you are nearing retirement

High Point Capital Group

High Point Capital Group sponsors educational workshops that are designed to help you take charge of your finances and pursue a more comfortable financial future. For more information, call High Point Capital Group at **414-253-4615**.

Matt Loverine, ChFC®, CFS, CASL®, from High Point Capital Group will be presenting at these workshops. Matt has more than 20 years of experience helping people in the community make informed decisions and sound choices with their money.

The workshops will help you understand how to:

- Make your cash work harder
- Better maximize your employer-provided benefits
- Protect your family and your future
- Select appropriate investment vehicles
- Manage the long-term effects of taxes and inflation
- Put a price tag on your retirement and save
- Leave a legacy through estate conservation

Life Matters — Employee Assistance Program

Through our EAP, you have access to financial wellness resources as well.

- Call **800-634-6433** for a free and confidential financial consultation.
- Financial resources and educational information are available at mylifematters.com Password: PHC11.

Lincoln WellnessPATH®

Take charge of your financial life with this easy-to-use online tool that helps you turn information into action. From creating a budget to building an emergency fund to paying down debt, you’ll receive personalized action steps to help you achieve both short- and long-term goals. And, you can link all of your account information in one place so you have a full financial picture.

Visit bit.ly/PHCWellnessPATH to take the initial assessment and get started with customized 20 years advice.

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Schedule your meeting today!

Schedule a one-on-one appointment with a Transamerica Retirement Planning Consultant at transamerica.com/portal/phc (click the schedule button under

PHC Retirement Planning Consultant Team).

Time is valuable — be prepared:

- Bring your Transamerica customer ID and password. Forgot your password? Visit transamerica.com/portal/phc or call **800-755-5801** to retrieve it.
- Bring your account statement.
- For a holistic view, bring any other retirement account statements you have.

The role of the retirement planning consultant is to assist you with your savings and investment plan. There are no fees or commissions for meeting with your retirement planning consultant, who is a registered representative with Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528. ProHealth Care has selected Transamerica Retirement Solutions as your retirement plan provider, but there are no other affiliations between ProHealth Care and Transamerica or its affiliate, TISC.



Download the My TRSRetire app from the App Store or Google Play

- View your account balance and rate of return
- Know Your Retirement Outlook®
- Model ways to improve your forecast and take action



Online Access

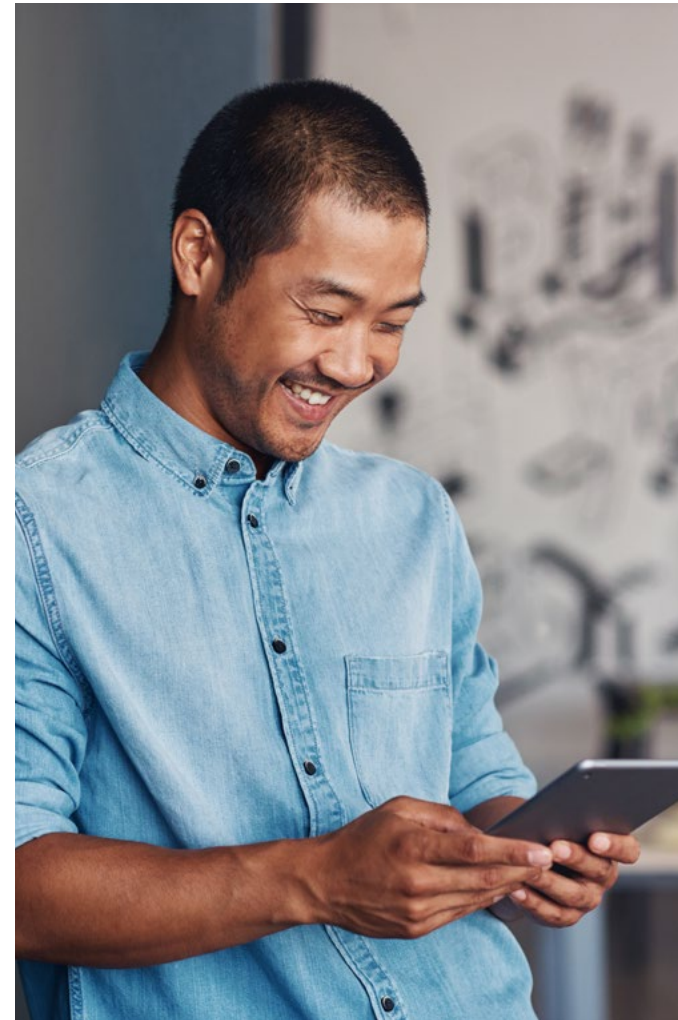
Sign in to review the current status of your account, make changes, and access tools to help you personalize your retirement strategy.



Access By Phone

Our voice-recognition system can provide security and convenience without having to remember a password when you call our Customer Care team. Voice Pass will identify you based on a stored voiceprint as unique as your fingerprint. Once set up, all you'll need to do when you call is repeat the phrase: "At Transamerica, my voice is my password" to access your account.

1. Call **800-755-5801**
2. We'll identify you if you're calling from the phone number we have on file. If you're calling from a different phone number, enter or say your Social Security number.
3. If it's your first time calling, follow the prompts to set up Voice Pass. If you've called us before, we'll ask you to verify your identity using your voice.



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ProHealth Retirement Savings Plan 401(k)

ProHealth Care is pleased to provide its employees with a 401(k) Retirement Savings Plan that provides a hassle-free, easy way to invest for retirement. You may contribute two to 75% of your income up to the annual contribution limits either pre-tax or post-tax (i.e., Roth) or a combination of both. Enroll in the plan by contacting Transamerica at **800-755-5801** or online at transamerica.com/portal/phc.

If you don't actively enroll in the plan or decline enrollment, you will be automatically enrolled in the plan 30 days after your date of hire, date of rehire or upon becoming eligible for the plan. Two percent (2%) of your pay will be deducted from your paycheck each pay period on a pre-tax basis and contributed to your account automatically. If you were rehired, your previous investment elections may no longer be valid. Be sure to update how your new account contributions should be invested on transamerica.com/portal/phc.

Aim to contribute at least 10% of your pay to your account to take full advantage of ProHealth Care's matching contribution. Not doing so will leave money you've earned on the table. ProHealth Care matches 50 cents on the dollar up to 10% of your pay.

Don't forget to name your beneficiaries to ensure your account assets are distributed according to your wishes.

ALEX is an [interactive online tool](#) — with personality — designed to help you better understand and maximize your benefits, including the 401(k) Retirement Savings Plan. ALEX can run the numbers for you so you can make a plan to reach your retirement savings goals.



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ProHealth Retirement Savings Plan 401(k)

ProHealth Retirement Savings Plan

Who can participate?	All employees over age 18 (except employees classified as contractor, leased, temporary, student or intern) are eligible to participate in the plan.
When may I join?	If you're not already enrolled, you can start participating at any time. You may change your deferral rate and investment elections at any time.
How much can I contribute to the plan?	In 2024, you may contribute from 2%-75% of your compensation (on a pre-tax or post-tax basis) up to \$22,500*; if you are 50 years of age or older you may contribute an additional \$7,500.
Does ProHealth Care provide a match?	ProHealth Care will match 50% on the first 10% of your earnings you contribute to the plan. Contributing 10% of your own pay will get you the full company match of 5%, for a combined total of 15%. <ul style="list-style-type: none">• Employees with a 0.5 or greater FTE are eligible for matching contributions.• The employer match becomes 100% vested after three years of service.• The employer match is made each paycheck you make a contribution to the plan.
Can I contribute on a pre-tax and post-tax (i.e., Roth) basis to the plan?	Yes, you can elect to contribute to the plan on a pre-tax, post-tax (Roth) basis or combination of both. You also have the option to convert pre-tax dollars in the plan to Roth contributions. For additional information, contact Transamerica at 800-755-5801 or online at transamerica.com/portal/phc .
Can I stop or change my contributions?	You may increase, decrease or stop your contributions any time online at transamerica.com/portal/phc or at 800-755-5801 . Contribution changes are allowed each payroll and will be processed as soon as administratively possible.
Automatic increase service	The plan offers an auto-increase feature. This feature will automatically increase your 401(k) contributions by a set amount over a time period you choose. Small, gradual increases in savings are easier to adjust to than a big, sudden increase, and in the long run they can make a real difference in your retirement savings. You can enroll in this feature at transamerica.com/portal/phc .
How are plan contributions invested?	You choose how to invest your plan account (your contributions, employer match and any rollover contributions) by selecting from investment options provided under the plan. You may order mutual fund prospectuses online at transamerica.com/portal/phc . You have several options: <ul style="list-style-type: none">• Create your own investment strategy using any combination of plan funds.• Select the Target Date Fund based on your retirement date to establish your investment mix based on a retirement year. Your account will automatically be rebalanced so that it becomes more conservative over time.• Choose a single asset-allocation fund that suits your investment profile.• Enroll in the Managed Advise service. For an additional fee, Transamerica's team of licensed investment advisors will manage the investments within your account. This total retirement solution manages your entire account and offers automatic investment diversification and rebalancing, exclusive access to one-on-one advice from retirement counselors, and more.• Open a Schwab Personal Choice Retirement Account (PCRA). PCRA is a self-directed investment account that allows you to direct purchases and sales within your account. PCRA is designed for individuals who seek more flexibility, increased diversification and a greater role in managing their retirement savings. By establishing a PCRA, you assume responsibility for controlling your investments.

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*Contribution rates are accurate as of the date of publication.

ProHealth Retirement Savings Plan 401(k)

ProHealth Retirement Savings Plan

When can money be withdrawn from my plan account?	Funds may be withdrawn from your plan account due to your: <ul style="list-style-type: none">• Retirement• Disability• Death• Separation from service• Hardship withdrawal request• Loan request• In-service withdrawal beginning at age 59½
Can I withdraw my vested balance from my 401(k) account before I retire?	You may withdraw funds at age 59½ or for a financial hardship, as defined in the plan.
If I leave ProHealth Care, what happens to my plan account?	You are always entitled to the value of your contributions and rollover contributions. If you leave employment before three years of service, you will forfeit any employer contributions. You have three options for your vested money: <ul style="list-style-type: none">• Leave it in the ProHealth Retirement Savings Plan.• Roll it into another qualified retirement savings plan with a new employer or a personal IRA.• Take the money as income, subject to applicable taxes and possible penalties, in a single lump sum or in partial payments.
How do I obtain information about my plan account?	You will receive a personalized account statement quarterly. The statement shows your account balance as well as any contributions and earnings credited to your account during the reporting period. You can get up-to-date information about your account balance, contributions, investment choices and other plan data by contacting Transamerica at 800-755-5801 or online at transamerica.com/portal/phc .
How often can I change my investment elections?	Investment elections may be changed at any time by contacting Transamerica at 800-755-5801 or online at transamerica.com/portal/phc . Transfers among investment options may be made at any time and may be subject to certain restrictions.
How do I enroll in the plan?	Please contact Transamerica at 800-755-5801 or online at transamerica.com/portal/phc .
How do I elect and change my beneficiary information?	It is very important that you designate at least one beneficiary for your retirement account so your assets can be distributed according to your wishes upon your death. Sign in to transamerica.com/portal/phc . Under the Home menu, click Beneficiaries and follow the prompts. You will need the beneficiary's Social Security number, date of birth and address to complete the process. Please note that if you are married and wish to designate someone other than your spouse as a primary beneficiary, notarized consent from your spouse is required.
Where can I get more details on the ProHealth Retirement Savings 401(k) Plan?	The Summary Plan Description is available on Collaborate-Human Resources/Retirement Benefits. If you prefer a paper copy, contact Human Resources at HRTotalRewards@phci.org .
Who can I contact if I have questions?	For information about the ProHealth Retirement Savings 401(k) Plan, your account balance, investment options, retirement planning tools and more, visit Transamerica at transamerica.com/portal/phc , or call 800-755-5801 .
How do I make an appointment to meet one-on-one with a Transamerica representative?	Schedule a one-on-one appointment with a Transamerica Retirement Planning Consultant at transamerica.com/portal/phc (click the schedule button under PHC Retirement Planning Consultant Team) or go to Human Resources collaborate site > Human Resources > Retirement Resources > Schedule Retirement Planning Appointment. The Transamerica consultant can assist you with enrollment, answer plan-related questions, help you establish a retirement savings goal, explain the plan's investment options, and help you become familiar with your retirement site and available retirement planning tools.

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Auto and Home Insurance

ProHealth Care makes Farmers GroupSelectSM Auto & Home group insurance program available to you as a voluntary benefit, giving you access to special group discounts on auto and home insurance as well as a variety of other insurance policies (personal excess liability, boat, condo renter, motor home, recreational vehicle, motorcycle).

Since everyone's insurance policies renew at different times during the year, you may apply for group auto and home insurance at any time. Coverage is 100% portable, so even if you change jobs you can take your policy with you.

For additional information about Farmers GroupSelectSM Auto & Home's group program, including an insurance review and free quotes, call **800-438-6381** or go to myautohome.farmers.com. Have your current policies with you when you call.

Employee Discount Program

ProHealth Care has partnered with PerkSpot to help save you and your family money with discounts on a wide range of products and services from some of the best nationally known companies. You will need to register with PerkSpot to get the exclusive discounts. After you register you will get access to the existing savings on popular brands, retailers, restaurants, salons, fitness clubs, sporting events and more!

To take advantage of the employee discount program, complete the following steps:

1. Create an account at prohealth.perkspot.com. You may use your ProHealth Care email or your personal (home) email address. PerkSpot will then send all communications to the email address you register with. Note: If you create your account using your personal (home) email address, you will need to enter in the company password: prohealth.
2. Click *Create an Account* to register for the site.
3. Enter the requested information and click *Register*.
4. You will receive a confirmation email with a link to validate your registration.
5. Once your registration is validated, click the link to *Sign in* with your email address and password.

All questions about the employee discount program and for assistance logging into the website, contact PerkSpot at **312-962-2813**.

Critical Illness Insurance

Critical Illness Insurance provides you with a lump-sum benefit payment to be used at your discretion in the event you experience one of many covered conditions, like:

- Heart attack
- Stroke
- Major organ transplant
- Cancer
- Kidney failure

For more information, go to ProHealth Care's *Collaborate-Human Resources/I Want to Learn About My Total Rewards & Benefits Information/Voluntary Benefits*.

Accident Insurance

Accident insurance pays you a benefit in the event you or your covered family members are injured in an accident. It is not a replacement for medical coverage. Accident insurance provides you with comprehensive insurance coverage for initial care, injuries, treatment and follow-up care. For more information go to ProHealth Care's *Collaborate-Human Resources/I Want to Learn About My Total Rewards & Benefits Information/Voluntary Benefits*.

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Hospital Indemnity Insurance

Hospital Indemnity Insurance pays a cash benefit to help you with unexpected bills resulting from a covered hospital stay.

Coverage is available to you, your spouse and dependent children, and there are no medical questions to answer when signing up. It's also portable, meaning you can take the coverage with you if you change jobs or retire (with certain stipulations).

For more information, go to ProHealth Care's *Collaborate-Human Resources/I Want to Learn About My Total Rewards & Benefits Information/Voluntary Benefits*.

Pre-Paid Legal

Signing contracts, preparing legal documents, buying or selling real estate, and dealing with identity theft are all critical and potentially stressful times when we could benefit from having professional legal assistance. ProHealth Care offers LegalGUARD that can help you take control of your legal and financial matters with fewer worries. For more information, go to legaleaseplan.com/prohealthcare or ProHealth Care's *Collaborate-Human Resources/I Want to Learn About My Total Rewards & Benefits Information/Voluntary Benefits*.

Identity Theft Protection

You have access to identity theft protection through Allstate. Coverage is for your whole household, plus senior family members. There are two options: the Protection Pro+ plan or the Protection Pro+ Cyber plan. Both offer comprehensive identity and financial monitoring; the Protection Pro+ Cyber plan includes cyber protection for up to 10 devices. For more information, go to ProHealth Care's *Collaborate-Human Resources/I Want to Learn About My Total Rewards & Benefits Information/Voluntary Benefits*.

Pet Insurance

MetLife Pet Insurance plans offer a range of benefit amount options, chronic care coverage and optional preventive coverage for your entire pet family.

You can customize your deductible and reimbursement rates so they work best for your pet's needs and your budget. And when your pet needs preventive or other medical care, visit any licensed provider — there's no network to worry about.

To get a personalized quote, call 1-800-GET-MET8 (438-6388) or visit metlife.com/getpetquote.

Note: Enroll for this coverage directly with MetLife, rather than through Employee Self-Service. Premiums are paid directly to MetLife (no paycheck deductions).

Virtual Pet Care

Use Petzey for 24/7 quality pet care you can trust. Connect with a vet professional in minutes for only \$20 per consultation per pet.

For more information, visit petzey.com.

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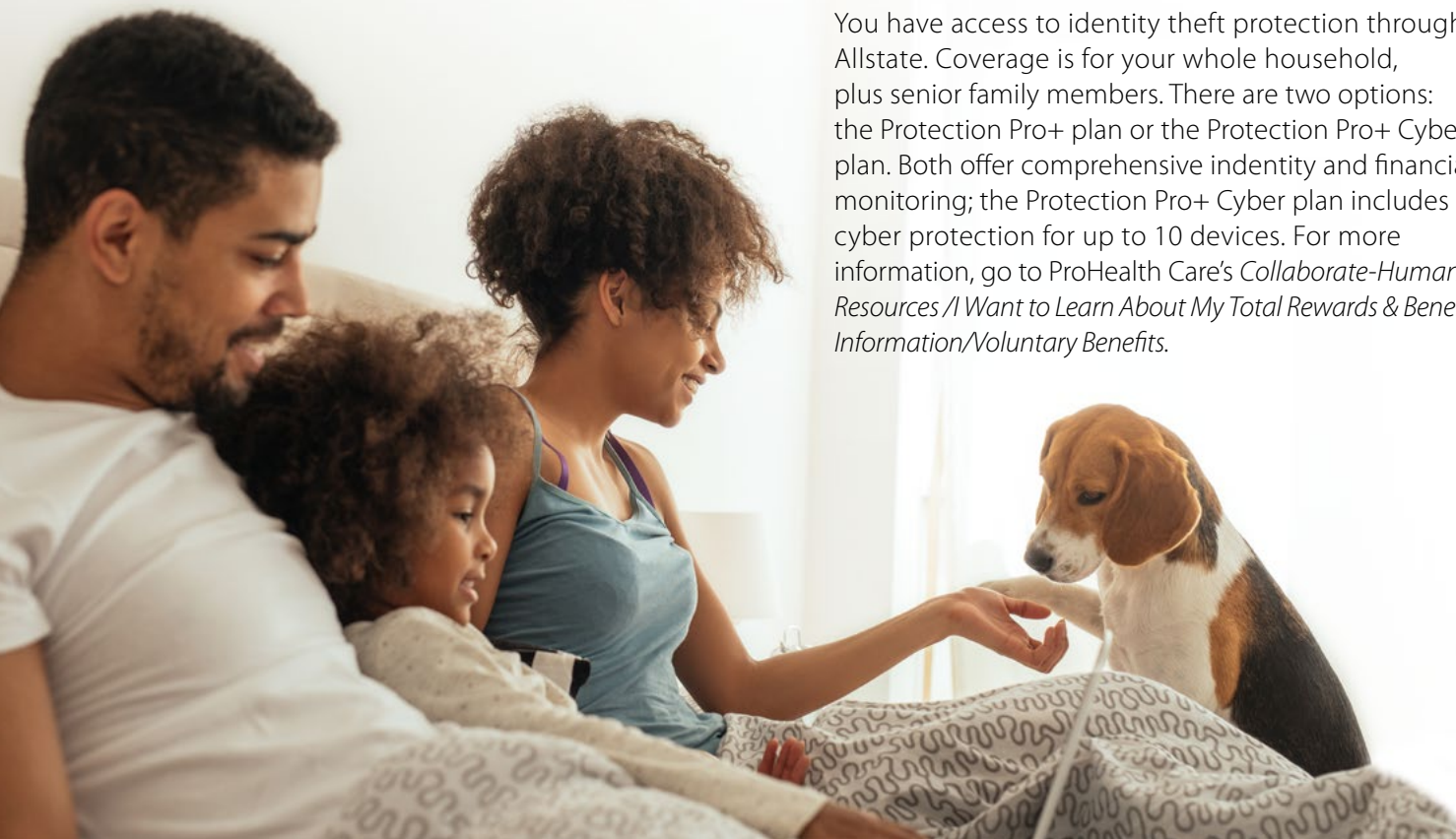
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Paid Time Off (PTO)

The Paid Time Off (PTO) program is a system that provides an accrued bank of hours from which an employee must draw to receive pay when they don't meet their normally scheduled work hours. This bank combines traditional vacation, holiday and short-duration sick time into a single paid account, which must be used for planned days off and short illnesses. PTO is not used for jury duty and bereavement pay. Use of PTO must be properly scheduled and approved in advance by department management. Employees on Family Medical Leave (FMLA) should consult with Lincoln Financial Group regarding their use of PTO prior to the leave.

- PTO may be used in increments of 15 minutes or more for hourly employees. Exempt employees may take PTO in increments of 1 hour with a 4-hour minimum.
- The first 7 consecutive days of a STD leave (Qualifying or Non-Qualifying Family Medical Leave) may be paid from this account for all employees.
- Employees with PTO time available are required to use PTO when vacation time, holiday time or individual sick days are used.
- When an employee is given Approved Time Off (ATO), they are not required to use PTO.

Eligibility

Employees who have a full-time equivalent (FTE) equal and/or greater than a 0.5 are eligible to accrue PTO.

PTO may be accumulated from year to year, not to exceed the established maximum number of hours based upon years of service. Once the maximum hours are reached, your accrual will stop until your balance is below the limit.

PTO is calculated on hours worked times accrual rate based on your years of service. See chart below.

Holidays

Legal holidays are included in PTO accruals and include New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. During the pay periods in which these days fall, an employee is required to use appropriate PTO time to ensure they meet their required scheduled hours. If an employee does not work the legal holiday but accepts an additional shift, no PTO time is required for use.

Paid Time Off (PTO)					
Years of Service	0-4	5-9	10-14	15-19	20+
PTO Accrual Rate (per hour worked)	.0885	.1077	.1231	.1347	.1385
PTO Days	23	28	32	35	36
PTO Hours	184	224	256	280	288
Maximum Hours Allowable in PTO Bank	184	224	256	280	288

Your PTO balance can be found on [Employee Self-Service](#) (ESS).

EXAMPLE		
	Employee A	Employee B
Years of Service	3	10
Hours Worked*	40	48
PTO Hours Accrued*	40 x .0885 = 3.54	48 x .1231 = 5.9

*Per Pay Period



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Tuition Reimbursement

ProHealth Care offers Tuition Reimbursement to help continually develop the organization’s human resources. We encourage you to continue to pursue post-secondary educational programs and degrees directly related to your job or toward advancement within the organization.

Eligibility

Applicants must be employed on a full-time, 7-70, regular part time or part time (minimum .2 FTE hired status) and have completed three months of employment with ProHealth Care prior to beginning of the course.

Reimbursement

The maximum reimbursement provided for any one employee is \$2,500 per fiscal year (October 1 – September 30) based on the date that the reimbursement is received. Financial reimbursement will be prorated on covered expenses at 80% for full-time staff, 60% for regular part-time employees and 40% for part-time employees (minimum .2 FTE).

As the labor market — and our industry — continues to change and the need for certain roles continues to expand, ProHealth Care needs to make sure that our tuition reimbursement benefit aligns to the changes in the market. As a way to further develop our employees in their nursing careers and encourage enhanced educational opportunities, employees pursuing ADN, BSN and MSN degrees are eligible for tuition reimbursement up to \$4,000.

The amount of eligible reimbursement will be determined using the status of the employee at the completion of each individual course or semester.

Partnerships

ProHealth Care has partnerships with several universities to help you receive discounts on your tuition. Contact the university with any questions.

- Chamberlain University
- Benedictine University
- DeVry University
- Herzing University
- Mount Mary RN to BSN Program
- Olivet Nazarene University
- Ottawa University
- Western Governors University
- Concordia University

For more information, go to ProHealth Care’s *Collaborate-Human Resources/I Want to Learn About Career Development/Learn About Tuition Reimbursement/University Partnerships*.



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New hires: You will owe premiums back to the date you coverage was effective. Any missed deductions are caught up on the next available paycheck.

Medical

Full-time Employee	ProHealth PPO		ProHealth High-Deductible	
	Non Discounted Rate**	Discounted Rate	Non Discounted Rate**	Discounted Rate
Employee Only	\$147.00	\$109.50	\$90.50	\$53.00
Employee + Child(ren)	\$235.50	\$198.00	\$133.00	\$95.50
Employee + Spouse*	\$307.50	\$232.50	\$187.50	\$112.50
Employee + Family*	\$387.00	\$312.00	\$226.00	\$151.00

Regular Part-time Employee	ProHealth PPO		ProHealth High-Deductible	
	Non Discounted Rate**	Discounted Rate	Non Discounted Rate**	Discounted Rate
Employee Only	\$225.50	\$188.00	\$129.00	\$91.50
Employee + Child(ren)	\$377.50	\$340.00	\$202.00	\$164.50
Employee + Spouse*	\$474.00	\$399.00	\$268.50	\$193.50
Employee + Family*	\$610.50	\$535.50	\$334.50	\$259.50

* PLEASE NOTE: If your spouse is eligible for another employer's medical plan and you insure him or her under the ProHealth Care plan, you will pay an after-tax surcharge of \$75.00 biweekly. This does not apply to spouses who do not have other employer-based coverage available.

** For plan year 2024, a negative nicotine test result is the only requirement to qualify for the discounted medical premiums.

Dental

	Delta Dental Plus Plan		Delta Dental Base Plan	
	Full-Time	Regular Part-Time	Full-Time	Regular Part-Time
Employee Only	\$8.50	\$13.00	\$4.00	\$8.50
Employee + Child(ren)	\$17.50	\$27.50	\$8.50	\$18.50
Employee + Spouse	\$19.00	\$28.50	\$9.50	\$19.00
Employee + Family	\$28.50	\$42.00	\$14.00	\$27.50

Vision

	Biweekly Rates	
	VSP Base Plan	VSP Plus Plan
Employee Only	\$2.42	\$6.00
Employee + Child(ren)	\$5.16	\$12.87
Employee + Spouse	\$4.83	\$12.03
Employee + Family	\$8.26	\$20.56

Note: Deductions will be taken the first two pay dates of any month. It is your responsibility to review the benefit deductions on your paycheck stub for accuracy and report any issues to Human Resources for resolution.

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Voluntary Employee and Spouse Life

Biweekly Rates		
Age	Non-Smoker Rate Per Pay Period Rate Per \$1,000	Smoker Rate Per Pay Period Rate Per \$1,000
0-24	\$0.0235/\$1,000	\$0.0270/\$1,000
25-29	\$0.0235/\$1,000	\$0.0300/\$1,000
30-34	\$0.0320/\$1,000	\$0.0430/\$1,000
35-39	\$0.0365/\$1,000	\$0.0480/\$1,000
40-44	\$0.0365/\$1,000	\$0.0505/\$1,000
45-49	\$0.0600/\$1,000	\$0.0805/\$1,000
50-54	\$0.0965/\$1,000	\$0.1230/\$1,000
55-59	\$0.1810/\$1,000	\$0.2150/\$1,000
60-64	\$0.2525/\$1,000	\$0.3315/\$1,000
65-69	\$0.5295/\$1,000	\$0.6350/\$1,000
70+	\$0.9685/\$1,000	\$1.1020/\$1,000

Example:
 $\$150,000 \text{ (coverage amount)} / 1,000 \times .060 \text{ (age 45-49 nonsmoker)} = \$9.00 \text{ per pay period.}$

Dependent Life Insurance

Biweekly Rates
\$0.80

Note: Deductions will be taken the first two pay dates of any month. It is your responsibility to review the benefit deductions on your paycheck stub for accuracy and report any issues to Human Resources for resolution.





Voluntary Long Term Disability

Premium: (\$0.00515 X Annual Salary) / 24 pay periods





Voluntary Accidental Death and Dismemberment

Coverage amount/1,000 X .0075 = per pay period amount

Accident

Biweekly Rates		
	Sun Life Low Plan	Sun Life High Plan
 Employee Only	\$3.07	\$4.75
 Employee + Child(ren)	\$5.98	\$9.86
 Employee + Spouse	\$5.13	\$8.41
 Employee + Family	\$8.04	\$13.52

Hospital Indemnity

Biweekly Rates	
 Employee Only	\$7.77
 Employee + Child(ren)	\$12.84
 Employee + Spouse	\$16.44
 Employee + Family	\$21.50



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Critical Illness

Biweekly Rates					
	Age	\$10,000	\$20,000	\$30,000	\$40,000
 Employee	0-29	\$1.75	\$3.50	\$5.25	\$7.00
	30-39	\$2.65	\$5.30	\$7.95	\$10.60
	40-49	\$5.60	\$11.20	\$16.80	\$22.40
	50-59	\$11.05	\$22.10	\$33.15	\$44.20
	60-69	\$17.30	\$34.60	\$51.90	\$69.20
	70+	\$31.00	\$62.00	\$93.00	\$124.00
 Spouse	0-29	\$1.75	\$3.50	\$5.25	\$7.00
	30-39	\$2.65	\$5.30	\$7.95	\$10.60
	40-49	\$5.60	\$11.20	\$16.80	\$22.40
	50-59	\$11.05	\$22.10	\$33.15	\$44.20
	60-69	\$17.30	\$34.60	\$51.90	\$69.20
	70+	\$31.00	\$62.00	\$93.00	\$124.00
		\$5,000	\$10,000	\$15,000	\$20,000
 Child(ren)		\$0.23	\$0.45	\$0.68	\$0.90

Note: Deductions will be taken the first two pay dates of any month. It is your responsibility to review the benefit deductions on your paycheck stub for accuracy and report any issues to Human Resources for resolution.

Identity Theft Protection

Biweekly Rates		
	Protection Pro+	Protection Pro+ Cyber
 Employee Only	\$2.50	\$3.50
 Family	\$5.00	\$7.00

Pre-Paid Legal

Biweekly Rates*	
LegalGUARD	
	\$8.66

*Includes spouse and dependents (to age 26 if enrolled as full-time students)

Pet Insurance

To get a personalized quote, call 1-800-GET-MET8 (438-6388) or visit metlife.com/getpetquote.

Note: Enroll for this coverage directly with MetLife, rather than through Employee Self-Service. Premiums are paid directly to MetLife (no paycheck deductions).

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ALEX (Get help choosing your benefits)		N/A	start.myalex.com/prohealthcare
Medical/Prescription Drug Plans	Aetna ProHealth Care Retail Pharmacies • Oconomowoc ProHealth Pharmacy • Pewaukee ProHealth Pharmacy • Waukesha ProHealth Pharmacy • Mukwonago Pharmacy	800-414-0766 262-569-0284 262-696-0919 262-928-2279 262-521-7410	Member Registration: aetna.com
Medical Provider Network	WIDS	262-928-4767	widsnetwork.phci.org
Employee Health & Wellness Clinics (For employees enrolled in ProHealth Care's medical plan)		262-928-5900	
Employee Assistance Program	Empathia LifeMatters	800-634-6433	https://mylifematters.com (password PHCI1)
Flexible Spending Accounts (FSA)/ Health Savings Account (HSA)	PayFlex	888-678-8242	payflex.com
Dental Plan	Delta Dental	800-236-3712	deltadentalwi.com Note: This Delta Dental link only works with Microsoft Edge, Google Chrome, or Mozilla Firefox.
Vision Plan	Vision Service Plan (VSP)	800-877-7195	vsp.com
<ul style="list-style-type: none"> • Company-Provided Life and Accidental Death and Dismemberment (AD&D) • Voluntary Life and AD&D 	Lincoln Financial Group	855-818-2883	https://lfg.benselect.com/prohealth3
FuneralPrep	Lincoln FuneralPrep	N/A	lincolnfuneralprep.com
Additional services for those enrolled in life insurance with Lincoln Financial Group <ul style="list-style-type: none"> • Online will preparation • Identity theft protection • Guidance and support for beneficiaries 	LifeKeys	855-891-3684	GuidanceResources.com (First-time user: Enter Web ID LifeKeys)

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Short Term Disability, Long Term Disability, and Family Medical Leave of Absence (FMLA)	Lincoln Financial Group	800-423-2765	https://www.lfg.com
401(k) Plan	Transamerica • Record Keeper • On-site Retirement Planning Consultant	800-755-5801	transamerica.com/portal/phc
		319-355-2983	transamerica.com/portal/phc (PHC Retirement Planning Consultant Team > Schedule)
Financial Planning Consultant	High Point Capital, Matt Loverine	414-253-4615	mloverine@highpointcapitalgroup.com
Student Loan Refinancing	SoFi	855-456-SOFI (7634)	sofi.com Email: CustomerService@sofi.com
Critical Illness, Accident and Hospital Indemnity Insurance	SunLife	800-247-6875	sunlife.com/us
Pre-Paid Legal	LegalEASE	800-248-9000	legaleaseplan.com/prohealthcare
Identity Theft Protection	Allstate	800-789-2720	myaip.com Email: customercare@aip.com
Auto/Home Insurance	Farmers GroupSelect SM	800-438-6381	myautohome.farmers.com
Employee Discount Program	PerkSpot	312-962-2813	prohealth.perkspot.com
Pet Insurance	MetLife Pet Insurance	800-GET-MET8 (438-6388)	metlife.com/pet/getpetquote
	Petzy	N/A	petzy.com
Benefit Questions		262-928-4185	HRTotalRewards@phci.org
Update your personal information	SuccessFactors	N/A	https://sf.phci.org
Log on to ESS to: • Enroll in benefits • View your paychecks • Change direct deposit & tax info • View your available PTO time • View your W-2 and 1095C	Employee Self Service (ESS)	N/A	https://ess.phci.org

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Please refer to the [2024 ProHealth Care Annual Notices](#) for complete information on the health care rights listed below.

- Summary Annual Report (SAR)
- Women's Health and Cancer Rights Act of 1998
- When You Can Change Your Coverage
- Special Enrollment Rights
- Summary of Benefits and Coverage (SBC)
- Important Notice from ProHealth Care, Inc. About Your Prescription Drug Coverage and Medicare
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Wellness Program Disclosure
- Summary Plan Documents and Annual Reports
- Illinois Essential Health Benefit (EHB) Listing
- ProHealth Care Health, Dental and Vision Plan Notice of Privacy Practices
- Communicating with Patient with Limited English Proficiency

Prescription Drug Coverage and Medicare Part D: 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 see the [2024 ProHealth Care Annual Notices](#) for more details. Keep this notice where you can find it. It has information about your current prescription drug coverage with ProHealth Care, Inc. and about your options under Medicare's prescription drug coverage.

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