

# BENEFITS GUIDE



# 2025

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This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.



# Eligibility and Enrollment

Phelps Health cares about you and your family. We offer a comprehensive benefits program that allows you to choose the benefits that are best for you. This guide provides an overview. Please review your plan documents for more details.

## New Hire Enrollment

Newly hired employees have 30 days from date of hire to enroll in benefits. All benefit elections become effective on the first of the month following 30 days after date of hire.

## Annual Enrollment

Annual enrollment is your opportunity to review your benefits and make changes for the next plan year. You can add, change, or decline coverage and add or drop family members.

## Changing Benefits Mid-Year

Once you make your elections, you won't be able to change them until next year's annual enrollment, unless you experience a qualifying life event. Examples of qualifying events:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

You must make changes to your benefits within 30 days of your qualifying life event. If you miss the deadline, you may have to wait until next year's annual enrollment.

As you complete your enrollment through the Workday enrollment platform, be sure to verify the address for each of your dependents.

## Benefits Eligibility

### Covering Yourself

You may only enroll in the Medical and Dental benefits programs if you're a regular full-time or part-time employee actively working at least 24 hours per week. You may enroll in all other voluntary benefits programs if you are working at least 16 hours per week.

### Covering Your Family Members

#### ELIGIBILITY DOCUMENTATION

Please be prepared to share dependent eligibility documents depending on your benefit elections upon request. Examples of some documents that may be requested are marriage certificates, birth certificates, court orders, etc.

Eligible dependents generally include your legally married spouse and children up to age 26. This includes natural and adopted children, step-children, and children for whom you are the court-appointed legal guardian. Some age limitations may apply to specific insurance programs.

**Please note, spouses of employees who have access to their own employer-sponsored health plan are not eligible to enroll in Phelps' medical plans.**

# Medical and Prescription Plan

You have the option of choosing one of two medical plans. Our plans offer coverage for most healthcare services. When you receive care in-network, you benefit from our negotiated discounts with the Cox Health network.

## Features of Both Plans

- Access to the Phelps/Cox Health network
- Access to MedImpact's broad network for pharmacy
- Coverage for routine preventive care at 100%

## Premium Plan—Traditional PPO Features

- Higher per-paycheck premiums with lower deductible
- Flat dollar copays for prescription drugs
- Flat dollar copays for primary and specialty doctor's office visits
- Eligible to participate in the Flexible Spending Account (FSA)

## High Deductible Plan Features

- Lower per-paycheck premiums with higher deductible, which allows you to pay for care when you need it
- ACA-mandated services are covered at 100%
- Eligible to participate in the Health Savings Account (HSA)

The prescription plan is now covered by MedImpact. The formulary may be different, and impacted members will be notified.

## WHAT IS A NETWORK?

Your plan contracts with a group of providers for discounted rates. You will almost always pay less when you receive care from these in-network providers. To find a Level 1 or Level 2 in-network provider, visit [www.goperspecta.com/pdn/pcrmc](http://www.goperspecta.com/pdn/pcrmc).

If you choose to see a Tier 3 provider (out of network) you may be balance billed, which means you will be responsible for charges above Luminare's reimbursement amount.

## SUMMARY OF PLAN TIERS

- Tier 1: Phelps domestic providers & select Cox Health providers
- Tier 2: Cox Health & SSM providers
- Tier 3: Out of network providers

## ID CARDS

All medical plan enrollees will receive a new ID card for 2025. You will receive your new ID card in the mail, but you can also access your Luminare ID card anytime via the myLuminareHealth mobile app or [myLuminareHealth.com](http://myLuminareHealth.com) portal.

# Luminare Health Member Site

To get the most out of your member experience, Luminare's member site at [www.myLuminareHealth.com](http://www.myLuminareHealth.com) where you can:

- View your ID card
- Review claims information

## Bi-Weekly Medical Plan Premiums

Full-Time Employees	PPO Plan	High Deductible Plan
Employee	\$78.95	\$56.07
Employee + Spouse	\$187.10	\$143.00
Employee + Child(ren)	\$174.12	\$132.84
Family	\$262.80	\$193.02

Part-Time Employees	PPO Plan	High Deductible Plan
Employee	\$157.90	\$135.02
Employee + Spouse	\$374.20	\$330.11
Employee + Child(ren)	\$348.24	\$306.96
Family	\$525.61	\$455.82

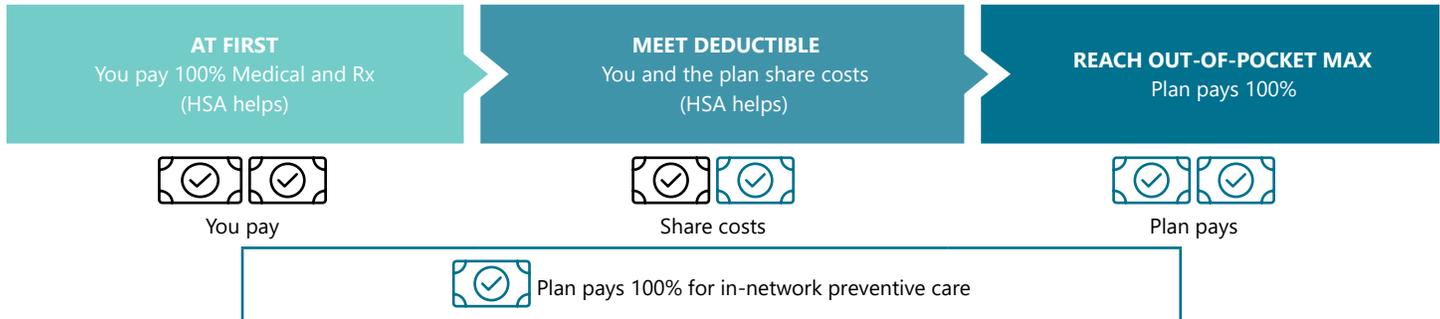
### IMPORTANT INSURANCE TERMS

- **Deductible:** the amount of money you're responsible for paying upfront before your plan shares your costs
- **Coinsurance:** the percentage you and the plan pay; in our plans, you pay a smaller percentage and the plan pays a larger percentage
- **Copay:** a fixed amount for certain services you pay in some of our plans
- **Out-of-pocket maximum:** the limit on your expenses; once you reach this limit, the plan covers all eligible expenses for the remainder of the plan year



# How a High-Deductible Health Plan Works

We offer a high deductible plan option alongside a traditional PPO option. Here's an overview of how a high deductible plan works—and how these plans differ from the traditional PPO plan.



## ... and How it Compares to a PPO

### How They're Alike

**You choose providers from a network.** Like PPOs, HDHPs have a network of providers. You can choose any provider you like, but you'll almost always pay less when you use providers and facilities in the network. Both plan options utilize the same Phelps/Cox health network, with Tier 1 and Tier 2 provider options.

**You pay nothing for preventive care.** Both HDHPs and PPOs cover in-network preventive care at 100%; at Tier 1 and Tier 2 so you don't have to pay a deductible.

### How They're Different

**You pay the full cost for other services until you reach the deductible.** With an HDHP, you pay the full cost when you visit the doctor, get a test, or pick up a prescription. When your cumulative out-of-pocket costs meet the deductible, the High Deductible plan starts paying 90% for Tier 1 care, and 70% for Tier 2 care (same as the PPO plan cost shares). If you reach the out-of-pocket maximum—and most people never do—the plan pays 100%.

With a PPO, you pay less upfront, because you only pay a copayment when you go to the doctor or get a prescription.

**A Health Savings Account can help you save money.** With an HDHP, you can enroll in a Health Savings Account or HSA. It is like a bank account where you set aside money to help pay those upfront costs.

PPOs don't include an HSA.

**HDHP premiums are lower.** Premiums for an HDHP are typically lower than those for a PPO. That's the tradeoff for having to pay most costs upfront.

### The Bottom Line

The HDHP puts you in the driver's seat, giving you more options to manage your care and save money. In most cases, employees pay less for an HDHP because of the lower premiums. Many never reach the deductible, and their total costs for the year are less than those for a competitively priced PPO.

## Medical Plan Details

	PPO Plan			High Deductible Plan		
	Tier 1 Phelps Health & Cox	Tier 2 Cox Health & SSM	Tier 3 Out-of-Network	Tier 1 Phelps Health & Cox	Tier 2 Cox Health & SSM	Tier 3 Out-of-Network
<b>Calendar Year Deductible</b>						
Individual	\$600	\$1,200	\$2,400	\$1,650	\$3,000	\$5,000
Family	\$1,200	\$2,400	\$4,800	\$3,300	\$6,000	\$10,000
<b>Out-of-Pocket Maximum (includes deductible)</b>						
Individual	\$3,000	\$5,500	\$10,000	\$3,000	\$5,500	\$10,000
Family	\$6,000	\$11,000	\$20,000	\$6,000	\$11,000	\$20,000
<b>Physician Office Visits</b>						
Preventive Care	Covered at 100%	Covered at 100%	50% coinsurance	Covered at 100%	Covered at 100%	50% coinsurance
Primary Care Visit	\$25 copay	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Specialist Visit	\$25 copay	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Urgent Care	\$50 copay	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
<b>Hospital Services</b>						
Inpatient	10% coinsurance	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Outpatient	\$25 copay	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Emergency Room	\$250 copay	\$250 copay	\$250 copay	10% coinsurance	10% coinsurance	10% coinsurance
<b>Prescription Drugs</b>						
<b>Please note:</b> for the HSA-qualified plans, all prescription drug expenses are subject to the medical deductible. Once you meet your deductible, copays or coinsurance will apply.						
Generic	\$15 copay	\$25 copay	Not covered	\$15 after deductible	\$25 after deductible	Not covered
Preferred Brand	\$40 copay	\$60 copay	Not covered	\$40 after deductible	\$60 after deductible	Not covered
Non-Preferred Brand	\$55 copay	\$90 copay	Not covered	\$55 after deductible	\$90 after deductible	Not covered
Specialty	20% to \$250 max	Not covered	Not covered	20% to \$250 max	Not covered	Not covered
<b>Mail Order</b>						
Generic	\$25 copay	Not covered	Not covered	\$25 after deductible	Not covered	Not covered
Preferred Brand	\$60 copay	Not covered	Not covered	\$60 after deductible	Not covered	Not covered
Non-Preferred Brand	\$90 copay	Not covered	Not covered	\$90 after deductible	Not covered	Not covered
Specialty	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

With family coverage in the PPO plan, the individual deductible and out-of-pocket maximum apply to each individual on the plan. When an individual satisfies the individual deductible, the plan begins covering their expenses. Once a combination of family members satisfies the full family deductible and out-of-pocket maximum, the plan begins covering all family members' eligible expenses.

With family coverage in the High Deductible plan, the individual deductible will never apply. You or a combination of you and your family members must satisfy the full family deductible before the plan begins paying coinsurance. With family coverage, the out-of-pocket maximum will apply to each individual on the plan. When an individual satisfies the individual out-of-pocket maximum, the plan begins covering their expenses.

# Health Savings Account (HSA)

A health savings account (HSA) is a tax-favored personal savings account that works with your high deductible health plan. You can use it to pay qualified medical expenses such as deductibles, copays, dental, and vision care. For a complete list of qualified medical expenses, see IRS Publication 502 at [www.irs.gov](http://www.irs.gov).

An HSA is similar to a checking account; you must have money in the account in order to use it. If you don't have funds in your HSA and must pay out-of-pocket with cash or another bank account, you can reimburse yourself from the HSA at a later date when the funds are available.

## HSA Major Benefits

- Your account always belongs to you; you can take it with you when you leave or retire.
- Your balance rolls over from year to year.
- Contributing lowers your taxable income.
- The account helps you build a healthcare nest egg for emergencies or retirement.

## Triple Tax Savings

- Tax deduction when you contribute to your account.
- Tax-free earnings through investment.
- Tax-free withdrawal for qualified expenses.

### 2025 HSA Funding Limits

Coverage Level	Limit
Individual Coverage	\$4,300
Family Coverage	\$8,550
Age 55 or Older	Contribute an additional \$1,000 on top of these amounts

## Opening an HSA

We partner with Health Equity for our HSA program. Visit [myHealthEquity.com](http://myHealthEquity.com) or call **866.346.5800** to access your account.

### HSA ELIGIBILITY

You may open and contribute to an HSA if you're enrolled in the High Deductible Plan and you:

- Are not enrolled in a traditional PPO plan through your spouse or other employer-sponsored plan options.
- Are not enrolled in a government-sponsored program (Medicare, Medicaid, Tricare, etc.).
- Have not received VA benefits within the last three months (unless for a service-related disability).
- Are not claimed as a dependent on someone else's tax return.
- Do not have a healthcare FSA; your spouse also cannot have a healthcare FSA through their own employer.



# Flexible Spending Accounts (FSAs)

Flexible spending accounts (FSAs) allow you to set aside pre-tax dollars from your paycheck to cover qualified expenses you would normally pay out of your pocket. We offer two types of FSAs, administered by Paylocity.

## Healthcare FSA

The Healthcare FSA helps you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. The maximum contribution to the Healthcare FSA is defined by the IRS each calendar year; the maximum amount for 2025 is \$3300.

Funds you elect to contribute to the Healthcare FSA are available in full on the first day of the plan year. For example, if you elect to contribute \$1,000, your full election is available on day 1. You'll continue to pay for the election pre-tax from your paycheck throughout the plan year.

If you enroll in the PPO plan (or no medical plan at Phelps), you are eligible to contribute to the Healthcare FSA.

## Dependent Care FSA

The dependent care FSA helps you pay for dependent care. The 2025 maximum you can contribute is up to \$5,000 (or \$2,500 if married and filing separately per plan year in 2024). Your account works like a debit card; you need to accumulate the funds before you can use them. You are eligible to contribute to the Dependent Care FSA regardless of your medical plan election.

## Rollover

At the end of each calendar year, you can roll over unused funds in your Healthcare FSA to be used the following year per IRS guidelines. The rollover maximum for 2025 is up to \$660.

### ELIGIBLE EXPENSES

#### Healthcare FSA

- Doctor's visit copays
- Prescription drug copays
- Medical and dental deductibles
- Over-the-counter medications (with a written prescription)
- Dental cleanings
- Hearing aids
- Eyeglasses and eye exams

#### Dependent Care FSA

- Child or adult daycare\*
- Nursery school
- Preschool (excluding kindergarten)

\* An eligible dependent is a tax dependent child under age 13 or a tax dependent spouse, parent, or child unable to care for themselves.

# HSA vs. Healthcare FSA: Which is Right for You?

Health Savings Accounts (HSAs) and Healthcare Flexible Spending Accounts (FSAs) are two ways to save pre-tax money to pay for your eligible healthcare costs. But how do you know which one is right for you? They look a lot alike, and you need to know the differences.

Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)
Only available with Phelps' High Deductible Plan.	Best paired with a PPO.
An HSA is a permanent bank account that's yours to keep, even if you leave the company or retire.	An FSA is only available while you're actively employed at the company.
You don't have to use the money in your account right away. You can save it for the future.	You can rollover up to the maximum allowed per IRS guidelines each year. The max for 2025 is \$660.
You can only use what's in your account at that time.	You can use the entire annual amount at any time, no matter how much is in your account.
The 2025 limit is \$4,300 for individuals and \$8,550 for families. If you're 55 or older, you can add \$1,000.	The annual limit is defined by the IRS each calendar year. The annual limit for 2025 is \$3,300.
You can start, stop, or change your contribution amounts at any time.	You can't make changes during the year unless you have a qualifying life event.
You can invest your account once it reaches \$2,500.	You cannot invest your account.



# Dental

We partner with Delta Dental of Missouri to offer you and your family members dental insurance.

Delta Dental offers a three-tier network structure. You will find the greatest discounts with providers who are under the PPO network. Most providers in the PPO network are also in the Premier network because it is a larger network. Dentists not in either network are considered nonparticipating providers; this means they can balance bill you and require you to submit a claim. When seeking treatment with a nonparticipating provider, you may also experience higher out-of-pocket expenses. It is always to your advantage to seek treatment with an in-network provider.

Visit [www.deltadentalmo.com](http://www.deltadentalmo.com) or call **800.335.8266** to find in-network providers and access a variety of online tools and programs.

PPO/Premier Network	
<b>Calendar Year Deductible</b>	
Per Individual	\$50
<b>Calendar Year Maximum</b>	
	\$1,500
<b>Coinsurance</b>	
Preventive	100% no deductible
Basic	80% after deductible
Major	50% after deductible
<b>Orthodontia</b>	
Coinsurance	50% no deductible
Lifetime Maximum	\$1,500
Benefit Applies To	Adults and children up to age 26

To find a dentist who participates in the Delta Dental PPO plus Premier network, visit [www.DeltaDentalMO.com](http://www.DeltaDentalMO.com) and click on “Find a Provider” or call **800.335.8266**.

## MEMBER ACCOUNT TOOLS

Access important, real-time plan information, including:

- Claim information
- Eligibility
- Up-to-date benefit information
- ID cards—order or print

Signing up is easy—visit [DeltaDentalMO.com/Members/](http://DeltaDentalMO.com/Members/).

Register or scan QR code to set up your account for complete member access.



## Bi-Weekly Dental Premiums

Employee	\$11.16
Employee + Spouse	\$22.33
Employee + Child(ren)	\$27.91
Family	\$39.08

Virtual visits are provided by Delta Dental of Missouri through [Teledentistry.com](http://Teledentistry.com). These visits provide 24/7/365 access for all Delta Dental of Missouri members. Visit [deltadentalmo.com/members](http://deltadentalmo.com/members), scroll down and select the link under Virtual Visits titled “Learn more about Virtual Visits” to get started, or call our 24/7 hotline at **866.243.2014**.

# Vision

We partner with VSP Vision Care to offer you and your family members vision insurance. Visit [www.vsp.com/choice](http://www.vsp.com/choice) to find in-network providers and access a variety of online tools and programs.

	Signature Network	Out-of-Network
<b>Copay</b>		
Exam	\$10 copay	Up to \$45
<b>Lenses</b>		
Single	\$25 copay	Up to \$45
Bifocal	\$25 copay	Up to \$65
Trifocal	\$25 copay	Up to \$85
Lenticular	\$25 copay	Up to \$125
<b>Frames</b>		
	\$175 allowance plus 20% off balance	Up to \$47
<b>Contacts</b>		
	\$175 allowance	Up to \$105
<b>Frequency</b>		
Exam	Every calendar year	
Lenses	Every calendar year	
Contacts (in lieu of glasses)	Every calendar year	
Frames	Every other calendar year	

## Bi-Weekly Vision Premiums

Employee	\$7.32
Employee + Spouse	\$11.17
Employee + Child(ren)	\$11.44
Family	\$17.48

### VSP MEMBER PERKS

Special Offers are available at all VSP network doctor locations! Visit [www.vsp.com/offers](http://www.vsp.com/offers) to get access to more than \$3,000 in savings from VSP and other popular brands for your eye care and overall wellness needs.



# Life and Disability Insurance

New for 2025, life and disability insurance is provided through Reliance Matrix.

## Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Phelps automatically provides a benefit of 1 times your annual salary up to \$100,000, at no cost to you. Your basic AD&D coverage amount equals your basic life benefit. Employees may also elect a nominal, flat benefit for dependents. You may elect \$5,000 for your spouse and \$2,500 for your children, no medical questions asked. More robust coverage may be purchased under the Spouse and Dependent Voluntary Life Insurance plan.

This year is considered true open enrollment for your voluntary life coverages. This means you have the opportunity to elect new coverage or increase your current coverage up to the guarantee issue amount without submitting proof of good health. Open enrollment applies to both employees and spouse elections.

## Employee Voluntary Life Insurance

You're eligible to purchase additional life insurance in increments of \$10,000 up to a maximum benefit of \$500,000 or five times your basic annual earnings.

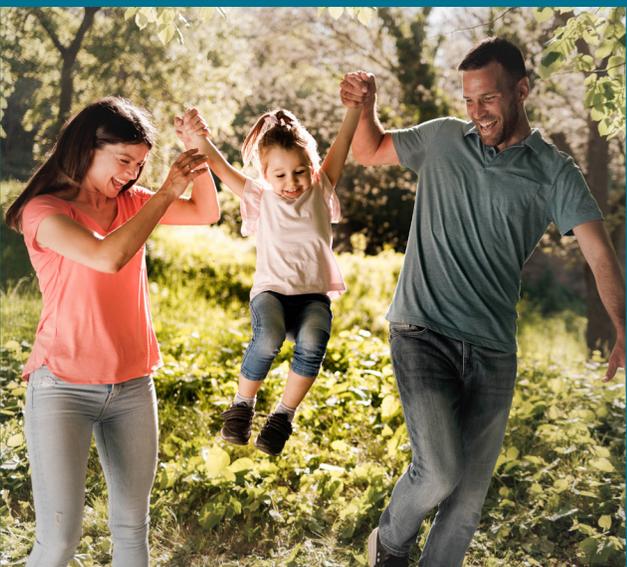
## Spouse and Dependent Voluntary Life

If you elect voluntary life coverage for yourself, you can also elect voluntary life coverage for your spouse in increments of \$5,000 up to a maximum of 50% of your coverage amount, not to exceed \$100,000. Dependent child life coverage is available in coverage levels from \$1,000 to \$10,000 in increments of \$1,000.

### WHAT IS EVIDENCE OF INSURABILITY (EOI)?

EOI is information about your health, which the insurance company may require to approve you for coverage.

If you're newly eligible and have not previously waived coverage, you can elect up to the guaranteed issue amount without submitting EOI. You may be required to submit EOI if you have previously waived this coverage or if you elect an amount above the guaranteed issue amount.



## Short Term Disability (STD)

You have the option to enroll in one of two short term disability (STD) offerings. STD insurance replaces a portion of your income until you get back on your feet and return to work. Each of the STD plans cover up to 60% of your pre-disability earnings for up to 13 weeks. If you are pregnant, you will receive payments for up to 6 weeks for vaginal delivery or 8 weeks for Cesarean delivery. There is a 7-day waiting period for illnesses under STD Choice 1, and a 14-day waiting period under STD Choice 2. Coverage for an accident will begin immediately under both plans. If you submit a claim within 12 months of your insurance taking effect, the claim will not be paid if you sought treatment in the 3 months prior to your insurance becoming effective.

## Long Term Disability (LTD)

Long term disability insurance replaces a portion of your income in the event you're unable to work for an extended period. The plan covers 60% of your pre-disability earnings.



# Employee Assistance Program (EAP)

## Lyra Behavioral Health Support

Phelps continues to partner with Lyra to provide a robust behavioral and mental health offering. Lyra provides care for emotional and mental health—you're feeling stressed, anxious, or depressed, support from Lyra can get you back on your feet. Meet with mental health coaches or therapists via live video, live messaging, phone or in-person care. Get personalized recommendations for the care that's right for you, schedule appointments online and track your symptoms and progress.

As a Phelps employee, you and your spouse/dependents have access to coaching, therapy, and medication management support through Lyra. Lyra will ask you to share a bit about the challenges you are facing so they can recommend the right care for your needs.

Care options include:

- Self-guided exercises and videos in the Lyra app or online.
- Guided self-care with a coach (with a specific care plan crafted by your Lyra coach to learn new mental health strategies at your own pace).
- Ongoing mental health coaching sessions via live messaging or live video and between-session support.
- Therapy sessions with licensed experts, via live video or in-person.
- Medication management (as needed): get ongoing access to an evidence-based provider, beginning with an in-depth 90-minute consultation to diagnose your condition and discuss what medications are right for you.
- Maximum of 8 visits per year

To learn more about your Lyra benefits, please go to [www.lyrahealth.com](http://www.lyrahealth.com) or call **877.318.1895**. You also have the option to email a Lyra Care Navigation Team Member at [care@lyrahealth.com](mailto:care@lyrahealth.com).



# Legal Plan

Your legal plan with MetLife gives you access to experienced, prequalified attorneys for an unlimited number of personal legal matters. Full representation is covered for a wide variety of services, and you may consult with an attorney in-person or by phone on virtually any personal legal issue.

When you face a situation that may have legal implications, turn to your legal plan and get the legal advice you need. It's like you have an attorney on retainer. The plan covers many services in the following categories:

- Family Law (excluding divorce)
- Wills and Estates
- Debt Matters
- Real Estate
- Traffic and Criminal
- Injury and Insurance
- Reproductive assistance

The plan costs \$17.50 per month and covers you, your spouse, and dependents, if applicable. If you are thinking about enrolling in the legal plan, visit the information center at [www.info.legalplans.com](http://www.info.legalplans.com) to review more details regarding the covered services, frequently asked questions, how to use the plan and self-help documents. If you are a legal plan member, you can quickly access the member site ([members.legalplans.com/Home](http://members.legalplans.com/Home)) to view coverage for the legal plan, or call our Client Service Center at **800.821.6400** (8am–8pm EST/EDT, Mon-Fri).



# Identity Protection and Cyber Protection

Phelps continues to partner with Allstate to offer Identity Protection. New for 2025, this product also includes cyber protection services. This plan keeps your personal data safer than ever. If fraud does occur, it provides up to \$1 million in expense reimbursement—\$2 million for family plan subscribers—for many out-of-pocket expenses, including lost wages and legal fees. The plan costs \$4.98 bi-weekly/individual coverage and \$8.98 bi-weekly/family coverage.

## Enjoy Upgraded, Award-Winning Features

### ■ Cyber protection

- Military-grade VPN and a password manager and device protection tools for up to five devices means cutting-edge security

### ■ Privacy and data monitoring

- Allstate Digital Footprint offers data breach notifications, solicitation reduction, and more

### ■ Identity and financial monitoring

- Includes tools like Identity Health Status, Allstate Security Pro, and high-risk transaction monitoring

### ■ Credit monitoring

- Includes an annual credit report, credit lock credit freeze assistance, and more

### ■ Identity restoration

- Comes with 24/7 U.S.-based support, coverage of up to \$1 million for identity theft and ransomware expenses, and more

## Protection for the Whole Family

If you opt for a family plan, you'll get protection for your whole household and senior family ages 65+. Cover up to 10 family devices and feel confident with coverage of up to \$2 million for identity theft expenses.

You'll also have access to family digital safety tools from Bark designed to help keep kids safe, such as:

- Web filtering
- Screen time management
- Location tracking
- Monitoring for dangerous content and cyberbullying



# Voluntary Benefits

Voluntary benefits, now administered by Reliance Matrix, provide an added layer of financial protection for you and your family. These benefits will help cover any extra out-of-pocket expenses if you suffer an unexpected serious illness or qualifying accident.

You'll be able to elect Accident, Critical Illness, and Hospital Indemnity insurance when you enroll.

## Accident Insurance

Accident insurance provides direct payments to you in the case of an off-the-job accident that results in:

- Emergency care and/ or follow-up care
- Hospital admission
- Hospital confinement
- Accidental death

## Critical Illness

Critical Illness insurance provides direct payments to you if you are diagnosed with a covered critical illness such as:

- Cancer
- Heart attack
- Stroke
- Major organ transplant
- End stage renal failure

## Hospital Indemnity

Hospital Indemnity insurance provides direct payments if you are hospitalized. It includes separate amounts for events such as:

- Hospital admission
- Hospital confinement
- Hospital intensive care

## Accident Insurance Premiums

These are your bi-weekly premiums for Accident insurance.

Coverage Level	You Pay
Employee	\$6.45
Employee + Spouse	\$11.36
Employee + Child(ren)	\$13.26
Family	\$17.82

## Critical Illness Premiums

These are your bi-weekly premiums per \$10,000 of Critical Illness coverage.

Coverage Level	You Pay
0-29	\$1.80
30-34	\$2.45
35-39	\$3.09
40-44	\$4.34
45-49	\$6.14
50-54	\$8.63
55-59	\$12.05
60-64	\$17.82
65+	\$26.68

## Hospital Indemnity Premiums

These are your bi-weekly premiums for the Hospital Indemnity plan.

Coverage Level	You Pay
Employee	\$11.07
Employee + Spouse	\$22.69
Employee + Child(ren)	\$18.09
Family	\$29.38

# Additional Benefits

## 401(k)

Invest now for a healthy retirement.

- All new employees will automatically be enrolled in the 401(k) plan at a rate of 2%
- All new employees are also set up for auto escalation which will increase your contribution by 1% annually until you reach 6%
- All changes to contributions can be made on the Principal website
- Once you have completed one year of service AND worked a minimum of 1,000 hours, in a year, you will receive the company match which equals your contribution up to 6%, as long as you maintain a minimum of 2% on your personal contribution
- If you have previously opted out of enrollment you can re-enroll on the website at any time
- Beneficiaries for your retirement savings need to be set up with Principal. If you have not previously set-up your retirement beneficiaries (note this is separate from your life insurance beneficiaries) you should take a few moments to do so.

There are three easy ways to access your account:

1. For your first time access to your account visit: [www.principal.com/welcome](http://www.principal.com/welcome). Once your account is set up visit [www.principal.com](http://www.principal.com) for future account access.
2. Call the Participant Contact Center at **800.547.7754**; representatives are available to help you from 7:00 a.m. to 9:00 p.m. Central Time, Monday through Friday
3. Download the Principal® app available for iPhone® and Android™

## Pet Insurance

Choose your level of coverage with My Pet Protection through Nationwide. With two budget-friendly options, there's never been a better time to protect your pet. With exclusive availability for employees use any vet, anywhere and get cash back on eligible vet bills. You must enroll directly with Nationwide. Visit [www.petinsurance.com/phelpshhealth](http://www.petinsurance.com/phelpshhealth) to enroll.

### Pet Insurance Premiums

Coverage Level	You Pay
50% reimbursement	\$20-35/month
70% reimbursement	\$27-47/month

## Tuition Reimbursement

Eligible employees may receive educational assistance towards your collegiate classes.

- Full-time—\$4,000 per year
- Full-time graduate classes—\$5,250 per calendar year
- Part-time—\$2,000 per year
- Part-time graduate classes—\$2,625 per calendar year
- One-time certifications—\$1,000 for both full and part time

## Time Off

Phelps Health recognizes that employees benefit from time away from work for a variety of reasons.

### Paid Days Off

Employees accrue time based on years of service. Refer to the following chart to determine how much time you accrue. Employees can accrue up to 520 hours. Employees can cash out up to 80 hours of paid days off per anniversary year per policy guidelines.

Years of service	Accrual rate
0-4 years	8.83% of hours worked
5-9 years	11.13% of hours worked
10-14 years	12.07% of hours worked
14+ years	13.06% of hours worked

### Special Sick Leave

Eligible employees accrue 2.68% of hours worked (based on maximum of 80 hours per pay period). Employees can accrue up to 720 hours.

### Paid Parental Leave

One paid week off\* is available to both parents employed by Phelps Health after completing the first 90 days of employment. Paid parental leave compliments maternity leave for the birth parent and can be used for birth/adoption of the child. Leave must be used within first 12 weeks of birth.

\* Week off is pro-rated based on FTE.



# Manage Your Benefits

## How do I change my benefits when I have a life event?

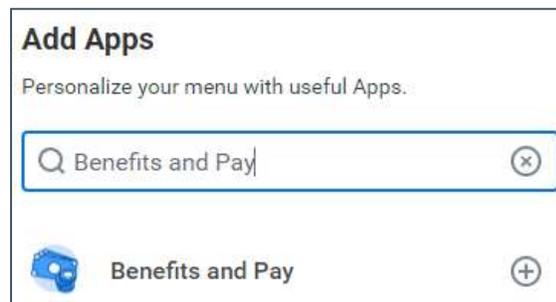
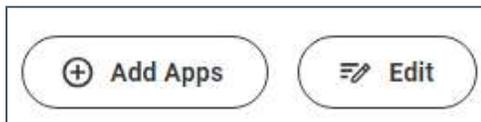
1. Click on the **Menu** in the upper left of Workday.



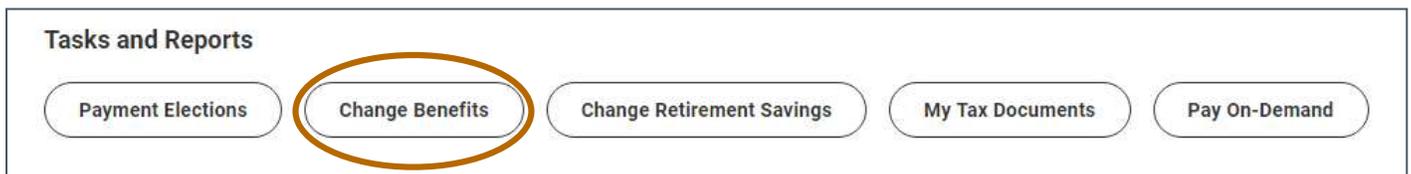
2. Below that, click **Benefits and Pay**.



3. Hint: If **Benefits and Pay** does not appear in your **Apps**, click on **Add Apps** at the bottom of the page and type in **Benefits and Pay**.



4. From Benefits and Pay, click the **Change Benefits** button.



5. Select your **Change Reason** from the list. Hint: Use the instructions to the right as a guide.

Change Reason \*

- Adoption
- Birth
- Change Beneficiaries
- Death of Child/Spouse
- Employee or Dependent Gains/Loses Other Coverage
- Marriage

6. Enter the **date that the life event took place**. Note: Use the event date, not today's date.

Date of Marriage \* MM/DD/YYYY 

7. Follow the instructions to supply the requested information and be sure to keep hitting **Submit** as you move through.

**Submit** Save for Later Cancel

8. When requested, be sure to attach and upload the supporting document (such as a marriage certificate, adoption paperwork, or divorce decree).

**Attachments**

Drop files here

or

Select files

9. Once you have uploaded your document, you're not done yet. Now is the time to make new benefit elections. When you see this screen, click **Open** to make your elections.

**Success! Event submitted**

Up Next: Change Benefit Elections

[View Details](#)

**Open**

10. Then click **Let's Get Started**.

**Let's Get Started**

11. Once you have made ALL your benefits changes and hit submit, your new benefits elections will be sent to HR/Benefits for review and approval.

# Contact Information

## GENERAL BENEFITS QUESTIONS

Cathy Moore  
Benefits Manager  
573.458.7168  
[cmoore@phelpshealth.org](mailto:cmoore@phelpshealth.org)

## TUITION REIMBURSEMENT

[tuition@phelpshealth.org](mailto:tuition@phelpshealth.org)

## MEDICAL AND PRESCRIPTION

Luminare—Medical  
Group Number: PH0000  
800.990.9058  
[www.myLuminareHealth.com](http://www.myLuminareHealth.com)

Provider Search:  
[www.goperspecta.com/pdn/pcrmc](http://www.goperspecta.com/pdn/pcrmc)

MedImpact—Pharmacy  
877.403.6032

## HEALTH SAVINGS ACCOUNT (HSA)

Health Equity  
866.346.5800  
[myHealthEquity.com](http://myHealthEquity.com)

## FLEXIBLE SPENDING ACCOUNT (FSA)

Paylocity  
800.631.3539  
[www.bat.paylocity.com/Login.aspx?ReturnUrl-%2f](http://www.bat.paylocity.com/Login.aspx?ReturnUrl-%2f)

## DENTAL

Delta Dental of Missouri  
Group Number: 2188-1000  
800.335.8266  
[www.deltadentalmo.com](http://www.deltadentalmo.com)

## VISION

VSP  
Group Number: 12199902  
800.877.7195  
[www.vsp.com](http://www.vsp.com)

## LEGAL PLAN

MetLife  
Group Number: 1500648  
800.821.6400  
[members.legalplans.com](http://members.legalplans.com)

## IDENTITY PROTECTION

Allstate  
800.789.2720  
[myaip.com](http://myaip.com)

## LIFE/DISABILITY

Reliance Matrix  
Group Numbers:

- Basic Life: GL 1500001279
- Vol Life: GL 1500001280
- Vol STD: VPS 1380000250
- LTD: LTD 1300000950
- Vol LTD: VPL 1370000181

855.775.2524  
[www.reliancematrix.com](http://www.reliancematrix.com)

## ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY

Reliance Matrix  
Group Numbers:

- Accident: VAI 2000005518
- Critical Illness: VCI 2000005527
- Hospital Indemnity: VHI 2000005526

877.202.0055  
[www.matrixabsence.com](http://www.matrixabsence.com)

## EMPLOYEE ASSISTANCE PROGRAM

Lyra  
877.318.1895  
[www.lyrahealth.com](http://www.lyrahealth.com)

## PET INSURANCE

Nationwide  
877.738.7874  
[www.petinsurance.com/phelpshealth](http://www.petinsurance.com/phelpshealth)

## 401(K) RETIREMENT PLAN

Principal  
800.547.7754  
[www.principal.com/welcome](http://www.principal.com/welcome)

