



BENEFITS | GUIDE

2023



TABLE OF CONTENTS

Eligibility and Enrollment.3

Medical and Prescription Plan4

Health Savings Account (HSA).8

Flexible Spending Accounts (FSAs).9

Dental.11

Vision12

Life and Disability Insurance.13

Employee Assistance Program (EAP).14

Legal Plan.15

Voluntary Benefits16

Additional Benefits.17

Phelps Health Online Portal19

Contact Information.21

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.

Benefits Eligibility

Covering Yourself

New for the 2023 plan year, 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

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 no longer eligible to enroll in Phelps' medical plans.

Eligibility Documentation

Please be prepared to share dependent eligibility information during enrollment, including dates of birth and Social Security numbers. Other documentation may be required depending on your elections.

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

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/public/ProviderSearch/Main](http://www.goperspecta.com/PDN/pcrmc/public/ProviderSearch/Main).

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 Trustmark'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 2023. You will receive your new ID card in the mail, but you can also access your Trustmark ID card anytime via the myTrustmarkBenefits mobile app or myTrustmarkBenefits.com portal.

MEDICAL AND PRESCRIPTION PLAN

New for 2023, 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

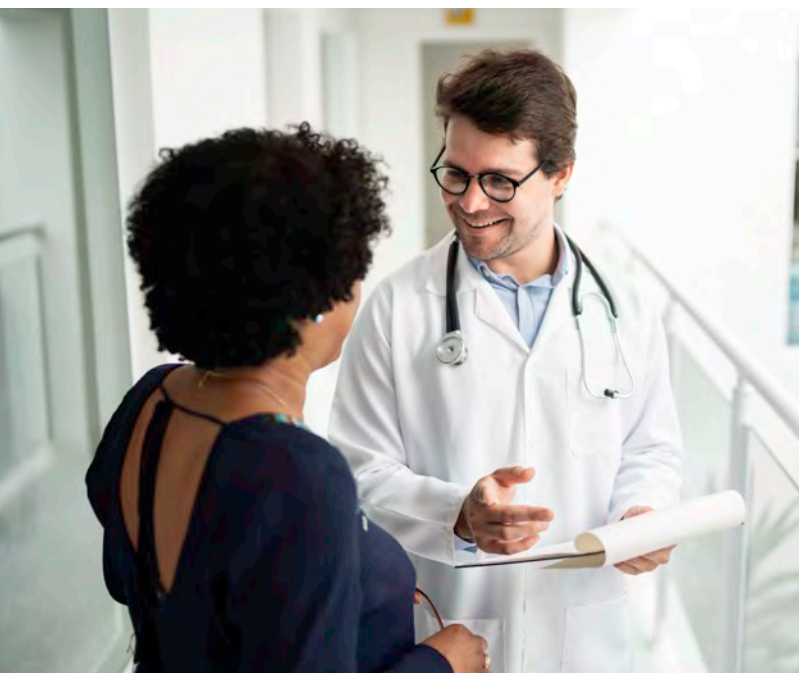
- Access to the Phelps/Cox Health network
- Access to Maxor's broad network for pharmacy
- Coverage for routine preventive care at 100%

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)



Trustmark Member Site

To get the most out of your member experience, Trustmark's member site at www.trustmarkbenefits.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	\$76.65	\$54.44
Employee + Spouse	\$181.65	\$138.84
Employee + Child(ren)	\$169.05	\$128.97
Family	\$255.15	\$187.39

Part-Time Employees	PPO Plan	High Deductible Plan
Employee	\$153.30	\$131.09
Employee + Spouse	\$363.30	\$320.49
Employee + Child(ren)	\$338.10	\$298.02
Family	\$510.30	\$442.55

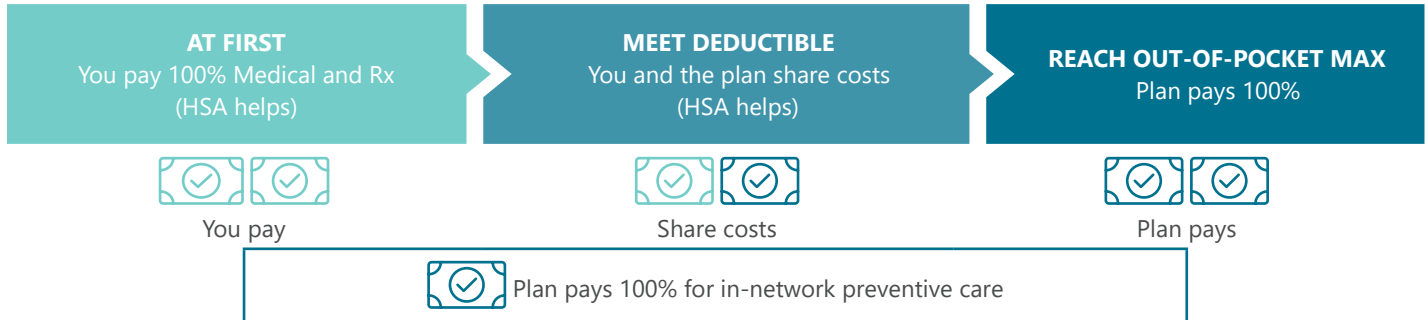
Important Insurance Terms

- **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

New for 2023, we're offering a high deductible plan option alongside a traditional PPO option. Here's an overview of how a high deductible plans 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%; 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
Calendar Year Deductible						
Individual	\$600	\$1,200	\$2,400	\$1,500	\$3,000	\$5,000
Family	\$1,200	\$2,400	\$4,800	\$3,000	\$6,000	\$10,000
Out-of-Pocket Maximum (includes deductible)						
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
Physician Office Visits						
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
Hospital Services						
Inpatient	10% coinsurance	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Outpatient	10% coinsurance	30% coinsurance	50% coinsurance	10% coinsurance	30% coinsurance	50% coinsurance
Emergency Room	\$250 copay	\$250 copay	\$250 copay	10% coinsurance	10% coinsurance	10% coinsurance
Prescription Drugs						
Please note: 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
Mail Order						
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.

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.

2023 HSA Funding Limits	
Coverage Level	Limit
Individual Coverage	\$3,850
Family Coverage	\$7,750
Age 55 or Older	Contribute an additional \$1,000 on top of these amounts

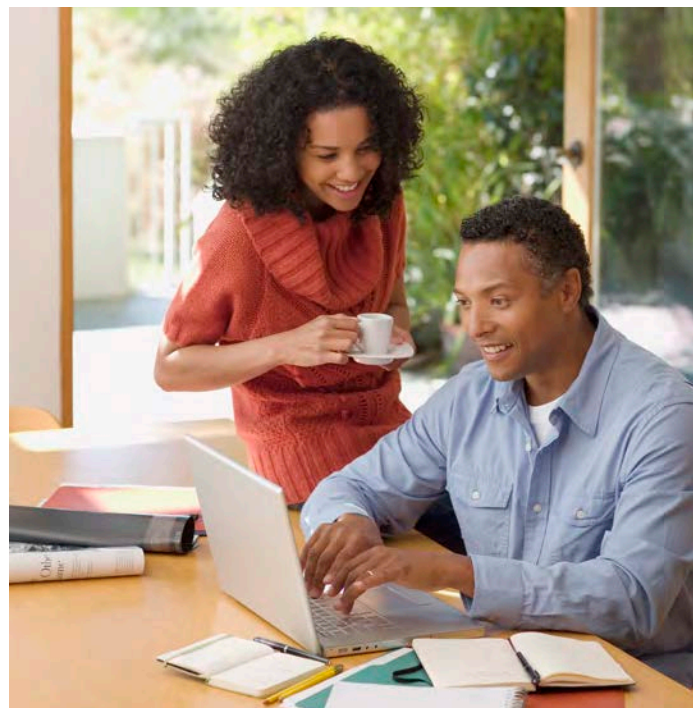
Opening an HSA

We partner with Health Equity for our HSA program. Visit myHealthEquity.com 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 2023 maximum contribution is \$3,050.

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. You can contribute up to \$5,000 (or \$2,500 if married and filing separately) per plan year. 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 rollover up to \$550 of unused funds in your Healthcare FSA to be used the following year.

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

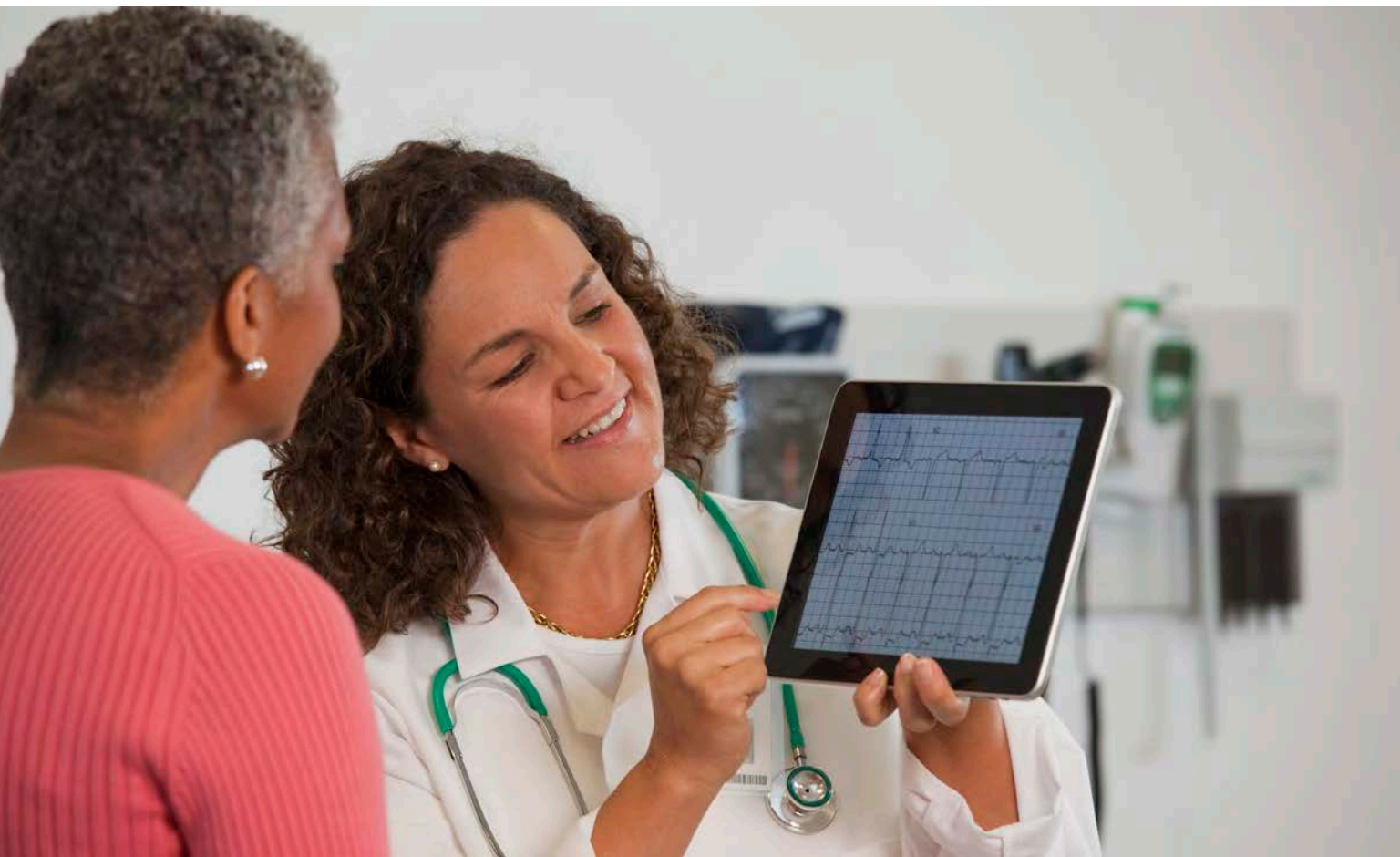
- Child or adult daycare*
- Nursery school
- Preschool (excluding kindergarten)

* 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 \$550 each year.
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 2023 limit is \$3,850 for individuals and \$7,750 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 2023 limit is \$3,050.
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.
You can use your account to pay for medical, dental, and vision expenses.	If you are in an HDHP, you can only use your limited-purpose healthcare FSA for dental and vision expenses.



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 or call **800.335.8266** to find in-network providers and access a variety of online tools and programs.

PPO/Premier Network	
Calendar Year Deductible	
Per Individual	\$50
Calendar Year Maximum	
	\$1,500
Coinsurance	
Preventive	100% no deductible
Basic	80% after deductible
Major	50% after deductible
Orthodontia	
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 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/.

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

Delta Dental offers virtual visits through teledentistry.com. These visits provide 24/7 access to a dentist, 365 days a year for Delta Dental of Missouri members. Visit VirtualVisits.DeltaDentalMO.com to get started. Or call the 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 to find in-network providers and access a variety of online tools and programs.

	Signature Network	Out-of-Network
Copay		
Exam	\$10 copay	Up to \$45
Lenses		
Single	\$25 copay	Up to \$45
Bifocal	\$25 copay	Up to \$65
Trifocal	\$25 copay	Up to \$85
Lenticular	\$25 copay	Up to \$125
Frames		
	\$175 allowance plus 20% off balance	Up to \$47
Contacts		
	\$175 allowance	Up to \$105
Frequency		
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 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

Life and disability insurance is provided through Sun Life.

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.

Employee Voluntary Life and AD&D 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. The same coverage options are available for voluntary AD&D insurance.

Spouse and Dependent Voluntary Life and AD&D Insurance

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.

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.

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.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employee Assistance Program (EAP) assists employees and their immediate family (immediate family includes a spouse and any dependent children up to a maximum age of 26) experiencing life stressors that are interfering with daily life. The services are confidential and are protected by privacy laws.

What Do These Services Cover?

Employee Assistance includes assessment and consultation by a licensed professional. The service covers the initial assessment visit and up to two follow-up consultations per year as recommended by the therapist. Results of the assessment and recommendations are discussed with the employee.

How Much Do These Services Cost?

The services are free to all employees and their immediate family members (regardless of whether they carry Phelps Health insurance). All out-of-pocket costs are covered by Phelps Health, through the Employee Assistance Program, for the visits as described above. If additional visits are required after meeting the EAP allowance, then your insurance plan will be billed for those additional services.

Counseling and Work Life Services

- Stress management
- Work and home relationships
- Depression and grief
- Alcohol and substance abuse
- Child, adult, and elder care
- Legal and financial consultations
- Identity theft

How Do I Access These Services?

Contact the Center Clinic at **573.364.2007** and request an EAP assessment. The receptionist will obtain some brief information from you and consult with a therapist to set up the first appointment. Priority scheduling is given to the employee in need. Referrals may also be made through Occupational Health or your Department Supervisor.

The services are located at:

The Center Clinic

575 Blues Lake Parkway
Rolla, MO

You will need to let the schedulers know if you are utilizing the EAP when scheduling your appointment.

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 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) to view coverage for the legal plan, or call our Client Service Center at **800.821.6400** (8am–8pm EST/EDT, Mon-Fri).



VOLUNTARY BENEFITS

Voluntary benefits, now administered by Sun Life, 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

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/phelpshealth to enroll.

Accident Insurance Premiums

These are your bi-weekly premiums for Accident Insurance.

Coverage Level	You Pay
Employee	\$8.49
Employee + Spouse	\$14.20
Employee + Child(ren)	\$16.57
Family	\$22.28

Critical Illness Premiums

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

Coverage Level	Non-tobacco	Tobacco
0-29	2.17	3.14
30-39	3.46	5.45
40-49	6.37	10.80
50-59	13.02	21.23
60-69	24.51	38.95
70-79	24.51	38.95
80+	24.51	38.95

Hospital Indemnity Premiums

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

Coverage Level	You Pay
Employee	\$11.16
Employee + Spouse	\$22.74
Employee + Child(ren)	\$18.21
Family	\$29.80

Pet Insurance Premiums

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

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

There are three easy ways to access your account:

1. Visit www.principal.com/welcome
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™

Home & Auto

We partner with Liberty Mutual to help you select home and auto insurance that best meet your needs. Liberty Mutual provides Phelps Health employees special discount rates on insurance and other benefits, including:

AUTO

- Accident Forgiveness
- Better Car Replacement™
- Roadside Assistance

HOME

- 4-Hour Emergency Repair Service
- Contractor Network Referral Program
- Personal Property Replacement Service

Contact Liberty Mutual at www.libertymutual.com/pcrmc or **314.270.0924** for a free quote.

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 take up to 80 hours in pay per year.

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. 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

PHELPS HEALTH ONLINE PORTAL

Login to Phelps Health Online Portal

Visit phelpshealth.bswift.com to register and login. When logging in for the first time your user name is the local-part of your work email (ex: work email is jsmith@phelpshealth.org user name would be jsmith) and your initial password is the last four digits of your Social Security Number. **You will have to change your password after first login.**

Learn About Your Benefits and Get Started

You'll find the information you need about your benefits in your employee benefits homepage. When you're ready, Click "Start Your Enrollment" to begin entering in your benefits.

Verify Your Personal Information

Make sure all of your personal information, including your address and phone are correct.

Enter Your Family Information

Enter your spouse's information, along with your children, or anyone that you declare as a dependent and would like to enroll in benefits.

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

The screenshot shows the 'Family Information' page for Phelps County Regional Medical Center. It includes a sidebar with a progress indicator showing steps: 1. Your Info, 2. Your Benefits, 3. Enroll, and 4. Complete. The main content area has a 'New User' section with fields for 'Make Employee' (32 years old, 03/11/1985, SSN: XXX-XX-3748) and an 'Add Dependents' button with a plus icon. A 'Continue' button is at the bottom right.

Start Selecting Your Benefits

From this screen you can select which benefits to enroll in or to waive, like medical, dental, vision, life, disability and more! As you progress through each benefit type, the icon on the upper left will change from gray to green indicating that your selection is complete.

The screenshot shows the 'Benefits Selection' page. It lists three benefit types: Medical, Dental, and Vision. Each has a 'NO PLAN SELECTED' status and a 'View Plan Options' button. A 'Continue' button is at the bottom right. The sidebar on the right shows the progress indicator with steps 1-4.

Select and Review Beneficiary Information

For all eligible plans you are able to designate primary and secondary beneficiaries. All percentages must equal 100%.

The screenshot shows the 'Basic Employee Life' page. It prompts the user to 'Please choose your beneficiaries'. Under 'Primary Beneficiaries (required)', there is a table with columns 'Name' and 'Percentage'. The table shows 'My Estate (Employee)' with a percentage of '100.00 %'. A 'Total: 100%' is displayed. There are buttons for 'Add New Beneficiary' and 'Add Secondary Beneficiaries (optional)'. A note states: 'Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.'

Review, Confirm, And Complete Your Enrollment

Verify that all plans are displaying coverage for yourself and your dependents as you expect. In order to finish your enrollment and have coverage for 2023 you must click the "Complete Enrollment" button on the right side.

The screenshot shows the 'Review and Complete Enrollment' page. It features a 'Please Review All of Your Selections' warning. A summary box shows 'Your Total Cost \$119.00 per pay period' and 'Your total cost (pending approval) \$119.35 per pay period'. Below this, the 'Medical*' section shows 'Medical coverage' with 'Employer' and 'Employee' coverage details. A 'Complete Enrollment' button is highlighted with a red arrow on the right side. The sidebar on the right shows the progress indicator with steps 1-4.

CONTACT INFORMATION



GENERAL BENEFITS QUESTIONS

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Benefits Manager
573.458.7168
cmoore@phelpshealth.org



MEDICAL AND PRESCRIPTION

Trustmark—Medical
Group Number: PH0000
800.990.9058
www.myTrustmarkbenefits.com

Provider Search: [www.goperspecta.com/
PDN/pcrmc/public/ProviderSearch/Main](http://www.goperspecta.com/PDN/pcrmc/public/ProviderSearch/Main)

Maxor—Pharmacy
800.872.8276



HEALTH SAVINGS ACCOUNT (HSA)

Health Equity
866.346.5800
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



VISION

VSP
Group Number: 12199902
800.877.7195
www.vsp.com



LEGAL PLAN

MetLife
Group Number: 1500648
800.821.6400
members.legalplans.com



LIFE/DISABILITY

Sun Life
Group Number: 901165
800.247.6875
usebglifeclaimsinbox@sunlife.com
www.sunlife.com/account



ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY

Sun Life
Group Number: 955986



EMPLOYEE ASSISTANCE PROGRAM

Phelps Health Center Clinic
573.364.2007



PET INSURANCE

Nationwide
877.738.7874
www.petinsurance.com/phelpshealth



401K RETIREMENT PLAN

Principal
800.547.7754
www.principal.com/welcome



HOME & AUTO

Liberty Mutual
314.270.0924
www.libertymutual.com/pcrmc

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Please read thoroughly. This publication contains important information about your employee benefit program.

This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.