



Reid Health

2026

Benefit Decision Guide



BENEFITS FOR A HEALTHY LIFE
Your 2026 Benefit Choices

JOY@WORK

EMPOWERING HEALTHIER PEOPLE, BUILDING THRIVING COMMUNITIES

Inside this guide

Topic	Page Number
ENROLLMENT	
Eligibility	3
How to Enroll	4
Wellness Services	5
HEALTH	
Medical	6
Flexible Spending Accounts	21
Dental	22
Vision	22
ADDITIONAL BENEFITS	
Disability Insurance	23
Life and AD&D Insurance	24
Critical Illness Insurance	26
Accident Insurance	27
Hospital Indemnity Insurance	27
DailyPay	28
Omada	28
MyReid	28
Hinge Health	29
ShineWell	29
Pet Insurance	30
Legal Insurance	30
Employee Emergency Fund	30
KinderCare	30
Allstate Identity Protection	30
Education Assistance	31
Purchasing Power	31
CARE Bank	31
Kashable	31
Paid Time Off (PTO)	32
Bereavement/Funeral Leave	32
Holiday Differential	32
Retirement Savings	33
Extras	34
LEGAL NOTICES	
Wellness Program Notice	36
403(b) Participant Notice	51
QUESTIONS CONTACTS	
Contact Information	63

Where to go for care?

Reid Health should be your first choice.

- Generally, eligible services provided at Reid are paid at 100% after annual deductible.
- Eligible services not available at Reid and provided by a CIGNA provider are paid at 80% after the annual deductible.
- Eligible services for participants, who reside more than 45 driving miles from Reid, are paid at 80% after deductible when the service is provided by a CIGNA provider.
- Eligible services available at Reid but provided at another CIGNA provider are paid at 60% after a separate deductible.
- Eligible services performed by Non-CIGNA provider are paid at 40% after a separate deductible.
- Although rare, eligible services not available at Reid or a CIGNA provider will be paid as if in-network after deductible.
- Vaccines may be administered in retail pharmacies, excluding Walgreens, or in any CIGNA provider’s office.

Remember: If a service, supply or treatment is provided at Reid Health, the highest level of coverage is at Reid.

When are benefits effective?

New Hire employees have 21 days from their date of hire to make their benefit elections.

Benefits are effective the first of the month following 30 days from Date of Hire.

For example, DOH: 01/15/2026, benefit enrollment due by 02/05/2026, and effective 03/01/2026.

Need to change coverage during the year?

Employees have 31 days from the date of a qualifying life event to make change to elections. Life events include:

- Birth/Adoption
- Divorce
- Spouse or Dependent Gained or Lost Coverage
- Marriage

If not enrolled within the 31-days period, the next opportunity to add a new spouse or dependents is the annual enrollment period unless there is another qualifying event. Contact your Benefits Team for instructions.

Enrollment Eligibility

Who can be covered under Reid Health's plans?

Medical:

- Employees regularly scheduled 30+ hours per week
- Employees who measure ACA fulltime will be offered coverage at full premium

Dental:

- Employees regularly scheduled 30+ hours are eligible for dental benefits

All other Benefits:

- Employees regularly scheduled 24 hours or more per week

Dependent Eligibility:

- Children to their 26th birthday.
 - Children include natural or legally adopted (or placed for adoption) children of the employee; the employee's legal spouse; children for whom the employee and/or the employee's legal spouse is the court-appointed legal guardian; and children who are required by a qualified medical child support order to be covered by the plan.
- Any age adult child who is permanently and totally disabled.

Spouse eligibility:

You may cover your spouse under Reid Health's medical if:

- They are not eligible for their own employer coverage
- Your spouse is not employed or is self-employed. Please remember our plan has exclusions on injuries that happen during self-employed work. For more details, contact your insurance agent regarding workers compensation.
- Your spouse's employer does not offer medical insurance.
- Your spouse works for Reid, RHPA or ROSE.

Contact your Benefits Team if you have questions about the eligibility of anyone you would like to cover in 2026.

Online Coordination of Benefits & Spousal Verification Form – Must be completed every year!

- If you elected medical or dental coverage for any dependents, you must complete a Coordination of Benefits/Spousal Verification form on the Allegiance website at <https://www.askallegiance.com/reid/forms.asp>
- Please keep in mind, Allegiance will not be able to process claims, including pharmacy fills, for your dependents until they have a completed 2026 Coordination of Benefits/Spousal verification form. **THIS FORM MUST BE COMPLETED EACH YEAR.**
- We encourage you to check your confirmation carefully and immediately as changes to your 2026 selections will not be permitted after the 21-day initial enrollment period, unless you have a qualifying life event (birth, adoption, loss or gain of other coverage, etc.)
- Please contact a member of the Benefits team for life event instructions. Life event elections must be made within 31 days of the life event.



Enrollment: Step by Step

How to Enroll

How to Enroll Through your Computer:

- Login to Workday
- Select the New Hire task from your task box
- Click Let's Get Started
- Make your elections
- Review and Sign
- Review Electronic Signature Notice
- Click in the "I accept" box
- Click submit

Confirming your benefits and logging off

- You may review and print your benefit statement after clicking submit. You are encouraged to save the confirmation statement to review, and so you can compare it to the first paycheck when your premiums take effect

Before you enroll

Make sure you have the following information when you log on to enroll:

- The names, dates of birth and Social Security numbers for your spouse and dependents you are enrolling for benefits — as required by the Affordable Care Act
- The annual amount you want to contribute to a health care or dependent care FSA if you are enrolling in any of these accounts.
- Prior to adding your spouse to the medical plan, your spouse should check with their employer to see if they are eligible for an employer sponsored health plan. If your spouse is eligible for an employer-sponsored plan, they are not eligible for the Reid medical plan.

Convenient Online Enrollment

You will need to use a computer with access to the internet or your mobile device. If you do not have access to a computer, let your supervisor or manager know so arrangements can be made.

Need to change coverage during the year?

Employees have 31 days from the date of a qualifying life event to make changes to elections. Life events include:

- Birth/Adoption
- Divorce
- Spouse or Dependent Gained or Lost Coverage
- Marriage

If not enrolled within the 31-day period, the next opportunity to add a new spouse or dependents is the annual enrollment period unless there is another qualifying event. Contact your Benefits Team for instructions.



Wellness

Employees and spouses who choose to participate in the wellness program can qualify for reduced medical insurance premiums. Reid bases eligibility for the reduced premium on participation in the 2026 plan year. The goal is to keep our families healthy and active.

The requirements to qualify for the Reid reduced premium are as follows:

1. Employees and Spouses covered under the health plan must complete the following by November 13, 2026.
 - Well Visit completed by your primary care physician.
 - Lab work including Hemoglobin A1C & Lipid Panel
2. Employees and Spouses must be tobacco free (including vaping and e-cigarettes) in the last 12 months. If not, the tobacco user must complete a smoking cessation program.

Once you have completed all wellness requirements, you may upload all required documents to reidhealthwellness.com by November 13, 2026.

*If you were hired on June 1, 2026, or after you do not need to complete a Well Visit in 2026. All other requirements need to be completed.

Preventive screenings

- Reid's medical plan continues to cover many preventive and wellness services at 100 percent when the services are provided at Reid.
- If the service is not available at Reid, it must be provided by a provider in the Cigna network.
- Preventive and wellness services performed outside of Reid are not eligible for the 100 percent coverage.
- A full list of these services can be found on the Human Resources SharePoint site > **Employee Benefits > Preventive & Wellness Benefits.**

Employee Assistance Program (EAP)

EAP provides brief intervention or counseling services to address a range of issues including:

- *Lifestyle/financial management*
- *Personal or marital relationships*
- *Parenting and family concerns*
- *Stress management*
- *EAP services are free and available to all employees and dependents. Employees do not need to be a member of the health plan to use the service.* EAP offices are conveniently located in Reid's Medical Office Building.

To schedule a confidential appointment, contact:

- Tanja McFarland, LCSW | (765) 983-3096
- David Hill, LMFT, LCAC | (765) 983-3079

ShineWell

Shinewell is Reid's wellness program that is equipped with convenient and accessible resources that will allow you to take wellness with you on-the-go.

- Wellness portal and mobile app
- Unlimited access to health coaches
- Wellbeing weekly place blog
- On-Demand wellness videos for cooking, meditation, or workouts
- Personal health assessments
- Company-wide wellness challenges
- Monthly webinars
- Gym membership discounts nationwide

To get started, visit reidhealthwellness.com or call 800-882-2109 to learn more about this great program and access the wellness resources.

Medical Coverage

Medical Coverage

For 2026, you have a choice of medical plans giving you the flexibility to choose what's best for your needs and your budget.

- Plan 1, \$1,000/\$2,000
- Plan 2, \$2,000/\$4,000

Key features

All of Reid Health medical plans offer:

- Comprehensive, affordable coverage for a wide range of health care services.
- In-network preventive care, with services covered at 100%, including annual physicals, recommended immunizations, well-woman and well-child exams, flu shots provided at Reid, and routine cancer screenings.
- Prescription drug coverage included with each medical plan.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.
- Choice of coverage levels:
 - Employee Only
 - Employee + Spouse
 - Employee + Child(ren)
 - Employee + Family

Primary/Secondary Coverage – Who pays first?

Many factors play a part in coordination of benefits coverage. While it is not always a savings to elect to cover yourself and your family under more than one medical or dental plan, some choose to cover their family with multiple plans. If you decide to carry two plans, there are specific regulations for which plan pays first.

- If you are covered by a Reid medical plan and by your spouse's medical plan, the Reid medical plan will be **primary** for your medical expenses. A **primary** plan is the medical plan that pays, first when claims are filed.
- If you cover your children under both Reid's plan and your spouse's plan, Allegiance will work with you to determine whose plan pays primary. In a divorce situation, the court order is needed for this determination.

Any dependent child on Reid's plan as secondary will have no access to coverage in the pharmacy or for office visits.

If you are considering carrying two plans for your family members, we strongly encourage you to review the premiums and coverage very carefully. In some instances, plans do not pay more than what the primary plan pays so there is no need for additional coverage.

Please Note: Spouses who do not enroll in their employer's health plan will lose coverage under Reid's Health plan.



Medical Coverage

		Plan 1, \$1,000/\$2,000				Plan 2, \$2,000/\$4,000			
		Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
Annual deductible									
Per person/per family		\$1,000 / \$2,000		\$2,000 / \$4,000	\$4,000 / \$8,000	\$2,000/\$4,000		\$4,000 / \$8,000	\$8,000 / \$16,000
Out-of-pocket maximum									
Per person/per family¹		\$3,000 / \$6,000		\$4,500 / \$9,000	Unlimited	\$5,500 / \$11,000		\$6,500 / \$13,000	Unlimited
Medical coverage									
Plan Coverage		100%	80%	60%	40%	100%	80%	60%	40%
Primary Care		\$30 Copay; deductible waived			40% after deductible	\$30 Copay; deductible waived			40% after deductible
Specialist visits		\$45 Copay; deductible waived			40% after deductible	\$45 Copay; deductible waived			40% after deductible
Telehealth (PCP and Specialist)		\$15 copay; deductible waived				\$15 copay; deductible waived			
Prescription drug coverage		Reid ² /Retail		Specialty Drugs ⁴		Reid ² /Retail		Specialty Drugs	
Deductible Per Person		N/A		\$200		N/A		\$200	
Pharmacy Out of Pocket Maximum		\$2,500 Individual / \$5,000 Family				\$2,500 Individual / \$5,000 Family			
Generic³		\$10		\$200		\$10		\$200	
Brand Formulary³		\$35		\$300		\$35		\$300	
Non-formulary³		\$70		\$500		\$70		\$500	
Prescription drug coverage*		Reid ² /Retail (90 Day Supply)		Specialty Drug ⁴ (30 Day Supply)		Reid ² /Retail (90 Day Supply)		Specialty Drug ⁴ (30 Day Supply)	
Generic³		\$25		\$200		\$25		\$200	
Brand Formulary³		\$100		\$300		\$100		\$300	
Non-formulary³		\$205		\$500		\$205		\$500	

*Members may fill prescriptions at any retail pharmacy, excluding Walgreen's, for the same co-pay structure currently offered at Reid pharmacy. Prescriptions may also be filled through Costco Mail order with the same co-pay structure.

1 Once out-of-pocket is reached, copay is no longer required.

2 Payroll deduction available.

3 Pharmacy copays apply to pharmacy out of pocket limits.

4 Certain Specialty medications may qualify for the Access Guidance Program

2026 paycheck deductions per pay period (before tax) – Employees regularly scheduled 30 hours or more per week

Coverage level Wellness	Plan 1, \$1,000/\$2,000	Plan 2, \$2,000/\$4,000
Employee Only	\$79.51	\$44.31
Employee + Spouse	\$160.85	\$89.47
Employee + Child(ren)	\$140.27	\$78.18
Employee + Family	\$237.36	\$131.82

Coverage level Non-Wellness	Plan 1, \$1,000/\$2,000	Plan 2, \$2,000/\$4,000
Employee Only	\$104.51	\$67.32
Employee + Spouse	\$210.85	\$139.47
Employee + Child(ren)	\$190.27	\$128.17
Employee + Family	\$287.35	\$181.82

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
BENEFIT LIMITS ARE FOR SERVICES RECEIVED FROM PROVIDERS UNDER ALL BENEFIT LEVELS				
ACUPUNCTURE TREATMENT	Not Covered			
ADVANCED RADIOLOGY IMAGING (MRI, MRA, CAT Scan, PET Scan, etc.)	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
ALCOHOLISM AND/OR CHEMICAL DEPENDENCY				
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Office/Clinic Visit	100% after \$30 Copayment*, Deductible Waived			40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
OUTPATIENT PROFESSIONAL PROVIDER SERVICES				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pre-certification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
ALLERGY TREATMENT (Includes Office Visit, Diagnostic Testing and Injections)				
Primary Care Physician	100% after \$30 Copayment*, Deductible Waived			40% after Deductible
Specialty Care Physician	100% after \$45 Copayment*, Deductible Waived			40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
AMBULANCE SERVICE				
Air Ambulance	N/A	80% after Tier 1/Tier 2 Deductible		
Ground Ambulance	100% after Tier 1/Tier 2 Deductible			
Ground Ambulance (Non-Emergent)	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
AMBULATORY SURGICAL CENTER	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Service provided by Reid Outpatient Surgery and Endoscopy (ROSE) will pay the same as Reid Hospital.				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
AUTISM SERVICES				
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Primary Care Physician Office Visit	100% after \$30 Copayment*, Deductible Waived			40% after Deductible
Specialty Care Physician Office Visit	100% after \$45 Copayment*, Deductible Waived			40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
Autism Services include certain treatments associated with Autism Spectrum Disorder (ASD) for Dependents less than nineteen (19) years of age, subject to all of the requirements stated in the Medical Benefits section.				
Benefit Limits:				
– Applied Behavior Analysis:				
– Maximum Benefit per Benefit Period /40 hours per week				
– Maximum Benefit per Therapy Period / 6 months				
Pre-treatment Review approval of written individual treatment plan is required.				
BARIATRIC SURGERY	Not Covered			
BIRTHING CENTER/HOME BIRTH	Not Covered			
CARDIAC/PULMONARY REHABILITATION THERAPY Outpatient	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
CHEMOTHERAPY Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
CHIROPRACTIC CARE				
	N/A	80% after Deductible	60% after Deductible	40% after Deductible
Benefit Limits: Maximum Benefit per Benefit Period / 15 visits X-rays are available at Reid and are not subject to the benefit limit.				
CHRONIC CARE MANAGEMENT				
	100%, Copayment and Deductible Waived			40% after Deductible
Includes Chronic Care Management services based on specific CPT Codes for those services as approved by Medicare including 99487, 99489, and 99490, and not subject to the Medical Necessity requirements of the Plan.				
COLONOSCOPY				
Routine Colonoscopy	100%, Deductible Waived		60% after Deductible	40% after Deductible
Diagnostic Colonoscopy	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
CONTRACEPTIVES (Including Contraceptive Management)				
Administered during Office Visit	100%, Deductible Waived		60% after Deductible	40% after Deductible
Self-Administered – See Pharmacy Benefit for details				
DENTAL SERVICES (As a Result of Accidental Injury)				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
DIABETIC SELF-MANAGEMENT TRAINING				
	100%, Deductible Waived		60% after Deductible	40% after Deductible
DIAGNOSTIC TESTS (Except for Second and Third Surgical Opinion)				
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Independent Laboratory	N/A	80% after Deductible	60% after Deductible	40% after Deductible

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
DIAGNOSTIC TESTS (Except for Second and Third Surgical Opinion) (cont.)				
Radiology – Reading & Pregnancy Ultrasound*	N/A	80% after Deductible	60% after Deductible	40% after Deductible
Pre-certification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
DIALYSIS TREATMENTS - OUTPATIENT				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Benefit Limits: Maximum Benefit per dialysis session* / \$550 or MEE as applicable**				
*Dialysis session includes charges for the dialysis, use of facility, professional fees and any and all drugs provided during the administration of a single course of dialysis.				
**MEE applies if the \$550 benefit payment will result in a balance due to the Covered Person except for Deductible and Out-of-Pocket expenses provided the Covered Person has taken all actions available to prevent a balance due.				
Pre-certification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
EMERGENCY ROOM SERVICES				
Facility Services for Emergency as defined	100% after Tier 1/Tier 2 Deductible	100% after Tier 1/Tier 2 Deductible	100% after Tier 1/Tier 2 Deductible	100% after Tier 1/Tier 2 Deductible
Professional Provider Services for Emergency are defined.	100% after Tier 1/Tier 2 Deductible	100% after Tier 1/Tier 2 Deductible	100% after Tier 1/Tier 2 Deductible	100% after Tier 1/Tier 2 Deductible
Facility Services for Non-Emergency	100% after \$200 Copayment*	80% after \$400 Copayment*	80% after \$400 Copayment*	40% after \$400 Copayment*
Professional Provider Services for Non-Emergency	100% after Deductible	80% after Deductible	80% after Deductible	40% after Deductible
*Copayment is waived if admitted as Inpatient within 24 hours. The Copayment is in addition to the Deductible, then Benefit Percentage applies.				
HEARING AIDS				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Benefit Limits: Maximum Lifetime Benefit / \$5,000 per five (5) Benefit Periods				

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
HEARING EXAMINATION				
Hearing Examination (PPACA)	100%, Deductible Waived		60% after Deductible	40% after Deductible
Hearing Examination (Non-PPACA)	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
HOME HEALTH CARE				
	N/A	80% after Deductible	60% after Deductible	40% after Deductible
Benefit Limits: Maximum Benefit / 1 visit per day				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
HOSPICE CARE (Includes Bereavement Counseling)				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
HOSPITAL SERVICES				
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
HOSPITAL SERVICES (cont.)				
Outpatient Facility Clinic Visits	100% after \$45 Copayment*, Deductible Waived. Copayment is waived if there is a related office visit.			40% after Deductible
*Copayment applies to the facility clinic visit charge only. Additional services or charges billed with a facility clinic visit are subject to the Deductible and Benefit Percentage. There is no coverage for Outpatient Facility Clinic Visits when this Plan is secondary.				
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pre-certification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
INFERTILITY SERVICES				
Benefit Limits: Maximum Lifetime Benefit / \$15,000 combined Medical and Pharmacy				
Diagnostic testing to determine Infertility	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Infertility Treatment (Participant and Dependent Spouse only)	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
INFUSION SERVICES - OUTPATIENT				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pain pump medications obtained from a Non-Network Provider are payable at 100% up to a Maximum Benefit of \$50 per 30-day supply. Tier 1/Tier 2 Deductible and Out-of-Pocket Maximum applies.				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
MAMMOGRAMS				
Routine Mammograms	100%, Deductible Waived		60% after Deductible	40% after Deductible
Diagnostic Mammograms	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
MASSAGE THERAPY (Physician Order is Required)				
Benefit Limits: Maximum Benefit per Benefit Period / 15 visits	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
MEDICAL EQUIPMENT/SUPPLIES				
Durable Medical Equipment	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Prosthetic Appliances	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Orthopedic Devices	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Other Medical Supplies	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pre-treatment Review of charges for Medical Equipment that may exceed \$5,000 is strongly recommended. If Pre-treatment Review is not obtained, charges may be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
MENTAL ILLNESS				
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Office Visit Services	100% after \$30 Copayment*, Deductible Waived			40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
Medicine Check	100% after \$30 Copayment*, Deductible Waived			40% after Deductible
Shock Therapy	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pre-certification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
MORBID OBESITY NON-SURGICAL TREATMENT (Only with Diagnosis of Morbid Obesity)				
Office Visit	100% after applicable Copayment*, Deductible Waived			40% after Deductible
*Copayment applies to the office visit charge and Physician visit related to weight management only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
NATUROPAHTY/HOMEOPATHIC	Not Covered			
NON-AMBUALNCE TRAVEL BEENFIT (FOR TRANSPANTS ONLY)	100% Deductible Waived			
Benefits are payable up to \$15,000 Maximum Benefit per Transplant, limited to the following: Coach airfare. If driving, IRS standard mileage rate reimbursement. Meals and lodging not to exceed \$300 per day. This benefit is available to the patient and one companion, limited to travel to a contracted Cigna LifeSOURCE Facility (or Supplemental Network or Optum Network if applicable).				
NUTRITIONAL COUNSELING	Not Covered except as covered under the Preventive Care Benefit or for any Mental Illness or Alcohol and/or chemical Dependency condition			

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
OCCUPATIONAL THERAPY VISITS - OUTPATIENT				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
OFFICE VISIT				
Primary Care Physician	100% after \$30 Copayment*, Deductible Waived			40% after Deductible
Specialist Physician	100% after \$45 Copayment*, Deductible Waived			40% after Deductible
OFFICE VISIT cont.				
Surgery – See Physician Services for a list of covered procedures.	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Shingles Vaccine – Physician’s Office	100% Deductible Waived			40% after Deductible
Laboratory – Physician’s office See Diagnostic Services and Supplies for a listing of covered procedures	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
ORGAN AND TISSUE TRANSPLANT SERVICES				
	100% after Tier 1 Deductible		No Benefit	No Benefit
Network is limited to a Cigna LifeSOURCE Facility (or Supplemental Network or Optum Network if applicable)				
ORTHOTICS/ORTHOPEDIC SHOES				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Benefit is limited to orthotics (shoe inserts), when custom molded, or orthopedic shoes or corrective shoes, when an integral part of a leg brace or other supportive device for the feet, when Medically Necessary for the treatment of diabetes.				
PHYSICAL THERAPY VISITS - OUTPATIENT				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
PREGNANCY/MATERNITY SERVICES (For the Employee or Employee’s spouse only) (Well-women prenatal visits are covered under the Preventive Care Benefit.)				
Office Visit (if billed per visit)	100% after \$30 Copayment*, Deductible Waived			40% after Deductible
Outpatient Facility Services (if billed as global fee)	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Certified Nurse Midwife (CNM) Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
Pre-certification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
PREVENTIVE CARE				
Annual Exams and Immunizations	100%, Deductible Waived			40% after Deductible
Preventive Care Services other than Annual Exams and Immunizations	100%, Deductible Waived		60% after Deductible	40% after Deductible
One wellness lab package provided by Reid Hospital is payable at 100% annually. Additional wellness lab packages provided by Reid Hospital are payable at 100% after deductible. See Reid Wellness Lab Benefit for a complete listing of Covered Expenses. Flu shots are only covered at Reid at 100% unless you live more than 45 driving miles from Reid.				
PREVENTIVE/PROPHYLACTIC MASTECTOMY/OOPHORECTOMY				
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Clinic Visits	100% after \$45 Copayment*, Deductible Waived. Copayment is waived if there is a related office visit.			40% after Deductible
*Copayment applies to the facility clinic visit charge only. Additional services or charges billed without a facility clinic visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pre-certification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
PRIVATE DUTY NURSING (Non-custodial services of a R.N. or L.P.N.)				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
RADIATION THERAPY - OUTPATIENT				
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Pre-certification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
REID WELLNESS LAB BENEFIT				
First Reid Wellness Lab Package per Benefit Period	100%, Deductible waived	N/A		
Additional Reid Wellness Lab Package per Benefit Period	100% after Deductible	N/A		
See Reid Wellness Lab Benefit for a complete list of services covered under this benefit.				
RESIDENTIAL TREATMENT FACILITY				
Benefit Limits: Maximum Benefit per Benefit Period / 60 Days	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Precertification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
RESPIRATORY THERAPY – OUTPATIENT				
Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
ROUTINE NEWBORN INPATIENT NURSERY/PHYSICIAN CARE				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
SECOND AND THIRD SURGICAL OPINION BENEFIT				
	100% after \$45 Copayment*, Deductible Waived			40% after Deductible
*Copayment applies to the office visit charge and professional charges for reading and interpretation of specimens and test data only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage and other Plan limitations and exclusions. There is no coverage for office visit when this Plan is secondary.				

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
SKILLED NURSING FACILITY				
Benefit Limits: Maximum Benefit per Benefit Period / 60 Days	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Precertification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
SPEECH THERAPY VISITS – OUTPATIENT				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
SKILLED NURSING FACILITY				
Female Sterilization Procedures	100%, Deductible Waived		60% after Deductible	40% after Deductible
Vasectomy	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
SURGERY				
Inpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Inpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Outpatient Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
SURGERY (cont.)				
Anesthesiology*	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Precertification by the Plan is required for all Inpatient Services. Failure to Pre-certify will result in a reduction in benefits of 50%.				
SURGICAL IMPLANT AND/OR DEVICES AND RELATED SUPPLIES				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Benefit Limits: applicable to all benefit levels except for Tier 1. Maximum Benefit per Implant for the following: Orthopedic Implants / \$60,000 Cardiac Implants (except for LVAD and RVAD) / \$60,000 LVAD/RVAD Implants / \$200,000 Maximums apply to any implantable device and all supplies associated with that implantable device.				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
TMJ/JAW DISORDERS				
Office Visit	100% after applicable Copayment*, Deductible Waived			40% after Deductible
Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
Benefit Limits: Maximum Lifetime Benefit / \$10,000				
Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.				
URGENT CARE FACILITY				
	100% after \$45 Copayment*, Deductible Waived	100% after \$45 Copayment*, Deductible Waived	100% after \$45 Copayment*, Deductible Waived	40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
Telehealth				
Telehealth (PCP, Specialist, Reid HealthNOW)	100% after \$15 Copayment*, Deductible Waived			
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				
See Medical Benefits for details.				
VISION SERVICES (Non-routine medical treatment of the eyes)				
Office Visit	100% after applicable Copayment*, Deductible Waived			40% after Deductible
Facility Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
Professional Provider Services	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
*Copayment applies to the office visit charge only. Additional services or charges billed without an office visit are subject to the Deductible and Benefit Percentage. There is no coverage for office visit when this Plan is secondary.				

Medical Schedule of Benefits

TYPE OF SERVICE/LIMITATIONS	BENEFIT PERCENTAGE/COPAYMENT			
	Tier 1: Reid	Tier 2: Not available at Reid & Out of Area Cigna Provider	Tier 3: Available at Reid & Cigna Provider	Tier 4: Out-of-network
WELL-CHILD CARE (See Preventive Care)				
	100%, Deductible Waived		60% after Deductible	40% after Deductible
WIG or HAIRPIECE (Loss of Hair as a Result of Medical Treatment, Surgery or Burns)				
	100% after Deductible	80% after Deductible	60% after Deductible	40% after Deductible
<p><i>Benefit Limits:</i> Maximum Lifetime Benefit / One (1) wig or hairpiece up to \$500 Maximum Eligible Expense does not apply to Out-of-Network charges.</p>				
<p>Benefit Limits: Maximum Lifetime Benefit / \$10,000</p>				
<p>Pre-treatment Review by the Plan is strongly recommended. If Pre-treatment Review is not obtained, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.</p>				



Flexible Spending Account

Health Care FSA

- Pay for eligible health, dental, and vision expenses, such as plan deductibles, copays, and coinsurance
- Contribute up to \$3,400

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child or adult dependent care, so you and/or your spouse can work, look for work, or attend school full time.
- Contribute up to \$7,500 in 2026 if married filing jointly, single or Head of Household, or \$3,750 if you are married and file separate tax returns.
- If you are married, you will qualify if you and your spouse both work, or if your spouse is a full-time student or disabled.
- You will need the tax ID number or Social Security number of the care provider when you submit for reimbursement.

Estimate carefully

Keep in mind, FSAs are “use-it-or-lose-it” accounts. You will forfeit any funds remaining in the account at the end of the benefit period.

Because these accounts are regulated by the IRS, many rules apply. Money may not be transferred between the Health Care and Dependent Care accounts. During the year, contributions cannot be changed unless you have a qualifying event, such as marriage, divorce, birth or adoption.

What’s an eligible expense?

Health Care FSA – Plan deductibles, copays, coinsurance, durable medical equipment (nebulizer, oxygen, crutches, braces, etc.), contacts and prescription glasses/prescription sunglasses, physical, occupational and speech therapy, hearing aids and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.

Dependent Care FSA – Child day care, babysitters, preschool tuition, day care in your home or elsewhere, day camp, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.

What if my spouse contributes to an HSA?

If your spouse actively contributes to a health savings account (HSA), you are not permitted by the IRS to contribute to a flexible spending account. Please check with a member of the Benefits Team if you have questions.

How do I get reimbursed?

You may choose one of the following options:

- **Automatic Reimbursement:** if you participate in the medical or dental plan, unpaid balances will automatically be paid through your flex plan. Allegiance will electronically deposit reimbursements directly into your checking or savings account if you have set up direct deposit. If you have not, a check will be mailed to you.
- **Paper Claims:** Claims can be filed at any time by faxing a paper claim form and necessary documents to Allegiance. This method does take a few weeks longer to receive the reimbursement.
- **Flex Debit Cards:** Reid offers a debit card as part of the Flex Plan. You may use a debit card to pay for medical expenses under the Health Care FSA or daycare expense under the Dependent Care FSA. *Documentation for the expense may be required and should be saved for all debit card transactions.*
- **Mobile App:** Allegiance has a great mobile app that provides you the ability to check remaining flex balances, file a claim and submit receipts to substantiate debit card purchases.

For paper claim forms or instructions on downloading this app, visit the HR SharePoint site > Employee Benefits > Flexible Spending Accounts

Dental and Vision Coverage

Dental

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

	Plan 1	Plan 2
Annual deductible (per person/per family)	\$50/\$150	\$25/\$75
Calendar-year maximum	\$1,500	\$750
Preventive/diagnostic services	100%	100%
Basic services	80%	70%
Major services	50%	No coverage
Orthodontia	\$2,000 Lifetime maximum	No Coverage

30+ hrs/week	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Plan 1	\$10.53	\$21.06	\$18.42	\$31.05
Plan 2	\$3.79	\$7.59	\$6.64	\$11.19

Vision

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents

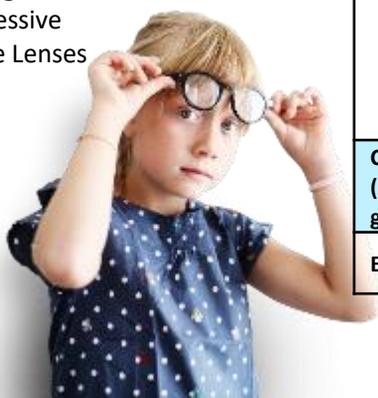
Plan	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Bronze	\$3.83	\$7.65	\$8.18	\$13.09
Silver	\$6.25	\$12.48	\$13.37	\$21.35
Gold	\$10.32	\$20.59	\$22.06	\$35.24

Additional Vision Benefits

KidsCare (bronze) Provides children two Exams, up to two pairs of lenses (with prescription change), and a frame every calendar year.

Additional Pair (Gold) Second pair of glasses or an allowance for contact lenses.

EasyOptions (Gold) Select 1: Increase Frame allowance to \$290, or Increase Contact Lens Allowance to \$220, or Anti-Reflective Coating, or Premium/Custom Progressive Lenses, or Light-Reactive Lenses



VSP	Bronze	Silver	Gold
Exam (once per calendar year)	\$10 Copay	\$20 Copay	\$20 Copay
Lenses (once per calendar year)			
Standard plastic lenses	\$25 copay	\$25 copay	\$25 copay (twice per calendar year)
Standard progressive	Covered at 100%	Covered at 100%	Covered at 100%
Premium & Custom progressive	\$95 - \$175 copay	\$55 copay	\$95 - \$175 copay
Anti-reflective coating	\$41 - \$85 copay	\$40 copay	\$41 - \$85 copay
Polycarbonates	Covered at 100% for children to age 26	Covered at 100%	Covered at 100%
Frames	100% up to \$150 or 100% up to \$170 for featured frame brands or 100% up to \$80 at Costco (every other calendar year, Children – every calendar year)	100% up to \$200 or 100% up to \$220 for featured frame brands or 100% up to \$80 at Costco (every calendar year,)	100% up to \$240 or 100% up to \$260 for featured frame brands or 100% up to \$130 at Costco (TWICE per calendar year)
Contact lenses (instead of glasses)	100% up to \$130	100% up to \$150	100% up to \$170
Exam and fitting	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay

Disability Insurance

The loss of income due to illness or disability can cause serious financial hardship for your family. Our disability insurance programs work together to replace a portion of your income when you're unable to work. The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time.

Employees enrolling in 2026 who previously waived short-term disability when first eligible will be subject to a pre-existing clause. A pre-existing condition is any condition for which an employee receives any type of medical care (or should have received due to symptoms) during the three months prior to the effective date, including pregnancy.

Employees currently enrolled in the 14-day waiting plan who elect the 7-day waiting period plan effective January 1, 2026, will have the pre-existing clause apply to the additional benefit.

	Hourly Option 1 Short-Term Disability	Hourly Option 2 Short-Term Disability	Long-Term Disability Hourly	Long-Term Disability Salaried
Who pays:	Employee-paid	Employee-paid	Employer-paid	Employer-paid
Benefit provided	Up to 60% of your weekly salary	Up to 60% of your weekly salary	50% of base monthly salary	60% of base monthly salary
Maximum benefit payable	\$ 1,500 per week	\$ 1,500 per week	\$ 3,000 per month	Up to plan limits
Maximum benefit duration	24 weeks	25 weeks	Until you're no longer considered disabled, or you reach normal retirement age, whichever comes first	Until you're no longer considered disabled, or you reach normal retirement age, whichever comes first
Waiting period	14 days	7 days	180 days	180 days



Voluntary Benefits

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

Employer basic life and AD&D insurance

You automatically receive basic life and accidental death and dismemberment (AD&D) insurance so that you can protect those you love from the unexpected. There is no cost to you for this coverage. Your basic life benefit amount for hourly employees is 1 times your base salary up to \$100,000 and for salaried employees 1 times your base salary (Limits apply). Your basic AD&D benefit amount for hourly employees is 2 times your base salary up to \$100,000 and for salaried employees 2 times your base salary (Limits apply).

Employee supplemental life insurance

You may purchase coverage of \$10,000 to \$500,000 and increase your coverage each year by \$10,000 with no medical questions up to \$350,000. Any amount over \$350,000 will require you to complete a medical history form.

This coverage includes an accelerated death benefit, in which you are given the option to withdraw up to 50 percent (\$250,000 maximum) of your life insurance coverage when diagnosed with a terminal illness as defined in the policy. Additional special benefits: international transport if covered member is hurt overseas and travel insurance in case of lost medications.

Coverage under this benefit is reduced to the lesser of 50 percent or \$25,000 when the employee turns 70.

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. Login to Workday to add or change a beneficiary.

Delay of Coverage

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff or leave of absence on the date the insurance would have otherwise become effective, including increases in coverage.

If delayed, coverages will begin on the date that the employee returns to active employment. In the event of a claim, claims will be processed according to the plan document. For full plan details, please visit the plan document on the Human Resources SharePoint.

Federal tax law requires Reid Health to report the cost of company-paid life insurance in excess of \$50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

If you are a first-time enrollee who waived coverage in the past, a medical history form must be completed, and approved by MetLife at the conclusion of your enrollment. Those who want to increase their current coverage by more than \$10,000 must also complete a medical history form, return to and be approved by MetLife. Electing or increasing coverage for your spouse may require you to elect additional employee supplemental life.

Level of Coverage	Bi Weekly Premiums	Level of Coverage	Bi Weekly Premiums
\$10,000	\$0.57	\$260,000	\$14.76
\$20,000	\$1.14	\$270,000	\$15.33
\$30,000	\$1.70	\$280,000	\$15.90
\$40,000	\$2.27	\$290,000	\$16.46
\$50,000	\$2.84	\$300,000	\$17.03
\$60,000	3.41	\$310,000	\$17.60
\$70,000	\$3.97	\$320,000	\$18.17
\$80,000	\$4.54	\$330,000	\$18.73
\$90,000	\$5.11	\$340,000	\$19.30
\$100,000	\$5.68	\$350,000	\$19.87
\$110,000	\$6.24	\$360,000	\$20.44
\$120,000	\$6.81	\$370,000	\$21.00
\$130,000	\$7.38	\$380,000	\$21.57
\$140,000	\$7.95	\$390,000	\$22.14
\$150,000	\$8.52	\$400,000	\$22.71
\$160,000	\$9.08	\$410,000	\$23.28
\$170,000	\$9.65	\$420,000	\$23.84
\$180,000	\$10.22	\$430,000	\$24.41
\$190,000	\$10.79	\$440,000	\$24.98
\$200,000	\$11.35	\$450,000	\$25.55
\$210,000	\$11.92	\$460,000	\$26.11
\$220,000	\$12.49	\$470,000	\$26.68
\$230,000	\$13.06	\$480,000	\$27.25
\$240,000	\$13.62	\$490,000	\$27.82
\$250,000	\$14.19	\$500,000	\$28.38

Voluntary Benefits cont.

Spousal Life

You may also purchase supplemental life coverage for your spouse for coverage amounts from \$5,000 to \$100,000 and costs and coverages are based on the employee's age. You may increase current coverage by one level with no medical questions. You must have a minimum equal amount of supplemental life insurance for yourself if you elect this coverage. For example, if you want to elect \$20,000 for your spouse, you must have a minimum of \$20,000 of employee supplemental life insurance. If you waived this coverage previously or want to increase coverage more than one level, your spouse will be required to complete a medical history form and submit to MetLife for approval.

Age	\$5,000	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	\$0.14	\$0.28	\$0.55	\$0.83	\$1.11	\$1.38	\$1.66	\$1.94	\$2.22	\$2.49	\$2.77
25-29	\$0.14	\$0.28	\$0.55	\$0.83	\$1.11	\$1.38	\$1.66	\$1.94	\$2.22	\$2.49	\$2.77
30-34	\$0.18	\$0.37	\$0.74	\$1.11	\$1.48	\$1.85	\$2.22	\$2.58	\$2.95	\$3.32	\$3.69
35-39	\$0.21	\$0.42	\$0.83	\$1.25	\$1.66	\$2.08	\$2.49	\$2.91	\$3.32	\$3.74	\$4.15
40-44	\$0.23	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
45-49	\$0.35	\$0.69	\$1.38	\$2.08	\$2.77	\$3.46	\$4.15	\$4.85	\$5.54	\$6.23	\$6.92
50-54	\$0.53	\$1.06	\$2.12	\$3.18	\$4.25	\$5.31	\$6.37	\$7.43	\$8.49	\$9.55	\$10.62
55-59	\$0.99	\$1.98	\$3.97	\$5.95	\$7.94	\$9.92	\$11.91	\$13.89	\$15.88	\$17.86	\$19.85
60-64	\$1.55	\$3.09	\$6.18	\$9.28	\$12.37	\$15.46	\$18.55	\$21.65	\$24.74	\$27.83	\$30.92
65-69	\$2.93	\$5.86	\$11.72	\$17.58	\$23.45	\$29.31	\$35.17	\$41.03	\$46.89	\$52.75	\$58.62
70+	\$6.23	\$12.46	\$24.92	\$37.38	\$49.85	\$62.31	Lesser of \$25,000 or 50% at age 70+				

Dependent Children Life

Optional child life insurance provides \$2,500, \$5,000, \$10,000 or \$20,000 of life insurance for unmarried children through age 26. You must have a minimum equal amount of supplemental life insurance for yourself if you elect this coverage.

Level of Coverage	Biweekly Premium
\$2,500	\$0.16
\$5,000	\$0.32
\$10,000	\$0.65
\$20,000	\$1.29

Voluntary Supplemental AD&D Insurance

This plan pays a benefit in the event of a covered accidental death or in the event of certain accidents that result in serious injury such as the loss of a hand, foot, or one's sight. You may purchase up to \$250,000 of coverage for you and your spouse and \$25,000 for eligible dependent children.

You may choose among three coverage options: employee, spouse or child. If elected, the child option covers all eligible dependent children from birth to 26 years of age. Employee AD&D coverage must be equal to or greater than spouse or children coverage.

Employee		Spouse		Children	
Level	Premium	Level	Premium	Level	Premium
\$25,000	\$0.25	\$5,000	\$0.06	\$2,500	\$0.07
\$50,000	\$0.51	\$10,000	\$0.12	\$5,000	\$0.13
\$75,000	\$0.76	\$15,000	\$0.17	\$7,500	\$0.20
\$100,000	\$1.02	\$20,000	\$0.23	\$10,000	\$0.27
\$125,000	\$1.27	\$25,000	\$0.29	\$12,500	\$0.33
\$150,000	\$1.52	\$50,000	\$0.58	\$15,000	\$0.40
\$175,000	\$1.78	\$75,000	\$0.87	\$17,500	\$0.47
\$200,000	\$2.03	\$100,000	\$1.15	\$20,000	\$0.54
\$225,000	\$2.28	\$125,000	\$1.44	\$22,500	\$0.60
\$250,000	\$2.54	\$150,000	\$1.73	\$25,000	\$0.67
		\$175,000	\$2.02		
		\$200,000	\$2.31		
		\$225,000	\$2.60		
		\$250,000	\$2.88		

Life planning

Did you know MetLife offers free life planning, financial and legal resources? Life planning services include:

- Financial and legal resources
- Impartial, accurate advice
- Emotional counseling and support
- Educational benefits
- Spousal training

Delay of Coverage

Insurance coverage will be delayed, if the dependent or spouse is confined to a hospital, confined to home, or receiving disability income from any source on the date that insurance would otherwise become effective. In the event of a claim, claims will be processed according to the plan document. For full plan details, please visit the plan document on the Human Resources SharePoint or call MetLife at 1-800-638-5433.

Voluntary Benefits cont.

As part of Reid’s benefits package, you have access to a variety of additional programs that can help save you money and provide important assistance with everyday needs.

Voya Critical Illness insurance

This plan protects against the financial impact of certain covered illnesses such as a heart attack or cancer. You receive a direct lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services and day care.

You choose the level of coverage that is right for you from \$5,000 to \$30,000 in \$5,000 increments and you can use the money any way you see fit.

Major Organ Module	
<ul style="list-style-type: none"> Type 1 Diabetes Severe burns Transient ischemic attacks (TIA) (10% of critical illness benefit) Ruptured or dissecting aneurysm (10% of critical illness benefit) Abdominal aortic aneurysm (10% of critical illness benefit) Thoracic aortic aneurysm (10% of critical illness benefit) Pacemaker placement (10% of critical illness benefit) 	<ul style="list-style-type: none"> Open heart surgery for valve replacement or repair (25% of critical illness benefit) Transcatheter heart valve replacement or repair (10% of critical illness benefit) Coronary angioplasty (10% of critical illness benefit) Implantable/internal cardioverter defibrillator (ICD) placement (25% of critical illness benefit)

Enhanced Cancer Module	
<ul style="list-style-type: none"> Benign brain tumor Skin cancer (10% of critical illness benefit) 	<ul style="list-style-type: none"> Bone marrow transplant (100% of critical illness benefit) Stem cell transplant placement (100% of critical illness benefit)

Voya Accident and Critical Illness Wellness Benefit

\$100 wellness benefit if employees and spouses covered receive health screening tests such as cholesterol test for HDL or LDL, mammogram, colonoscopy and/or pap test. Children covered under the plan are eligible for a \$100 per child benefit.

Employee (Non-Tobacco User)						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Under 30	\$0.85	\$1.71	\$2.56	\$3.42	\$4.27	\$5.12
30 – 39	\$1.36	\$2.72	\$4.08	\$5.45	\$6.81	\$8.17
40 – 49	\$2.91	\$5.82	\$8.72	\$11.63	\$14.54	\$17.45
50 – 59	\$5.15	\$10.29	\$15.44	\$20.58	\$25.73	\$30.88
60 – 64	\$7.04	\$14.08	\$21.12	\$28.15	\$35.19	\$42.23
65 – 69	\$7.04	\$14.08	\$21.12	\$28.15	\$35.19	\$42.23
70+	\$12.23	\$24.46	\$36.69	\$48.92	\$61.15	\$73.38

Spouse (Non-Tobacco User)			
Issue Age	\$5,000	\$10,000	\$15,000
Under 30	\$1.18	\$2.35	\$3.53
30 – 39	\$1.71	\$3.42	\$5.12
40 – 49	\$3.69	\$7.38	\$11.08
50 – 59	\$7.11	\$14.22	\$21.32
60 – 64	\$9.85	\$19.71	\$29.56
65 – 69	\$9.85	\$19.71	\$29.56
70+	\$17.88	\$35.77	\$53.65

Employee (Tobacco User)						
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Under 30	\$1.25	\$2.49	\$3.74	\$4.98	\$6.23	\$7.48
30 – 39	\$2.24	\$4.48	\$6.72	\$8.95	\$11.19	\$13.43
40 – 49	\$4.78	\$9.55	\$14.33	\$19.11	\$23.88	\$28.66
50 – 59	\$8.52	\$17.03	\$25.55	\$34.06	\$42.58	\$51.09
60 – 64	\$11.88	\$23.77	\$35.65	\$47.54	\$59.42	\$71.31
65 – 69	\$11.88	\$23.77	\$35.65	\$47.54	\$59.42	\$71.31
70+	\$18.44	\$36.88	\$55.32	\$73.75	\$92.19	\$110.63

Spouse (Tobacco User)			
Issue Age	\$5,000	\$10,000	\$15,000
Under 30	\$1.73	\$3.46	\$5.19
30 – 39	\$2.70	\$5.40	\$8.10
40 – 49	\$5.93	\$11.86	\$17.79
50 – 59	\$11.75	\$23.49	\$35.24
60 – 64	\$16.82	\$33.65	\$50.47
65 – 69	\$16.82	\$33.65	\$50.47
70+	\$27.53	\$55.06	\$82.59

Children			
	\$2,500	\$5,000	\$10,000
	\$0.37	\$0.74	\$1.48

Voluntary Benefits cont.

Voya Accident insurance

You can't always avoid accidents — but you can help protect yourself from accident-related costs that can strain your budget. Accident insurance supplements your primary medical plan and disability programs by providing cash benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Benefits are paid in addition to other coverages you may have, such as medical or an AD&D plan.

Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$5.74	\$9.89	\$11.25	\$15.40

Voya Hospital Indemnity insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. A hospital indemnity plan provides supplemental payments directly to you — unless assigned to someone else — that you can use to cover expenses that your medical plan does not cover for hospital confinement. You may elect coverage under Plan 1 (\$200 daily benefit) or Plan 2 (\$100 daily benefit).

Initial Admission Benefit – (Limited to 8 initial admissions per year):		
Hospital Admission: \$2000 (Plan 1) or \$1000 (Plan 2) for the first day of hospital admission, once per hospitalization.	Critical Care Unit (CCU) Admission: \$2000 for the first day of CCU admission, once per hospitalization.	Reid Health Admission Benefit: An additional 25% of the admission benefit is payable for confinements at Reid.

Daily Confinement Benefits by Facility				
Hospital: \$200 or \$100 per day, up to 30 days per confinement beginning on day 2	Critical Care Unit: \$400 or \$200 (2 x Daily Benefit amount) per day, up to 15 days per confinement beginning on day 2	Rehabilitation Facility: \$200 or \$100 (1 x Daily Benefit amount) per day, up to 30 days per confinement, beginning on day 2	Reid Health Confinement Benefit: An additional 25% of the facility confinement benefit is payable for confinements at Reid	Observation Daily Benefit: Observation unit benefit \$250 per day, up to a maximum of one day per calendar year. An observation unit benefit is not payable for any day that a facility confinement or admission of benefits is payable

	Employee only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Plan 1	\$8.85	\$14.50	\$14.46	\$20.12
Plan 2	\$7.27	\$11.74	\$11.70	\$16.17

*Confinement means that on the advice of a Doctor, your assignment to a bed as a resident inpatient in a Hospital or Critical Care Unit (CCU) or Rehabilitation Facility. There must be a charge for room and board, other than in any government, military, or veterans' facility for which there is no charge for room and board.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. Looking for comprehensive health insurance? Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options. To find out if you can get health insurance through your job, or a family member's job, contact the employer. Questions about this policy? For questions or complaints about this policy, contact human resources, or your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."

Total Wellbeing Benefits

DailyPay

Earned Income Pay Solution

DailyPay provides employees early access to their earned pay. This means that you choose when you want to be paid. You can get instant access to your earned income for a fee of \$3.49 or receive it on the next business day with no fee when you choose to use DailyPay. You can access your pay from Day 1, and have it sent to any account, debit card or pay card, instantly or next day.

Participants can visit: www.dailypay.com for more information and get signed up.

dailypay.



Omada

Virtual Healthcare Solution – Pre-Diabetes, Diabetes I & II, and Hypertension

Omada is available to all employees and adult dependents enrolled in the medical plan who are at risk for type 2 diabetes, heart disease, or are living with diabetes or high blood pressure. Omada's digital technology works with the participant to support their health and wellness journey by offering smart devices and coaching at no cost to the participant.

- A professional health coach
- Connected devices (scale, blood pressure monitor, and/or glucose meter)
- Certified Diabetes Care and Education Specialist
- Weekly online lessons
- Online community

omada



Visit: www.omadahealth.com or call 888-409-8687 for more information or to sign up.

MyReid

MyReid is your FREE digital health assistant. You can use it to schedule appointments, message your care team, and make payments, all from the palm of your hand. Be sure to download MyReid today and checkout all the things you can do with the app. Download MyReid in the app store.

Participants can visit: ReidHealth.org/MyReid for more information.



Total Wellbeing Benefits cont.

Hinge Health

Virtual Healthcare Solution – Chronic Pain, Physical Therapy, and Coaching

Hinge is a virtual therapy program that helps conquer your chronic pain from home. Hinge equips you with wearable sensors and connects you with your own personal health coach. You'll decrease your pain through self-guided exercise therapy sessions at your own pace. Employees and family members age 18+ who are covered on Reid's medical plan are eligible. If you need help with pain or an injury, you'll go through a clinical questionnaire to make sure Hinge is the right fit.



Hinge Health sets you up with your own personal health coach. You will receive a free kit with wearable sensors, mailed to your home. The sensors will allow you to follow the exercises displayed on the app, showing you how to move and adjust your body in real-time. The programs are made up of 15-minute playlists that you work through 3 times per week, are tailored to your abilities and pain, and adapt as you continue to improve. Your coach will be available via email, text, or over the phone to answer your questions and act as an unlimited resource!

Participants can visit: hingehealth.com/for/reidhealth/ or call 855-902-2777 for more information and get signed up.

ShineWell by Marquee Health

Wellness Platform

The ShineWell program, powered by Marquee Health, is Reid Health's newest wellness program. It features a new custom website and mobile app, equipped with convenient and accessible resources will allow you to take wellness with you on-the-go. All Reid Health employees and their family members (18+), regardless of enrollment in a Reid Health medical plan are eligible and encouraged to participate in the ShineWell program; there is no cost to the participant.

- Wellness portal & mobile app
- Unlimited access to health coaches
- Wellbeing weekly place blog
- On-Demand wellness videos for cooking, meditation, or workouts
- Personal health assessments
- Company-wide wellness challenges
- Monthly webinars
- Gym membership discounts nationwide

To get started, visit reidhealthwellness.com or call 800-882-2109 to learn more about this great program and access the wellness resources.



Additional Benefits

Nationwide Pet Insurance

Insurance is not always for the humans in your family. Reid has not forgotten about the “furry” members of the family who may also need medical coverage.

The provider is not required to be in a network. Employees will pay the bill and file for reimbursement with the plan.

My Pet Protection provides coverage for injuries, common illnesses, x-rays and surgeries.

Rates for this plan are per pet, species (dog or cat), and the state in which you reside. Coverage can be elected by calling Nationwide directly at (800) 540-2016 or go to <https://benefits.petinsurance.com/reidhealth>. Please note that those currently enrolled in coverage do not need to take any action unless they wish to cancel coverage, otherwise coverage will continue.

My pet protection has a \$250 deductible and options for 70% or 50% coverage for covered services.

Legal Insurance – pre-paid legal plan

The legal services plan through LegalEASE offers participants and their eligible dependents access to legal advice and services from a nationwide network of attorneys with coverage for many personal legal issues. Services include telephone advice and office consultations on an unlimited number of legal matters, in addition to full representation for covered matters.

The legal plan is available for **\$8.27** biweekly after tax. Note: You do not pay an hourly rate if you use a network attorney.

Employee Emergency Fund

The Employee Emergency Fund allows eligible employees who have successfully completed their 90-day introductory period and need financial assistance as a result of a catastrophic or other unfortunate qualifying event, to receive aid from a donor/employee-funded emergency fund. This program fosters a caring environment by providing a convenient and affordable way for employees to assist co-workers during times of crisis.

Donors or employees who wish to make a voluntary monetary contribution to the fund can do so through outright gifts or payroll deduction. An annual campaign will be conducted by Reid Foundation to renew the funds in the Employee Emergency Fund. No patient revenues are used to fund this program.

All contributions to this fund are tax deductible in accordance with IRS regulations

KinderCare

KinderCare at Reid Health is the on-site childcare center located on the campus of Reid Health, creating a safe and convenient location for parents in need of a childcare solution. The center accepts children ages 6 weeks to 5 years. For more information and to learn about the programs offered, contact the center director at (765) 935-4596 or email enrollnow@kindercare.com.

Allstate Identity Protection

Features include:

- Allstate Digital Footprint™
- Full-service 24/7 fraud remediation with a highly trained in-house expert
- 401(k) and HSA reimbursement
- Elder fraud protection
- Financial transaction monitoring
- Tri-bureau credit monitoring
- Unlimited TransUnion credit scores and reports
- Annual tri-bureau credit report and score
- Credit freeze assistance
- Enhanced social media monitoring
- Social media account takeover
- Accounts secured with two-factor and biometric authentication
- \$1 million identity theft insurance policy
- Stolen fund reimbursement
- Antivirus protection
- Safe browsing and phishing protection
- Web filtering
- Webcam protection
- Firewall
- VPN

Plans: **\$5.05** Single Bi-weekly
\$8.75 Family Bi-weekly



Additional Benefits cont.

Education Assistance

For eligible employees, the plan benefit is up to \$1,000 of tuition reimbursement per eligible class. The annual maximum tuition reimbursement is \$4,000 per calendar year. Employees who receive tuition assistance will need to continue employment with Reid for 24 months following reimbursement. If an employee leaves Reid's employment or drops below eligibility status before meeting the 24-month commitment, they will be responsible to reimburse any assistance received in the previous 24 months.

In order to qualify for reimbursement an employee must meet the following criteria:

- Completed 90-day introductory period
- Regularly scheduled 24 hours or more per week
- No corrective action in the last 12 months at the second level
- Classes must be job related
- Grade of C or better

Purchasing Power

Purchasing Power helps you purchase products through payroll deduction. Furniture, computers, home appliances and electronics are examples of items available. Purchasing Power is not a discount program. Instead, it offers an option for those who do not have cash and whose only option is to use a high interest credit card. All purchases are payroll deducted interest-free for 12 months. Go to www.REID.purchasingpower.com for complete details.

CARE Bank

This program allows employees who have successfully completed their 90-day introductory period and who have a genuine medical emergency to continue to receive income from the PTO CARE bank.

A medical emergency is a condition of the employee, the employee's spouse, children, parent or sibling that will require the prolonged absence of the employee from work and will result in substantial loss of income.

To be eligible, employees must be in a classification that earns PTOs, and must have donated at least one PTO hour in the 12 months preceding the request for assistance.

Donations are made to a bank and not to a specific individual. Employees who wish to donate PTO hours will declare the number of donated hours during the open enrollment period.

Kashable

Kashable is a financial wellness benefit for Reid Health employees looking to tackle unexpected expenses or pay down high-interest debt. By working directly with Reid Health, Kashable can offer access to low-cost personal loans of \$250-\$20,000 to employees across the credit spectrum.

Kashable loans are repaid automatically through payroll deduction, making it stress-free to repay on time, and giving you the opportunity to build your credit! Plus, Kashable only lends what you can afford to borrow, making a Kashable loan a smart alternative to a 403(b) loan or high-interest credit card.

You can check your rate online with no impact to your credit score and no obligation to apply. Once you apply and are approved, your funds are directly deposited into your bank account in just one business day. Get started now at Kashable.com.

Eligibility:

- 6 months of service with Reid
- Must earn at least \$20,000 per year
- Must be at least 18 years of age

Advantages of a Kashable loan:

- Interest rates starting at 6% APR
- Loan amounts from \$250 to \$20,000
- 6 to 24-month repayment terms
- Funds deposited on the next business day

How It Works:

- Create an account at Kashable.com and verify your information
- Apply on-line at www.Kashable.com
- Repayments through automatic payroll deduction
- Receive funds the next business day.

Paid Time Off

The PTO plan will continue to provide time off with pay for employees to take care of themselves and their families. Vacation, holiday, and sick time are rolled into one category of time off. PTO is required to be used for all unscheduled absences, vacation, or other requested time off.

Employees regularly scheduled a minimum of 24 hours each work week are eligible after successful completion of the 90-day introductory period.

Employees will be able to accumulate up to a maximum of 480 PTO hours. Once an employee reaches 480 PTO hours, no additional PTO hours will be earned until the balance is reduced below 480.

PTO Cash-in is available up to 120 hours each calendar year during open enrollment .

Accumulation Schedule - Staff will accrue PTO according to the chart below. The “Hours per Year” is based on an employee who works 40 hours each week. Hourly employees may accumulate, more or less, based on the number of hours paid.

Service	PTO accrued per Paid Hour	PTO per Pay Period	PTO per Year
0 up to 3 years	.08461 hours	6.76923 hours	176 hours
3 up to 10 years	.10384 hours	8.30769 hours	216 hours
10+ years	.12307 hours	9.84615 hours	256 hours

Bereavement Leave/Funeral Leave

Reid offers paid time off work to grieve, attend the funeral and handle personal business related to the death of a family member.

Paid bereavement, outlined below, is available to regularly scheduled employees. Additional time may be approved by the department director based on distance needed for travel or the relationship of the deceased. However, available PTO will need to be used for the additional time.

Ten (10) days

Spouse
Child (including step)

Five (5) days

Miscarriage
Parent (including step)
Sibling (including step)

Two (2) days

Grandchild (including step)
Current mother/father-in-law
Current brother/sister-in-law
Current son/daughter-in-law

One (1) day

Grandparent (including step and in-law)
Employee’s Aunt/Uncle
Employee’s Niece/Nephew

Paid bereavement days are expected to be taken within seven calendar days (14 days for a spouse or child) following the day of death and are for scheduled workdays only during those seven calendar days.

All details of this benefit are available on the HR SharePoint > Employee Benefits > Bereavement Leave

Holiday Differential

Reid Health offers a holiday differential for all hourly employees on the following holidays:

- New Year’s Day
- Memorial Day
- Thanksgiving
- Martin Luther King Day
- Independence Day
- Christmas Eve
- Easter
- Labor Day
- Christmas Day

Holiday differential is paid at 50 percent of your base rate for hours actually worked on the designated holiday. Hours considered for holiday differential are 11:00 p.m. to 11:00 p.m.

For example, Christmas Day holiday differential starts at 11:00 p.m. December 24 and ends at 10:59 p.m. December 25.

Retirement Savings

403(b) Savings Plan

Your 403(b) Savings Plan provides advantages you may not get with other types of savings plans and helps you meet one of life's important goals — saving for a financially secure retirement.

Eligibility

All Employees are eligible to participate.

Your contributions

Employees are automatically enrolled at a 2% contribution. This means 2% of the employee's bi-weekly pay is automatically deducted.

- Both before-tax and Roth after-tax contributions count toward the IRS maximum of \$24,500.
- If you are age 50 or older, you may make additional catch-up contributions — up to \$8,000.

Changing contributions and investment options

Employees can review and make changes to contributions on the Ascensus website

<https://secure.ascensus.com/login/Participant>.

Reid matching contributions

To support your retirement saving efforts, after 1 year of employment, and age 21, Reid Health will match up to 50 percent of the employee's contribution to a maximum of 2 percent.

Reid will also pay into your retirement account, even if you are unable to save.

- After year 1 – contribution of 2.3 percent of wages (must be age 21)

Investment elections

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

<https://secure.ascensus.com/login/Participant> to learn more about your investment options.

Vesting

Vesting refers to your ownership of the money in your account. You are always 100% vested in your own contributions. You become fully vested in any Reid contributions after 6 years.

It's always the right time

Saving for retirement is important for your financial future, whether you are retiring soon or years from now. The Reid Health 403(b) Savings Plan is designed to assist you in meeting your retirement goals.

Need help?

Certified financial planners are available to provide investment and retirement advice to employees. Appointments can be made with Mike and Ben from Allworth Financial by contacting their office directly at (463) 274-4001.



Don't Forget the Extras!

Reid's benefits plan offerings are too numerous to mention in detail, but below is a brief overview. Visit the HR SharePoint site > Employee Benefits for more information.

Adoption Assistance

Reid reimburses up to \$8,000 per child for approved adoption expenses for eligible employees.

Café at Twelve Hundred

Employees receive a discount in the cafeteria. All purchases are eligible for payroll deduction.

Credit Union

Reid employees have membership eligibility in the Health Care Professionals Federal Credit Union and 3Rivers Credit Union.

Dependent Scholarship

Dependent children of Reid employees who are seeking a degree in a medically related field are eligible to apply for a \$2,000 scholarship to help with tuition costs. This program is administered by the Wayne County Foundation. Applications are available from school guidance counselors or the Wayne County Foundation.

Dry Cleaning Drop-off and Pick-up

Employees may save a trip by taking advantage of our convenient drop off and pick up service located in Environmental Services on the lower level of the inpatient tower.

Employee Buy/Sell Board

Employees can post items on the Reid Buy/Sell Board Facebook page they are looking for or things they wish to sell. Visit facebook.com/groups/RHBuySellBoard/ to join!

Espresso Bar

Located in the main concourse near Lingle Grand Staircase, the Espresso Bar- "proudly brewing Starbucks coffee"- offers a variety of coffees, teas, cold drinks and delicious baked goods.

Gift Cards

A Reid gift card can be used on any purchase including payment on a patient account; they make a great gift for co-workers.

Ginkgo Boutique

Stamps, flowers, balloons, Reid gift card, and candy are just a few of the items available in the gift shop. Convenient payroll deduction is available.

Indiana Family College Savings Plan

The CollegeChoice 529 Investment Plan is an education savings plan for children that offers attractive tax benefits with the opportunity to save through a wide variety of investment choices. If interested, contact Mike or Ben at (463) 274-4001.

Liability Insurance

Reid provides protection to you, at no cost, in case you are sued as a result of a covered job-related act.

Local Discounts

We are fortunate to have local businesses offer special incentives to Reid employees. The full list is available on the HR SharePoint site under Employee Benefits. A few examples include Pizza King, Papa John's, Wetzels Auto, Best One Tire, Ryan's Flooring, and Verizon Wireless.

Don't Forget the Extras!

Long-term Recognition Program

This program is a way to say "Thank You" to team members with five or more years of service. The program generally falls on the first payroll Friday of the month of the team member's hire date. The recognition check is presented by their administrator at the end of the program. From five years forward, employees return each year for another recognition check. The check is calculated as a percentage of your pay and based on years of service, increasing at 10, 15, and 20 years.

An easy way to estimate the amount is to multiply your annual pay by the percentage according to years of consecutive service. The maximum amount used to calculate long-term recognition is \$125,000. Annual pay is your regular base rate multiplied by the number of hours paid, including PTO hours taken and cashed in. Base rate does not include differentials such as shift differential.

Payroll Deduction

If you or your qualified dependents have health services provided at Reid, you may be able to pay your balance through regular, biweekly payroll deductions. If you request to pay your balance through payroll deduction, your expenses will also be evaluated for financial assistance opportunities.

Outpatient Pharmacy Discount Plan

The outpatient pharmacy offers an employee/retiree discount plan through a discount card program provided by ScriptSave. This applies only to medication purchased without insurance. ScriptSave offers a simple and consistent discount program designed to provide savings for uninsured prescription purchases. Please contact the Outpatient Pharmacy team at (765) 983-3305 if you have any questions.

Plastic & Reconstructive Surgery

Reid Plastic & Reconstructive Surgery and Revive Spa & Skincare offers exclusive Reid employee-only monthly discounts above and beyond what is offered to the general public. These are communicated via all user email. Follow them on Facebook for additional special offers.

Reid Health Medical Equipment

Conveniently located on the main concourse of Reid Health, we provide a variety of retail and insurance covered home medical supplies. Our trained and knowledgeable staff will help you or your loved ones **live comfortably**. With compression garments for wound healing or everyday wear, breastfeeding accessories, baby diapers, batteries, herbal and dietary supplements, aids to daily living, bath safety equipment and much more! Payroll deduction is available for employees, along with 20% off of non-billable sales for Reid volunteers, employees and retirees. Reid's partnership with Dasco located at 305 Industrial Parkway, Richmond, IN has allowed employees access to purchase or rent complex medical equipment including ambulatory aids, hospital beds and equipment for respiratory needs.

Dasco-Reid Health Uniform Store

Payroll deduction is available for uniform purchases from the store located at 2003 Chester Blvd, Richmond, IN. Convenient online ordering is now available at <http://ReidUniformandShoeStore.com>

Maternity Management

For expectant employees or spouses covered under the Reid medical plan, Allegiance offers the assistance of a skilled nurse. Your participation in the program will provide you with a Peek-a-Baby 3D/4D ultrasound from Reid. For more information on Maternity Management, contact (800) 877-792-7827 (Option 1).

Volunteer Opportunities

There are numerous opportunities for employees and their families to get involved and volunteer in the community. A few examples include ReidRide, Shoes for Kids, BRAvo!, and Make a Difference Day.



Legal Notices

NOTICE REGARDING WELLNESS PROGRAMS

The Reid Health Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for lipid panel (detail measure of fats in your blood including cholesterol), Hemoglobin A1C, blood pressure and waist circumference. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive a premium reduction on their Reid sponsored health plan. If your biometric screening results are beyond the recommended range, you will be asked to actively participate in health coaching by setting goals, completing goals and creating change in your lifestyle for improvement. If you have a current disease state, you may also be asked to meet with a Care Coordinator about your condition. Although you are not required to complete the HRA or participate in the biometric screening, those who opt out of any of the mentioned activities will not be eligible to receive the reduced health plan premium.

Additional incentives of Reid gift cards may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Benefits Team in the Human Resources Department.

Protections from disclosure of medical information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Reid Health may use aggregate information it collects to design a program based on identified health risks in the workplace, Reid Health Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Reid Health Wellness Department, Care Coordinator Team and Reid Health Medical Insurance Plan in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Reid Human Resources at (765) 983-3162.

Legal Notices

Reid Hospital & Health Care Services Employee Health Benefits Plan

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY

This Notice of Privacy Practices describes how protected health information (or "PHI") may be used or disclosed by your Group Health Plan to carry out payment, health care operations, and for other purposes that are permitted or required by law. This Notice of Privacy Practices also explains your Group Health Plan's legal obligations concerning your PHI, and describes your rights to access, amend and manage your PHI.

PHI is individually identifiable health information, including demographic information, collected from you or created and received by a health care provider, a health plan, your employer (when functioning on behalf of the group health plan), or a health care clearinghouse and that relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

This Notice of Privacy Practices has been drafted to be consistent with the HIPAA Privacy Rule. Any terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule. If you have any questions about this Notice or the policies and procedures described herein, please contact:

Karen Martin, Manager, Employee Benefits, 1100 Reid Parkway, Richmond, IN 47374, 765-983-3162

THE PLAN'S RESPONSIBILITIES

The Plan is required by law to maintain the privacy of your PHI. The Plan is obligated to: provide you with a copy of this Notice of the Plan's legal duties and of its privacy practices related to your PHI; abide by the terms of the Notice that is currently in effect; and notify you in the event of a breach of your unsecured PHI. The Plan reserves the right to change the provisions of its Notice and make the new provisions effective for all PHI that the Plan maintains. If the Plan makes a material change to this Notice, the Plan will make the revised Notice available to you by means of a legally compliant delivery method.

Permissible Uses and Disclosures of PHI

The following is a description of how the Plan is most likely to use and/or disclose your PHI.

Payment and Health Care Operations

The Plan has the right to use and disclose your PHI for all activities that are included within the definitions of "payment" and "health care operations" as set out in 45 CFR § 164.501 (this provision is a part of the HIPAA Privacy Rule). Not all of the activities listed in this Notice are included within these definitions. Please refer to 45 CFR § 164.501 for a complete list. In order to administer your health benefits, the Plan may use or disclose your health information in various ways without your authorization, including:

- Payment
The Plan will use or disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill its responsibilities for coverage and providing benefits. For example, the Plan may disclose your PHI when a provider requests information regarding your eligibility for coverage under the Plan, or the Plan may use your information to determine if a treatment that you received was medically necessary.
- Health Care Operations
The Plan will use or disclose your PHI to support its business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, stop-loss underwriting, business planning, and business development. For example, the Plan may use or disclose your PHI: (i) to provide you with information about a disease management program; to respond to a customer service inquiry from you; or (ii) in connection with fraud and abuse detection and compliance

Legal Notices

programs. The PHI used or disclosed for these operational activities is limited to the minimum amount that is reasonably necessary to complete these tasks.

Other Permissible Uses and Disclosures of PHI

The following describes other possible ways in which the Plan may (and is permitted to) use and/or disclose your PHI.

- **Required by Law**

The Plan may use or disclose your PHI to the extent the law requires the use or disclosure. When used in this Notice, "required by law" is defined as it is in the HIPAA Privacy Rule. For example, the Plan may disclose your PHI when required by national security laws or public health disclosure laws.

- **Public Health Activities**

The Plan may use or disclose your PHI for public health activities that are permitted or required by law. For example, the Plan may use or disclose information for purpose of preventing or controlling disease, injury or disability, or the Plan may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. The Plan also may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

- **Health Oversight Activities**

The Plan may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; other government regulatory programs; and (iv) compliance with civil rights laws.

- **Abuse or Neglect**

The Plan may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect or domestic violence. Additionally, as required by law, the Plan may disclose to a governmental entity authorized to receive such information, your PHI, if the Plan believes that you have been a victim of abuse, neglect, or domestic violence.

- **Legal Proceedings**

The Plan may disclose your PHI: (i) in the course of any judicial or administrative proceeding; (ii) in response to an order of a court or an administrative tribunal (to the extent such disclosure is expressly authorized); and (iii) in response to a subpoena, a discovery request, or other lawful process, once all administrative requirements of the HIPAA Privacy Rule have been met. For example, the Plan may disclose your PHI in response to a subpoena for such information but only after certain conditions of the HIPAA Privacy Rule are complied with.

- **Law Enforcement**

Under certain conditions, the Plan may also disclose your PHI to law enforcement officials. Some of the reasons for such a disclosure, for example, may include, but not be limited to: (i) it is required by law; (ii) it is necessary to locate or identify a suspect, fugitive, material witness, or missing person; and (iii) it is necessary to provide evidence of a crime that occurred on the Plan's premises.

- **Coroners, Medical Examiners, Funeral Directors, Organ Donation Organizations**

The Plan may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. The Plan also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, the Plan may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

- **Research**

Legal Notices

The Plan may disclose your PHI to researchers when an institutional review board or privacy board has: (i) reviewed the research proposal and established protocols to ensure the privacy of the information; and (ii) approved the research.

- ***To Prevent a Serious Threat to Health or Safety***
Consistent with applicable federal and state laws, the Plan may disclose your PHI if the Plan believes that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The Plan may also disclose PHI if it is necessary for law enforcement to identify or apprehend an individual.
- ***Military Activity and National Security, Protective Services***
Under certain conditions, the Plan may disclose your PHI if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, the Plan may disclose, in certain circumstances, your information to the foreign military authority.
- ***Inmates***
If you are an inmate of a correctional institution, the Plan may disclose your PHI to the correctional institution or to a law enforcement official for: (i) the institution to provide health care to you; (ii) your health and safety and the health and safety of others; or (iii) the safety and security of the correctional institution.
- ***Workers' Compensation***
The Plan may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- ***Emergency Situations***
The Plan may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. The Plan will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, the Plan will disclose only the PHI that is directly relevant to the person's involvement in your case.
- ***Fundraising Activities***
The Plan may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance its activities. If the Plan contacts you for fundraising activities, the Plan will give you the opportunity to opt-out or stop receiving such communications in the future.
- ***Group Health Plan Disclosures***
The Plan may disclose your PHI to a sponsor of the group health plan – such as an employer or other entity – that is providing a health care program to you. The Plan can disclose your PHI to that entity if that entity has contracted with us to administer your health care program on its behalf.
- ***Underwriting Purposes***
The Plan may use or disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If the Plan does use or disclose your PHI for underwriting purposes, the Plan is prohibited from using or disclosing in the underwriting process your PHI that is genetic information.
- ***Others Involved in Your Health Care***
Using its best judgment, the Plan may make your PHI known to a family member, other relative, close personal friend or other personal representative that you identify. Such a use will be based on how involved the person is in your care, or payment that relates to your care. The Plan may release information to parents or guardians if allowed by law.

If you are not present or able to agree to these disclosures of your PHI the Plan, using its professional judgment, may determine whether the disclosure is in your best interest.

Legal Notices

Uses and Disclosures of Your PHI that Require Your Authorization

Sale of PHI

The Plan will request your written authorization before it makes any disclosure that is deemed a sale of your PHI, meaning that the Plan is receiving compensation for disclosing the PHI in this manner.

Marketing

The Plan will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when the Plan has face-to-face marketing communications with you or when the Plan provides promotional gifts of nominal value.

Psychotherapy Notes

The Plan will request your written authorization to use or disclose any of your psychotherapy notes that the Plan may have on file with limited exception, such as for certain treatment, payment or health care operation functions.

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide the Plan with such an authorization, you may revoke the authorization in writing and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information the Plan has already used or disclosed, relying on the authorization.

Required Disclosures of Your PHI

The following describes disclosures that the Plan is required by law to make.

- ***Disclosures to the Secretary of the U.S. Department of Health and Human Services***

The Plan is required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the HIPAA Privacy Rule.

- ***Disclosures to You***

The Plan is required to disclose to you most of your PHI in a "designated record set" when you request access to this information. Generally, a "designated record set" contains medical and billing records as well as other records that are used to make decisions about your health care benefits. The Plan also is required to provide, upon your request, an accounting of most disclosures of your PHI that are for reasons other than payment and health care operations and are not disclosed through a signed authorization.

The Plan will disclose your PHI to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with applicable state law. However, before the Plan will disclose PHI to such a person, you must submit a written notice of his/her designation, along with the documentation that supports his/her qualification (such as a power of attorney).

Even if you designate a personal representative, the HIPAA Privacy Rule permits the Plan to elect not to treat the person as your personal representative if the Plan has a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; (ii) treating such person as your personal representative could endanger you; or (iii) the Plan determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

- ***Business Associates***

The Plan contracts with individuals and entities (Business Associates) to perform various functions on its behalf or to provide certain types of services. To perform these functions or to provide the services, the Business Associates will receive, create, maintain, use or disclose PHI, but only after the Business Associate agrees in writing to contract terms designed to appropriately safeguard your information. For example, the Plan may disclose your PHI to a Business Associate to administer claims or to provide member service support, utilization management, subrogation, or pharmacy benefit management.

Legal Notices

- **Other Covered Entities**

The Plan may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, the Plan may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and it may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing. This also means that the Plan may disclose or share your PHI with insurance carriers in order to coordinate benefits if you or your family members have coverage through another carrier.

- **Plan Sponsor**

The Plan may disclose your PHI to the plan sponsor of the Group Health Plan for purposes of plan administration or pursuant to an authorization request signed by you.

Additional Protections for Certain Categories of PHI – Certain types of Protected Health Information (PHI) may be subject to enhanced privacy protections under federal and/or state laws. These additional protections may apply to:

- Psychotherapy notes
- PHI related to reproductive health care
- PHI concerning alcohol and drug abuse prevention, treatment, and referral
- PHI involving HIV/AIDS testing, diagnosis, or treatment
- PHI related to venereal and other communicable diseases
- PHI associated with genetic testing

Additional Privacy for Substance Use Disorder (SUD) Treatment – The Plan may receive information from a substance use disorder treatment program (“SUD Program”), about your treatment. The Plan will not disclose this information so that it can be used in a civil, criminal, administrative, or legislative proceeding against you unless (i) we have your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

Redisclosure – Understand that once your PHI is disclosed it may be no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) and may be subject to re-disclosure.

Potential Impact of State Law

The HIPAA Privacy Rule regulations generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Rule regulations, might impose a privacy standard under which the Plan will be required to operate. For example, where such laws have been enacted, the Plan will follow more stringent state privacy laws that relate to uses and disclosures of PHI concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, reproductive rights, etc.

YOUR RIGHTS

- **Right to Request Restrictions**

You have the right to request a restriction on the PHI the Plan uses or discloses about you for payment or health care operations. The Plan is *not* required to agree to any restriction that you may request. If the Plan does agree to the restriction, it will comply with the restriction unless the information is needed to provide you with emergency treatment. You may request a restriction by contacting the designated contact listed on the first page of this Notice. It is important that you direct your request for restriction to the designated contact to initiate processing your request. Requests sent to persons or offices other than the designated contact could delay processing the request.

Legal Notices

The Plan needs to receive this information in writing and will instruct you where to send your request when you call. In your request please provide: (1) the information whose disclosure you want to limit; and (2) how you want to limit the use and/or disclosure of the information.

- ***Right to Request Confidential Communications***

If you believe that a disclosure of all or part of your PHI may endanger you, you may request that the Plan communicate with you regarding your information in an alternative form or at an alternative location. For example, you may ask that the Plan only contact you at your work address or through your work e-mail.

You may request a restriction by contacting the designated contact listed on the first page of this Notice. It is important that you direct your request for confidential communications to the designated contact so that the Plan can begin to process your request. Requests sent to persons or offices other than the one indicated might delay processing the request.

The Plan needs to receive this information in writing and will instruct you where to send your request when you call. In your request please explain: (1) that you want the Plan to communicate your PHI with you in an alternative manner or at an alternative location; and (2) that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger.

The Plan will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your PHI could endanger you. As permitted by the HIPAA Privacy Rule, "reasonableness" will include, when appropriate, making alternate arrangements regarding payment.

Accordingly, as a condition of granting your request, you will be required to provide the Plan information concerning how payment will be handled. For example, if you submit a claim for payment, state or federal law (or the Plan's own contractual obligations) may require that the Plan disclose certain financial claim information to the plan participant (e.g., an Explanation of Benefits or "EOB"). Unless you have made other payment arrangements, the EOB (in which your PHI might be included) may be released to the plan participant.

Once the Plan receives all of the information for such a request (along with instructions for handling future communications) the request will be processed as soon as practicable. Prior to receiving the information necessary for this request, or during the time it takes to process it, PHI might be disclosed (such as through an EOB). Therefore, it is extremely important that you contact the designated contact listed on the first page of this Notice as soon as you determine that you need to restrict disclosures of your PHI.

If you terminate your request for confidential communications, the restriction will be removed for all of your PHI the Plan holds including PHI that was previously protected. Therefore, you should not terminate a request for confidential communications if you remain concerned that disclosure of your PHI will endanger you.

- ***Right to Inspect and Copy***

You have the right to inspect and copy your PHI that is contained in a "designated record set." Generally, a designated record set contains medical and billing records as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

To inspect and copy your PHI that is contained in a designated record set, you must submit your request to the designated contact listed on the first page of this Notice. It is important that you contact the designated contact to request an inspection and copying so that the Plan can begin to process your request. Requests sent to persons, offices, other than the designated contact might delay processing the request. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing, or other supplies associated with your request. The requested information will be provided within thirty (30) days if the information is maintained on site or within sixty (60) days if the information is maintained offsite. A single thirty (30) day extension is allowed if the Plan is unable to comply with this deadline.

The Plan may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. To request a review, you must contact the

Legal Notices

designated contact listed on the first page of this Notice. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, the denial will not be reviewable. If this event occurs, the Plan will inform you of this fact.

- ***Right to Amend***

If you believe the PHI The Plan has for you is inaccurate or incomplete, you may request that it be amended. You may request in writing that the Plan amend your information by contacting the designated contact listed on the first page of this Notice. Additionally, your request should include the reason the amendment is necessary. It is important that you direct your request for amendment to the designated contact to initiate processing your request. Requests sent to persons or offices, other than the designated contact, might delay processing the request. The Plan has sixty (60) days after the request is made to act on the request. A single thirty (30) day extension is allowed if the Plan is unable to comply with this deadline.

In certain cases, the Plan may deny your request for an amendment. For example, the Plan may deny your request if the information you want to amend is not maintained by the Plan, but by another entity or if the Plan determines that your information is accurate and complete. If the Plan denies your request you have the right to file a statement of disagreement with the Plan. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

- ***Right to Accounting***

You have a right to an accounting of certain disclosures of your PHI that are for reasons other than treatment, payment or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by you or your personal representative. You should know that most disclosures of PHI will be for purposes of payment or health care operations, and, therefore, will not be subject to your right to an accounting. There also are other exceptions to this right.

An accounting will include the dates of the disclosure, to whom the disclosure was made, a brief description of the information disclosed, and the purpose for the disclosure.

You may request an accounting by submitting your request in writing to the designated contact listed on the first page of this Notice. It is important that you direct your request for an accounting to the designated contact so that the Plan can begin to process the request. Requests sent to persons or offices other than the designated contact might delay processing the request. If the accounting cannot be provided within sixty (60) days, an additional thirty (30) days is allowed if a written statement explaining the reasons for the delay is provided. Your request may be for disclosures made up to six (6) years before the date of your request but not for disclosures made before April 14, 2003. If you request more than one accounting within a twelve (12) month period, the Plan will charge you the reasonable costs of providing the accounting. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- **Confidential Communications**

You may ask that the Plan communicate with you in an alternate way or at an alternate location to protect the confidentiality of your PHI. Your request must state an alternate method or location you would like the Plan to use to communicate your PHI to you.

- ***Right to a Copy of This Notice***

You have the right to request a copy of this Notice at any time by contacting the designated contact listed on the first page of this Notice. If you receive this Notice on the Plan's Website or by electronic mail, you are entitled to request a paper copy of this Notice.

CHANGES TO THIS NOTICE

The Plan reserves the right to change this Notice and make any revised Notice effective for health information already on file for you, as well as any health information the Plan receives in the future. The most recent Notice will be posted in a prominent location to which you have access.

Legal Notices

COMPLAINTS

You may complain to the Plan if you believe it has violated your privacy rights. You may file a complaint with the Plan by calling the number listed on the first page of this Notice. A copy of a complaint form is available from this contact office.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints filed directly with the Secretary must: (1) be in writing; (2) contain the name of the entity you are complaining about; (3) describe the relevant problems; and (4) be filed within 180 days of the time you became or should have become aware of the problem.

The Plan will not penalize or retaliate against you in any way for filing a complaint.

EFFECTIVE DATE

This Notice of Privacy Practices is effective as of April 14, 2003, with updates effective February 16, 2026.

Legal Notices

CHIPRA

The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 provides employees special enrollment for Reid Health plan coverage without having to wait for the annual benefits enrollment period if either of the following conditions are met:

- The employee or dependent loses eligibility under CHIP or Medicaid and otherwise meets the eligibility requirements for participation in Reid's group health plan.
- The employee or dependent becomes eligible for premium assistance from the state under its CHIP or Medicaid program and otherwise meets the eligibility requirements for participation in Reid's group health plan.

Enrollment must be requested within 60 days after the loss of eligibility under Medicaid or CHIP or within 60 days after the date the employee or dependent is determined to be eligible for premium assistance. Contact Human Resources for additional information. More information available:

Indiana – www.in.gov/fssa/hip/ OR (800) 889-9949

Other states – www.dol.gov/agencies/ebsa OR (866) 444-3272

Newborns' & Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (765) 983-3162.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at (765) 983-3162.



Legal Notices



Reid Health

Important Notice to Employees from Reid Health About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Reid Health medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2026. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2026 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Reid Health and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the Reid Health prescription drug plan, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2026. This is called creditable coverage. Coverage under this plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Reid Health plan will continue to pay primary or secondary as it had before you

Legal Notices

enrolled in a Medicare prescription drug plan. If you waive or drop Reid Health coverage, Medicare will be your only payer. You can re-enroll in the Reid Health plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Reid Health plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Reid Health and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Reid Health coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Contact: Karen Martin, Manager, Employee Benefits

Address: 1100 Reid Parkway, Richmond, IN 47374

Phone: 765-935-8820

Date: 10/13/2025

Legal Notices

Continuation Coverage Rights Under COBRA For EAP Coverage

Introduction

You're getting this notice because you recently gained coverage the Reid Hospital & Health Care Services Employee Assistance Plan. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the EAP Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group EAP coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should contact the Plan Administrator.

You may have other options available to you when you lose EAP coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the EAP Plan, qualified beneficiaries who elect COBRA continuation coverage are not required to pay for EAP COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the EAP Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the EAP Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the EAP Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Continuation Coverage Rights Under COBRA For EAP Coverage

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Karen Martin, Manager, Employee Benefits, 765-983-3162.

How is COBRA continuation coverage provided?

Legal Notices

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Continuation Coverage Rights Under COBRA For EAP Coverage

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security

Legal Notices

Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Plan Name: Reid Hospital & Health Care Services Employee Assistance Program

Contact Name: Karen Martin, Employee Benefits Manager

Phone Number: 765-983-3162

Address: 1100 Reid Parkway, Richmond, IN 47374



Legal Notices

REID HOSPITAL & HEALTH CARE SERVICES 403(B) Participant Investment and Fee Disclosure Notice (Production Date: 01/08/2026)

Participant Investment and Fee Disclosure Notice - Overview

This Notice contains important information regarding your retirement plan, including:

- your right to choose how assets held in your plan account will be invested
- the investment options available under the plan and any fees and expenses associated with those options
- any administrative expenses you might incur by participating in the plan or taking advantage of plan features

Please read the information in this Notice carefully so that you can make informed decisions regarding your plan account.

If you have questions concerning the information contained in this Notice, see the section at the end of the Notice titled "How to obtain more information."

General Plan Investment Information

Your right to direct your investments. Subject to any restrictions or limitations described later in this section, you are responsible for selecting and monitoring the investments in your account. You may direct the investment of your account under the plan by choosing among the investment options listed in the section of this Notice titled "Investment performance, expenses and fees." If you do not direct the investment of your account, then your account will be invested in the plan's designated default investment.

How to direct your investment. You may select or make changes to your investments as follows:

- **By internet:** You may access your account at any time by logging in to the Participant Website at <https://secure.ascensus.com/login/participant>. Once you are logged in, choose Explore My Options from the Shortcuts menu, then make your desired choices on the screens that follow. If you need assistance logging into your account or navigating the website, you may call the Participant Service Center at the number provided in the section titled "How to obtain more information" at the end of this Notice.
- **By Phone:** You may select or make changes to your investments by calling the toll-free automated telephone response system at the number provided for the Participant Service Center in the section of this Notice titled "How to Obtain More Information."

Investment elections or changes you make by phone or (if applicable) on the Participant Website will generally be processed the same business day or, if made when the New York Stock Exchange is closed, the next business day. You should confirm that your investment directions have been implemented by logging in to the Participant Website on the date your investment elections are scheduled to be processed, as described above. If you see a discrepancy, contact the Participant Service Center immediately at the number provided in the section of this Notice titled "How to obtain more information."

Restrictions or Limitations on Your Right to Direct Your Investments.

Certain investment options may impose restrictions on transferring into or out of the fund. For more information, refer to the table(s) in the section of this Notice titled "Investment performance, expenses and fees."

Voting rights. In the event voting proxies, tender offers, or other similar-type rights must be executed with respect to any of the plan's designated investment options, the plan sponsor or other named plan fiduciary may exercise those rights (where applicable), or you may receive written notification regarding the actions that must be taken on your part in connection with exercising those rights.

Investment Performance, Expenses and Fees

This section provides information about the investment options available under the plan, including information regarding the fees and expenses that apply to each investment option. Please visit <http://www.investmentterms.com> for a glossary of investment terms to help you understand the terms and language used in this Notice.

Variable Return Investments

The table below shows the variable return investments available under the plan, how they have performed over time, and how they have performed relative to an appropriate benchmark. It is important to understand the investment returns for each investment option will vary from year to year. Also, the performance information provided below is historical. **Past performance does not guarantee how an investment option will perform in the future.** The value of these investments will fluctuate over time, and your investment in these options could lose money.

Benchmarks represent a historical measurement of performance for a specific segment of the financial markets over a specific period of time. Benchmarks are market indices and not managed investment portfolios. Benchmarks are presented for comparison purposes only and do not represent plan investment options.

Legal Notices

REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Participant Investment and Fee Disclosure Notice
(Production Date: 01/08/2026)

Investment Performance, Expenses and Fees

Investment Name	Avg. Annual Total Return as of 12/31/2025*					Gross Annual Operating Expenses*	
	Benchmark	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception	As a %
Money Market-Taxable							
VANGUARD FEDERAL MONEY MARKET INVESTOR (VMFXX)	4.22%	4.85%	3.20%	2.14%	3.94%	0.110%	\$1.10
<i>Morningstar USD 1M Cash TR USD</i>	4.32%	4.92%	3.28%	2.26%	N/A		
Intermediate Core Bond							
VANGUARD TOTAL BOND MARKET INDEX ADM (VBTX)	7.15%	4.67%	-0.42%	1.98%	3.38%	0.040%	\$0.40
<i>Morningstar US Core Bd TR USD</i>	7.12%	4.57%	-0.43%	1.96%	N/A		
Intermediate Core-Plus Bond							
TCW METWEST TOTAL RETURN BD PLAN (MWTX)	7.86%	4.98%	-0.48%	2.17%	2.81%	0.370%	\$3.70
<i>Morningstar US Core Plus Bd TR USD</i>	7.19%	4.82%	-0.18%	2.22%	N/A		
Target-Date 2000-2010							
AMERICAN FUNDS 2010 TRGT DATE RETIRE R5E (RHATX)	12.86%	9.80%	5.56%	6.48%	6.27%	0.430%	\$4.30
<i>Morningstar Lifetime Mod 2010 TR USD</i>	11.95%	9.84%	4.25%	6.08%	N/A		
Target-Date 2015							
AMERICAN FUNDS 2015 TRGT DATE RETIRE R5E (RHBTX)	13.27%	10.29%	5.78%	6.81%	6.60%	0.440%	\$4.40
<i>Morningstar Lifetime Mod 2015 TR USD</i>	12.34%	10.08%	4.07%	6.29%	N/A		
Target-Date 2020							
AMERICAN FUNDS 2020 TRGT DATE RETIRE R5E (RHCTX)	14.06%	11.02%	6.07%	7.24%	7.01%	0.440%	\$4.40
<i>Morningstar Lifetime Mod 2020 TR USD</i>	12.93%	10.55%	4.16%	6.65%	N/A		
Target-Date 2025							
AMERICAN FUNDS 2025 TRGT DATE RETIRE R5E (RHDTX)	14.34%	11.76%	6.23%	7.96%	7.70%	0.450%	\$4.50
<i>Morningstar Lifetime Mod 2025 TR USD</i>	13.72%	11.26%	4.56%	7.19%	N/A		
Target-Date 2030							
AMERICAN FUNDS 2030 TRGT DATE RETIRE R5E (RHETX)	15.56%	13.50%	7.13%	8.99%	8.70%	0.470%	\$4.70
<i>Morningstar Lifetime Mod 2030 TR USD</i>	14.79%	12.29%	5.35%	7.93%	N/A		
Target-Date 2035							
AMERICAN FUNDS 2035 TRGT DATE RETIRE R5E (RHFTX)	16.93%	15.42%	8.20%	10.22%	9.89%	0.480%	\$4.80
<i>Morningstar Lifetime Mod 2035 TR USD</i>	16.27%	13.73%	6.57%	8.83%	N/A		
Target-Date 2040							
AMERICAN FUNDS 2040 TRGT DATE RETIRE R5E (RHGTX)	19.35%	17.70%	9.36%	11.09%	10.73%	0.500%	\$5.00
<i>Morningstar Lifetime Mod 2040 TR USD</i>	18.00%	15.32%	7.89%	9.67%	N/A		

Legal Notices

REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Participant Investment and Fee Disclosure Notice
 (Production Date: 01/08/2026)

Investment Performance, Expenses and Fees

Investment Name <i>Benchmark</i>	Avg. Annual Total Return as of 12/31/2025*					Gross Annual Operating Expenses*	
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception	As a %	Per \$1000
Target-Date 2045							
AMERICAN FUNDS 2045 TRGT DATE RETIRE R5E (RHHTX)	20,20%	18,37%	9,66%	11,34%	10,98%	0,510%	\$5,10
<i>Morningstar Lifetime Mod 2045 TR USD</i>	19,54%	16,56%	8,85%	10,22%	N/A		
Target-Date 2050							
AMERICAN FUNDS 2050 TRGT DATE RETIRE R5E (RHITX)	20,25%	18,67%	9,65%	11,42%	11,05%	0,510%	\$5,10
<i>Morningstar Lifetime Mod 2050 TR USD</i>	20,52%	17,20%	9,30%	10,45%	N/A		
Target-Date 2055							
AMERICAN FUNDS 2055 TRGT DATE RETIRE R5E (RHJTX)	20,61%	19,05%	9,69%	11,43%	11,07%	0,530%	\$5,30
<i>Morningstar Lifetime Mod 2055 TR USD</i>	20,96%	17,36%	9,36%	10,48%	N/A		
Target-Date 2060							
AMERICAN FUNDS 2060 TRGT DATE RETIRE R5E (RHKTX)	20,54%	19,12%	9,68%	11,41%	11,05%	0,530%	\$5,30
<i>Morningstar Lifetime Mod 2060 TR USD</i>	21,15%	17,34%	9,31%	10,43%	N/A		
Target-Date 2065+							
AMERICAN FUNDS 2065 TRGT DATE RETIRE R5E (RHLTJX)	20,57%	19,15%	9,70%	N/A	15,84%	0,530%	\$5,30
<i>Morningstar Lifetime Mod 2065 TR USD</i>	21,29%	17,28%	9,22%	10,30%	N/A		
AMERICAN FUNDS 2070 TRGT DATE RETIRE R5E (RAAJX)	20,65%	N/A	N/A	N/A	18,27%	0,540%	\$5,40
<i>Morningstar Lifetime Mod 2065 TR USD</i>	21,29%	17,28%	9,22%	10,30%	N/A		
Large Value							
VANGUARD VALUE INDEX ADM (VVIAX)	15,26%	13,46%	12,59%	11,66%	7,83%	0,050%	\$0,50
<i>Morningstar US LM Brd Value TR USD</i>	18,83%	16,76%	13,38%	12,50%	N/A		
Large Blend							
VANGUARD 500 INDEX ADMIRAL (VFIAX)	17,83%	22,96%	14,38%	14,78%	8,66%	0,040%	\$0,40
<i>Morningstar US Large-Mid TR USD</i>	17,71%	23,15%	13,71%	14,66%	N/A		
VANGUARD TOTAL STOCK MKT IDX ADM (VTSAX)	17,12%	22,23%	13,06%	14,24%	8,84%	0,040%	\$0,40
<i>Morningstar US Large-Mid TR USD</i>	17,71%	23,15%	13,71%	14,66%	N/A		
Large Growth							
VANGUARD GROWTH INDEX ADMIRAL (VIGAX)	19,43%	32,48%	14,62%	17,44%	9,52%	0,050%	\$0,50
<i>Morningstar US LM Brd Growth TR USD</i>	16,67%	29,60%	13,44%	16,49%	N/A		

Legal Notices

REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Participant Investment and Fee Disclosure Notice
 (Production Date: 01/08/2026)

Investment Performance, Expenses and Fees

Investment Name	Avg. Annual Total Return as of 12/31/2025*					Gross Annual Operating Expenses*	
	Benchmark	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception	As a %
Mid-Cap Blend							
VANGUARD MID CAP INDEX ADMIRAL (VIMAX)	11.67%	14.27%	8.60%	10.91%	10.13%	0.050%	\$0.50
Morningstar US Mid TR USD	10.12%	13.85%	8.91%	11.54%	N/A		
Small Blend							
VANGUARD SMALL CAP INDEX ADMIRAL SHARES (VSMAX)	8.83%	13.69%	7.34%	10.43%	9.21%	0.050%	\$0.50
Morningstar US Small TR USD	12.20%	14.46%	7.29%	9.74%	N/A		
Foreign Large Blend							
VANGUARD FTSE ALL-WLD EX-US IDX ADMIRAL (VFWAX)	32.32%	17.26%	8.05%	8.62%	7.71%	0.080%	\$0.80
Morningstar Global xUS TME NR USD	31.87%	17.13%	8.05%	8.54%	N/A		
Foreign Large Growth							
AMERICAN FUNDS EUPAC R6 (RERGX)	29.18%	16.34%	4.59%	8.46%	8.83%	0.470%	\$4.70
Morningstar Gbl xUS Growth TME NR USD	24.58%	14.01%	3.97%	7.61%	N/A		
Diversified Emerging Mkts							
VANGUARD EMERGING MKTS STOCK IDX ADM (VEMAX)	24.75%	14.77%	4.62%	8.10%	5.88%	0.130%	\$1.30
Morningstar EM TME NR USD	31.62%	15.81%	4.54%	8.77%	N/A		

*The data provided is the most current data available as of the date this Notice was produced.

To help achieve long-term retirement security, you should give careful consideration to the benefits of a well-balanced and diversified investment portfolio. Spreading your assets among different types of investments can help you achieve a favorable rate of return, while minimizing your overall risk of losing money. For information regarding individual investing and diversification, please go to the Department of Labor's website at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/pension-protection-act/investing-and-diversification>.

The cumulative effect of plan fees and expenses can substantially reduce the growth of your retirement savings. Visit the U.S. Department of Labor's website for an example showing the long-term effect of fees and expenses at <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/a-look-at-401k-plan-fees.pdf>. Fees and expenses are only one of many factors to consider when you decide to invest in a plan investment option. You may also want to consider whether investing in a particular option, along with your other investments, will help you achieve your retirement goals.

Reliance on third-party database for investment information: Where applicable, the investment-related information reported in this section was prepared using information provided to Ascensus, LLC, and its affiliated entities, from one or more third parties. Although this information is believed to be accurate and complete, no representation is made as to the accuracy or completeness of the information. For detailed information regarding each designated investment alternative, please refer to the prospectus, summary prospectus, or other similar-type document prepared by the issuer of each investment. (See "How to obtain more investment information" below for direction on how to obtain these documents.)

How to Obtain More Investment Information

You can obtain additional information for the designated investment options by accessing the Participant Website (the web address may be found in the section of this Notice titled "How to obtain more information"). Such additional information includes, as applicable:

- more recent investment performance
- the name of the issuer of the investment option
- the objectives, goals, principal strategies and risks of the investment option
- the turnover ratio of the fund's portfolio
- the most recent available share price of the investment option

Legal Notices

REID HOSPITAL & HEALTH CARE SERVICES 403(B) Participant Investment and Fee Disclosure Notice (Production Date: 01/08/2026)

Investment Performance, Expenses and Fees

- copies of prospectuses or similar documents
- a list of assets comprising the portfolio of each investment option

You may request, free of charge, paper copies of any of these items from the contacts listed in the section of this Notice titled "How to obtain more information."

Plan and Individual Expenses that May Be Charged to Your Account

The plan hires outside professionals to provide administrative services that are needed for the plan to operate. The types of services that may be provided and the fees charged for those services are described in this section. Fees for services that benefit the plan as a whole (e.g., general plan administrative services and trustee/custodial services) will be shared by participants in the plan, only to the extent those fees are not paid by your employer, from plan forfeitures or from revenue sharing payments.

Revenue sharing payments are amounts paid by certain mutual funds and are part of the fund's Gross Annual Operating Expenses listed in the section of this Notice titled "Investment performance, expenses and fees." To the extent any of the expenses described below are paid, in whole or in part, from revenue sharing payments received by the plan, those expenses will not be charged to your account.

If any of the expenses described in this section are deducted from your account, such expense will be shown on your quarterly statement.

PLAN EXPENSES

Plan expenses are fees for services that are provided on a regular basis, such as recordkeeping and general plan administration. These services include such items as maintenance of individual information and investment records, daily accounting, processing investment and election changes, processing and allocating contributions, preparation of reports and individual statements, participant internet and telephone services, trust and custody services, and investment management services.

Only those expenses not paid by your employer, from plan forfeitures, or from revenue sharing payments will be charged to your account. If plan expenses are charged to your account, they will be assessed on either a *per capita* or *pro rata* basis. The expense payment method is identified below. For any expenses that are "Paid by Employer," the Employer may elect to have such expenses paid by the plan and in such event, the expense would be allocated on a *pro rata* basis (to the extent it is not paid by other sources). *Per capita* means an equal dollar amount will be charged to each participant's account. For example, if total expenses are \$10,000 and there are 100 participants, each participant's account would be charged \$100. *Pro rata* means a proportionate share of the fee will be charged to each participant's account based on the proportion that such participant's account balance bears to the account balances of all participants. For example, if the total value of all participant accounts (including your account) was \$1,000,000 and your account balance was \$10,000, an amount equal to 1% of the expenses would be deducted from your plan account.

Recordkeeping and administration fees: The annual fees for these services are estimated to be:

Description	Amount	Paid per capita/pro rata (if applicable):
Per Participant Fee	\$46.00 per participant	Paid by Employer

In addition to the regular administrative expenses described above, the plan may incur other administrative expenses for services that are not performed on a regular basis or the fees which are indeterminable, such as consulting, accountant's fees for audit of the plan's financial statements, custom reports or notices and other special or extraordinary services. These expenses are applied to your account in the same manner as the regular administrative expenses.

Fees for special services: The following fees may be charged for special services provided to our plan:

Description	Amount	Paid per capita/pro rata (if applicable):
Initial Notice of Electronic Delivery	\$2.00 Each	Paid by Employer

INDIVIDUAL EXPENSES

Individual expenses are fees that are applied for services or actions that are specific to your account. Individual expenses are charged to your account only if applicable:

Description	Amount
Additional Check Requests (if more than one)	\$15.00 Each
Check delivered via UPS	\$30.00 Each
Copy of Distribution Confirmation	\$10.00 Each
Disbursement Fee(s)	\$75.00 Each

Legal Notices

**REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Participant Investment and Fee Disclosure Notice
(Production Date: 01/08/2026)**

Plan and Individual Expenses that May Be Charged to Your Account

Description	Amount
Loan Origination Fee	\$150.00 Each
QDRO Validation Fee	\$750.00 Each
Stop Pay / Re-Issue Fee	\$35.00 Each
Wire Delivery or Reject Fee	\$30.00 Each

How to Obtain More Information

To obtain additional information about your plan or if you have questions about the information contained in this Notice, you may contact:

Fee Disclosure Contact(s)

Benjamin Wells
1100 Reid Parkway
Richmond IN 47374-1157
765-983-3362
ben.wells@reidhealth.org

Participant Service Center

888-652-8086
Representatives are available Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.
Automated services are also available during non-business hours.

Participant Website

<https://secure.ascensus.com/login/participant>



Legal Notices

REID HOSPITAL & HEALTH CARE SERVICES 403(B) Qualified Default Investment Alternative Notice (Production Date: 11/06/2025)

Notice Overview

REID HOSPITAL & HEALTH CARE SERVICES 403(B) (the "Plan") allows participants, beneficiaries of deceased participants, and alternate payees the right to choose how to invest the money in their plan accounts. Assets can be invested in any of several investment options that are available under the Plan. You may elect to change your investment allocations daily, subject to plan rules.

Information regarding the investment options available to you, as well as information on how to provide investment instructions to the Plan is provided as part of the Plan's enrollment process.

If you do not make an investment election for some or all of the assets in your account, those assets will be invested in a portfolio selected by a Plan fiduciary (a Qualified Default Investment Alternative or "QDIA"). This notice describes the QDIA and when assets will be invested in the QDIA on your behalf.

Circumstances in which default investments may occur

A default investment will be made, for example:

- If you elect to defer to the Plan or you are automatically enrolled in the Plan but do not specify how your deferrals or other assets should be invested;
- If you make a rollover contribution to the Plan but have not specified how contributions to the Plan should be invested;
- If a fund in which you have invested is eliminated and you do not direct that the assets be transferred to another available fund; or
- If a fund in which you have invested is frozen to future contributions, and you do not specify a new fund to receive future contributions.

In this notice, any assets that have been invested in the QDIA by default are referred to as default investments.

QDIA Information

Targeted retirement investments

The QDIA is designed to provide long-term appreciation and capital preservation by investing in a fund that has an appropriate mix of equity and fixed-income securities based on your target retirement date. The mix of underlying investments in the fund will change over time as your age increases in order to decrease your risk of loss. The specific fund to which your Default Investments will be allocated is shown in Table I based on the date range in which you are projected to reach your expected retirement age as established by an investment fiduciary for the Plan. Table I also provides a description of the investment objective and strategy for each fund. Please see Table II for additional information regarding each fund, including the risk and return characteristics, and fees and expenses relating to each fund.

Table I

Name of Investment	Target Retirement Date Range	Investment Objective & Strategy From investment's prospectus
American Funds Trgt Date Ret 2010 R-5E (RHATX)	1900 - 2014	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it continues past its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2015 R-5E (RHBTX)	2015 - 2019	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it continues past its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.

Legal Notices

**REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Qualified Default Investment Alternative Notice
(Production Date: 11/06/2025)**

QDIA Information		
Name of Investment	Target Retirement Date Range	Investment Objective & Strategy From investment's prospectus
American Funds Trgt Date Ret 2020 R-5E (RHCTX)	2020 - 2024	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it continues past its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2025 R-5E (RHDTX)	2025 - 2029	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2030 R-5E (RHETX)	2030 - 2034	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2035 R-5E (RHFTX)	2035 - 2039	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2040 R-5E (RHGTX)	2040 - 2044	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2045 R-5E (RHHTX)	2045 - 2049	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2050 R-5E (RHITX)	2050 - 2054	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.

Legal Notices

**REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Qualified Default Investment Alternative Notice
(Production Date: 11/06/2025)**

QDIA Information		
Name of Investment	Target Retirement Date Range	Investment Objective & Strategy From investment's prospectus
American Funds Trgt Date Ret 2055 R-5E (RHJTX)	2055 - 2059	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2060 R-5E (RHKTX)	2060 - 2064	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2065 R-5E (RHLTX)	2065 - 2069	The investment seeks growth, income and conservation of capital. The fund normally invests a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.
American Funds Trgt Date Ret 2070 R-5E (RAAJX)	2070 - 9999	The investment seeks growth, income and conservation of capital. The fund will attempt to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories, including growth funds, growth-and-income funds, equity-income funds, balanced funds and fixed income funds. The fund categories represent differing investment objectives and strategies.

Table II: Additional information regarding QDIA funds

The below table provides information on the return characteristics as well as the fees and expenses associated with each QDIA fund. To access more detailed fund fact sheets for the below investments login to your account at <https://secure.ascensus.com/login/participant>. You may, at any time, elect to transfer your default investments from the QDIA to any of the other investment options available under the Plan.

Risk Characteristics

Target date funds are managed to gradually reduce, but not eliminate, market risk exposure over time by allocating a greater percentage to fixed income, or bond investments and reducing allocation to equity, or stock investments. The table below provides an asset allocation which identifies an approximate percentage of assets invested in equity and bonds/cash. Equity investments are inherently subject to greater market risk while bonds and cash are designed to preserve principal. Equity investments have historically exhibited higher risk and greater long-term returns than bonds. Bonds have historically been less volatile and therefore have a lower risk of principal investment loss than equity investments. The funds are diversified portfolios, which is a strategy to reduce risk by investing in different asset classes. This can help to reduce, but does not eliminate market risk. Investors in the funds should be able to tolerate the risks that come from the volatility of the stock/equity and bond markets. While diversification can't ensure a profit or protect against loss, it can be a good way to manage investment risk. However, please note that the principal value of the funds is not guaranteed at any time, including at or after the target retirement date, and accounts are not FDIC insured.

There is no guarantee that any particular asset allocation or mix of funds will meet your investment objectives. All investments involve risks, and fluctuations in the financial markets and other factors may cause declines in the value of your account. You should carefully consider all of your options when making investment decisions and you may wish to consult an investment professional.

Legal Notices

**REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Qualified Default Investment Alternative Notice
(Production Date: 11/06/2025)**

QDIA Information							
Investment Name (Symbol)	Avg. Annual Total Return as of 09/30/2025*					Asset Allocation ¹	Gross Annual Operating Expenses ²
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception		
Benchmark							
Target-Date 2000-2010							
American Funds Trgt Date Ret 2010 R-5E (RHATX)	8,74%	11,36%	6,36%	6,50%	6,23%	38,59% Equity 61,41% Bond	0,430%
<i>Benchmark: Morningstar Lifetime Mod 2010 TR USD</i>	8,26%	11,17%	5,32%	6,03%	N/A		
Target-Date 2015							
American Funds Trgt Date Ret 2015 R-5E (RHBTX)	8,92%	11,94%	6,72%	6,84%	6,56%	40,11% Equity 59,89% Bond	0,440%
<i>Benchmark: Morningstar Lifetime Mod 2015 TR USD</i>	8,34%	11,57%	5,26%	6,26%	N/A		
Target-Date 2020							
American Funds Trgt Date Ret 2020 R-5E (RHCTX)	9,62%	12,75%	7,07%	7,34%	6,98%	44,35% Equity 55,65% Bond	0,440%
<i>Benchmark: Morningstar Lifetime Mod 2020 TR USD</i>	8,65%	12,20%	5,52%	6,65%	N/A		
Target-Date 2025							
American Funds Trgt Date Ret 2025 R-5E (RHDTX)	9,86%	13,53%	7,46%	8,11%	7,67%	46,15% Equity 53,85% Bond	0,450%
<i>Benchmark: Morningstar Lifetime Mod 2025 TR USD</i>	9,16%	13,09%	6,11%	7,23%	N/A		
Target-Date 2030							
American Funds Trgt Date Ret 2030 R-5E (RHETX)	11,18%	15,41%	8,63%	9,21%	8,67%	56,60% Equity 43,40% Bond	0,470%
<i>Benchmark: Morningstar Lifetime Mod 2030 TR USD</i>	9,97%	14,35%	7,17%	8,02%	N/A		
Target-Date 2035							
American Funds Trgt Date Ret 2035 R-5E (RHFTX)	12,66%	17,54%	10,10%	10,47%	9,88%	66,15% Equity 33,85% Bond	0,480%
<i>Benchmark: Morningstar Lifetime Mod 2035 TR USD</i>	11,23%	16,06%	8,71%	8,95%	N/A		
Target-Date 2040							
American Funds Trgt Date Ret 2040 R-5E (RHGTX)	14,83%	19,88%	11,43%	11,30%	10,70%	79,77% Equity 20,23% Bond	0,500%
<i>Benchmark: Morningstar Lifetime Mod 2040 TR USD</i>	12,74%	17,88%	10,28%	9,79%	N/A		
Target-Date 2045							
American Funds Trgt Date Ret 2045 R-5E (RHHTX)	15,41%	20,55%	11,74%	11,55%	10,93%	84,97% Equity 15,03% Bond	0,510%
<i>Benchmark: Morningstar Lifetime Mod 2045 TR USD</i>	14,06%	19,29%	11,40%	10,32%	N/A		
Target-Date 2050							
American Funds Trgt Date Ret 2050 R-5E (RHITX)	15,59%	20,85%	11,77%	11,63%	11,01%	86,53% Equity 13,47% Bond	0,510%
<i>Benchmark: Morningstar Lifetime Mod 2050 TR USD</i>	14,83%	19,99%	11,90%	10,52%	N/A		

Legal Notices

**REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Qualified Default Investment Alternative Notice
(Production Date: 11/06/2025)**

QDIA Information

Investment Name (Symbol)	Avg. Annual Total Return as of 09/30/2025*					Asset Allocation ¹	Gross Annual Operating Expenses ²
	1 Yr.	3 Yr.	5 Yr.	10 Yr.	Since Inception		
Benchmark							
Target-Date 2055							
American Funds Trgt Date Ret 2055 R-5E (RHJTX)	15.80%	21.16%	11.78%	11.63%	11.01%	87.63% Equity 12.37% Bond	0.530%
<i>Benchmark: Morningstar Lifetime Mod 2055 TR USD</i>	15.07%	20.15%	11.99%	10.54%	N/A		
Target-Date 2060							
American Funds Trgt Date Ret 2060 R-5E (RHKTX)	15.83%	21.21%	11.77%	11.61%	10.99%	87.81% Equity 12.19% Bond	0.530%
<i>Benchmark: Morningstar Lifetime Mod 2060 TR USD</i>	15.08%	20.14%	11.95%	10.48%	N/A		
Target-Date 2065+							
American Funds Trgt Date Ret 2065 R-5E (RHLTX)	15.83%	21.21%	11.79%	N/A	15.95%	87.84% Equity 12.16% Bond	0.530%
<i>Benchmark: Morningstar Lifetime Mod 2065 TR USD</i>	15.04%	20.08%	11.87%	10.36%	N/A		
American Funds Trgt Date Ret 2070 R-5E (RAAJX)	15.90%	N/A	N/A	N/A	19.18%	87.84% Equity 12.16% Bond	0.540%
<i>Benchmark: Morningstar Lifetime Mod 2065 TR USD</i>	15.04%	20.08%	11.87%	10.36%	N/A		

*The data provided is the most current data available as of the date this Notice was produced.

¹As reported by Morningstar®, Equity and Bond/Cash percentages may or may not include foreign investments. Equity positions include any holdings in US Stock, Non US Stock, Preferred, and Other classifications. Bond/Cash positions include any holdings in US Bond, Non US Bond, Convertible, and Cash classifications.

²Gross Annual Operating Expenses is the percentage of fund assets paid for operating expenses and management fees, including 12b-1 fees, administrative fees, and all other asset-based costs incurred by the fund, except brokerage costs. Fund expenses are reflected in the fund's Net Asset Value (NAV), expressed as a percentage of its assets. These are costs the investor pays through a reduction in the investment's rate of return.

Shareholder-type fees include, if applicable, short term redemption fees or other fees charged against an investment fund that are not included in the Gross Annual Operating Expenses such as commissions, sales loads, deferred sales charges, surrender charges, exchange fees, account fees and purchase fees.

Transfers from the QDIA to other investment options

Please note that you may, at any time, elect to transfer your default investments from the QDIA to any of the other investment options available under the Plan. There are no fees, expenses or other restrictions associated with transfers out of the QDIA, if the transfer occurs in the first 90 days following the date assets were first invested in the QDIA. After the first 90 days, fees may apply as described in this notice.

How to direct your investment. You may select or make changes to your investments as follows:

- **By internet:** You may access your account at any time by logging in to the Participant Website at <https://secure.ascensus.com/login/participant>. Once you are logged in, choose Explore My Options from the Shortcuts menu, then make your desired choices on the screens that follow. If you need assistance logging into your account or navigating the website, you may call the Participant Service Center at the number provided in the section titled "How to obtain more information" at the end of this Notice.
- **By phone:** You may select or make changes to your investments by calling the toll-free automated telephone response system at the number provided for the Participant Service Center in the section of this Notice titled "How to obtain more information."

Investment elections or changes you make by phone or (if applicable) on the Participant Website will generally be processed the same business day or, if made when the New York Stock Exchange is closed, the next business day. You should confirm that your investment directions have been implemented by logging in to the Participant Website on the date your investment elections are scheduled to be processed, as described above. If you see a discrepancy, contact the Participant Service Center immediately at the

Legal Notices

**REID HOSPITAL & HEALTH CARE SERVICES 403(B)
Qualified Default Investment Alternative Notice
(Production Date: 11/06/2025)**

QDIA Information

number provided in the section of this Notice titled "How to obtain more information."

How to Obtain More Information

To obtain additional information (as applicable) regarding the QDIA and other investment alternatives available under the Plan, including copies of prospectuses, financial statements and reports and other materials you may contact:

Notice Contact(s)

Benjamin Wells
1100 Reid Parkway
Richmond IN 47374-1157
765-983-3362
ben.wells@reidhealth.org

Participant Service Center

888-652-8086
Representatives are available Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.
Automated services are also available during non-business hours.

Participant Website

<https://secure.ascensus.com/login/participant>



Contact Information

Benefit Plan	Provider	Phone number	Website
Medical/Dental	Allegiance	855-999-0295	askallegiance.com/reid
Flexible Spending Accounts (FSAs) and Dependent Care	Allegiance	855-999-0295	askallegiance.com/reid
Identity Protection	Allstate	800-789-2720 or customer care@aip.com	myaip.com
Financial Loan assistance	Kashable	646-663-4353	support@kashable.com
Childcare	KinderCare	765-935-4596	kindercare.com/employee-benefits/reid-health
Legal Plan	Legal Ease	888-416-4313	legaleaseplan.com/reid
Pet Insurance	Nationwide	800-540-2016	petinsurance.com
Prescription	Navitus	855-673-6504	navitus.com
Retirement	Ascensus Retirement	844-749-9981	ascensus.com
Retirement	Allworth Financial	463-274-4001	
Purchasing Power	Purchasing Power	888-923-6236	REID.purchasingpower.com
Life and AD&D insurance	MetLife	800-638-5433	www.metlife.com
Disability insurance	MetLife	800-638-5433	www.metlife.com
Accident insurance	Voya	877-236-7564	Voya.com/claims
Critical illness insurance	Voya	877-236-7564	Voya.com/claims
Hospital indemnity insurance	Voya	877-236-7564	Voya.com/claims
Vision	VSP	800-877-7195	vsp.com
Daily Pay Benefit	DailyPay	866-432-0472	dailypay.com
Diabetes/Hypertension Benefit	Omada	888-409-8687	omadahealth.com
Musculoskeletal Benefit	Hinge Health	855-902-2777	hingehealth.com
Wellness Program	Marquee Health	800-882-2109	reidhealthwellness.com

Do you have questions? If so, please contact:

Email: Employee.Benefits@ReidHealth.org

Phone: (765) 983-3000 Ext. 4605

Karen.Martin@ReidHealth.org

Barbara.Pennington@ReidHealth.org

Brent.Whalen@ReidHealth.org

Human Resources
1100 Reid Parkway
Richmond, IN 47374

STAY CONNECTED WITH US!

Visit Human Resources' SharePoint site throughout the year for the latest updates to benefits and employee information

- Employment opportunities
- Buy/Sell Board – private Facebook group
- Forms

Disclaimer: This is a summary of the terms of the plans. It does not describe the benefits in detail. Details are provided in plan documents, which govern the operation of the plans. If there is a discrepancy between this summary and the official plan documents, the official documents prevail. Reid Health reviews its benefit plans regularly and except to the extent limited by the collective bargaining agreement applicable to active bargaining unit employees, continues to reserve the right to modify, suspend, or eliminate any plan at any time for any reason. Under no circumstances shall participation in this or any other Reid Health benefit plan create or be construed to create a contract or a guarantee of employment.