



SSMHealth[®]

2021 Employee Benefits Guide

MyBenefits

Caring for our
exceptional employees















We value and appreciate you as a member of our exceptional team at SSM Health. Thank you for being a healing presence to our patients, their families, each other and all those we serve. You are SSM Health!

At SSM Health, we are committed to offering a just and fair benefits package that you can personalize to fit your needs and those of your family. You may choose the benefits that are best for you.

To understand the benefit options completely, including benefits that may be offered at no cost, it is important that you read the materials outlined in this guide.

Once again, thank you for your commitment and dedication to our Mission and for providing an exceptional experience for our patients and those we serve.

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[Informational Benefit Videos available at ssmhealth.com/BenefitVideos](https://ssmhealth.com/BenefitVideos)

This informational booklet provides key features of the personal benefits offered at SSM Health and is for reference purposes only. When there is a discrepancy between this information and information in the Summary Plan Description (SPD), the SPD will prevail.



What's New for 2021 & Important Benefit Announcements

No rate changes!

We are pleased to announce that 2020 premiums will carry over to 2021. If you are not making changes to your level of coverage, your per pay period deductions will be the same in 2021 as they were in 2020.

Benefits Plus

You may purchase additional benefits through the convenience of payroll deduction, including:

- Accident, Critical Illness and/or Hospital Indemnity Insurance
- Pre-Paid Legal Services
- Identity Theft Protection
- Auto and Home Insurance

As part of the Benefits Plus relationship, you will also enjoy FREE access to an extensive discount program and valuable Financial Planning Resources (through FinFit). See page 21 for additional information the voluntary benefits.

The Voluntary Benefits highlighted below indicate whether you can enroll during the annual Benefits Open Enrollment period or if you can make enrollment elections at any time. The Benefits Plus Portal contains comprehensive benefit information and access to the discounts and financial planning resources. See the Voluntary Benefits section of this booklet for additional information about these offerings.

Enrollment or Changes only available during Open Enrollment or with a qualifying Work/Life Event via Workday	Programs available any time via Benefits Plus Portal
Accident Insurance	Identity Theft Protection
Critical Illness	Auto and Home Insurance
Hospital Indemnity	Discount Program (Free)
Prepaid Legal Services	Financial Planning Resources (Free)

Defined Benefit (DB) Pension Plan

Effective January 1, 2021: All employees who were grandparented into the Defined Benefit (DB) Pension Plan will move to the higher match and basic contribution plan available through the Defined Contribution (DC) Plan. The Defined Benefit plan freezes on December 31, 2020. All accrued, vested benefits remain available to employees and may be accessed based on plan provisions. Statements reflecting final, accrued benefits in the DB Plan will be provided in early 2021.

Paid Parental Leave

Effective January 1, 2021: One week paid parental leave will be available to both parents.

- 40 hours of paid leave is pro-rated based on FTE
- Includes adoptions
- Covers bonding time
- Compliments maternity leave for the birth parent
- Available to benefit-eligible employees who have completed at least 90 days of employment with SSM Health.

New Leave Administrator

SSM Health is continuously reviewing its vendor relationships to ensure that service delivery levels are meeting expectations. We are pleased to announce that effective January 1, 2021, two new leave administrators will begin providing short and long-term disability support to covered employees. Sedgwick will manage leave of absence and short-term disability; CIGNA will manage long-term disability claims. Employees will continue to have support from the SSM Health Leave of Absence team.



What's New for 2021 & Important Benefit Announcements

Updated Leave Policies and Resources

Comprehensive leave resources are available at ssmhealth.com/benefits. Due to low utilization and to improve the leave administration process, **effective January 1, 2021**, PTO will continue to be used for the 7 - day elimination/ waiting period but will no longer be used to supplement short-term disability pay. Employees may use PTO once short-term disability pay ends.

Pharmacy Benefit Upgrades – Vaccination Benefits

Effective August 1, 2020: Certain vaccines are now covered under the Pharmacy Benefit and may be obtained directly at the pharmacy for \$0 cost.

- Visit wellfirstbenefits.com/employees to view the Pharmacy Directory
- SSM Health Pharmacies in Wisconsin and Mid-Missouri also provide the vaccination service
- Employees may use the pharmacy vaccination service for their annual SSM Health-required flu shot
- The following vaccinations are included in this benefit program:
 - Influenza - Tetanus - Pneumonia - MMR - Hepatitis
 - Varicella - Shingles - Meningitis - HPV

Pharmacy Benefit Upgrades

Effective January 1, 2021: Two pharmacy benefit updates will provide savings to employees covered under WellFirst Health.

- A maintenance medication program will be implemented; employees and covered dependents will have a 90-day fill requirement which will ensure they take advantage of the reduced copay benefit.
- Employees and covered dependents who utilize specialty medications may see savings on their medications through a new co-pay max program. Note: This does not apply to employees enrolled in the WellFirst Health Savings Plan.

Dental Benefits Expanded

Effective January 1, 2021: The former non-duplication provision is being replaced by Standard Coordination of Benefits. This means if you carry additional dental insurance through another provider or carrier, you may receive up to the maximum plan allowance from a combination of both the primary and secondary plans.

Health Savings Account Limits Increased

Effective January 1, 2021: Employees may contribute an additional \$100 per year to their Health Savings Account (HSA). Employees who have elected the WellFirst Health Savings Plan are eligible to participate in the HSA. Explore the benefits of the WellFirst Health Savings Plan and the SSM Health-funded Health Savings Account by visiting the [SSM Health Benefits Video Library](#).

Health Care Flexible Spending Account (HCFSA) Limits Increased

Effective January 1, 2021: Employees who elect to fund a Healthcare Flexible Spending Account (HCFSA) may contribute up to \$2,750 pre-tax. Please review the HCFSA section in this booklet to understand important program guidelines and timelines. Dependent Day Care Flexible Spending Account limits remain unchanged for 2021 – you may contribute up to \$5,000 pre-tax.

Hospital Discount Program Revised

Effective January 1, 2021, copays are not part of the Hospital Discount program. This includes emergency room copays. All other current employee discounts and practices remain in place. Note: per state law, Wisconsin is not allowed to offer hospital discounts.

MyChart.

Employees are encouraged to enroll in MyChart. A mobile app is also available. MyChart gives you 24/7 access to your health record and also enables you to:


- Schedule appointments online
- Keep an updated list of medications
- Communicate with your physician
- Keep track of your health history
- Review test results
- Pay your physician office or hospital bill



Benefit/HR Contact Information

We are here to help you! Comprehensive Benefit Information

Access informational videos, helpful tools and comprehensive plan documents by visiting:



HR ON-DEMAND
Powered by Workday

Outside SSM Health
ssmhealth.com/benefits

Technical Assistance

For technical assistance with Workday, Symantec VIP or general login support, call the Technology Service Center (TSC) at **1-866-776-4357**.

Benefits and Workday Support

Via phone:

Call People Services at **1-844-776-6947** during business hours, Monday – Friday, 7 am – 5 pm

Via the SSM Health intranet:

Submit a ticket through [AskHR 24/7](#)

Via Workday Help:

Comprehensive user guide available through the Workday

IMPORTANT NOTICE:

At SSM Health, we send benefits reminders and notifications via email and Workday. Remember to check your SSM Health work email and Workday inbox on a regular basis.

Benefit Vendors/Administrators - 2021 Plan Year

Vendor Name	Benefit Administered	Website	Phone
WellFirst Health	Medical Plan	wellfirstbenefits.com/employees	877-274-4693
Navitus	Prescription Plan	navitus.com	866-333-2757
Delta Dental of Missouri	Dental Plan	deltadentalmo.com	800-335-8266
VSP	Vision Plan	vsp.com	800-877-7195
Optum Financial (formerly Connect Your Care)	HSA and FSA Accounts	connectyourcare.com	844-881-0124
Empower Retirement	403(b)/401(k)/457(b) Plans	empowermyretirement.com	855-728-7526
Securian Financial	Life Insurance	securian.com	833-810-8262
Sedgwick	Leave of Absence and Short-Term Disability	mysedgwick.com/ssmhealth	855-253-0820
New York Life/CIGNA	Long-Term Disability	mycigna.com	800-362-4462
Corestream	Benefits Plus (Voluntary Benefits)	www.ssmhealth.corestream.com	855-925-5700
Personal Assistance Services	Employee Assistance Program	paseap.com Company code SSM	800-356-0845
Employees at Greater Fond du Lac ministries (Agnesian Health Care) will continue to use their internal EAP	Employee Assistance Program	Agnesian.com/services/eap-employee-assistance-program	800-922-3400



Eligibility

To be benefits-eligible, you must be regularly scheduled to work at least half-time (40 hours) or more per pay period. “Regularly scheduled” means that you are on file with Human Resources as having a 0.5 full-time equivalent (FTE) or higher status. For example, a 0.4 FTE working extra hours does not qualify as “regularly scheduled.” **Benefits are effective on the first day of the month coinciding with or following hire date.**

Full-time Benefits-Eligible Status	Part-time Benefits-Eligible Status
64+ hours pp (.80 - 1.00 FTE)	40 – 63 hours pp (.50 - .79 FTE)

If you are a benefits-eligible employee, you may also choose to cover your eligible dependents. Eligible dependents include:

- An eligible child up to age 26 (your child(ren): biological, foster, adopted, step or legal guardian)
- Disabled child(ren) age 26 and older may be eligible for benefits
- Your spouse
- A Legally Domiciled Adult (LDA)
 - **Note:** Only ONE adult (Spouse or LDA) may be covered on all plans (applies to medical, dental and vision only)
- The dependent child(ren) of an LDA

Legally Domiciled Adult

If you are not covering a spouse on your plan(s), you have an opportunity to cover another adult on your plan(s) through the Legally Domiciled Adult (LDA) option.

An LDA could be an adult child who no longer meets the definition of eligible child, a parent, relative or another adult. The LDA must reside in the same household as you. The LDA’s dependent child(ren), even if the child(ren) reside in another household, can also be covered.

There are **important tax implications** and requirements that apply to the LDA option. If you are interested in covering an LDA on your benefit plan(s), please click [here](#) to view an informational presentation or review the [LDA Verification Worksheet and Guidelines](#).

Important Notice: Making Changes to Your Benefits

Qualified Change in Status

If you have a qualified change in status during the plan year, you may be allowed to change your level of coverage before December 31. IRS guidelines limit the type of election change that can be made following each type of change in status. Report ANY qualified changes in status to through your Workday Benefits App within **31 days** of the event if you want to change your benefit election(s) to reflect the change.

Eligible changes in status include, but are not limited to:

- Family changes such as marriage, divorce, legal separation, annulment, death of your spouse or dependent, birth, adoption or placement for adoption of your child, your dependent child ceases to satisfy the plan’s eligibility requirements.
- Changes in employment status by you or your family member such as termination or commencement of employment, strike or lockout, commencement of or return from an unpaid leave of absence, change in worksite, or a switch from full-time to part-time or from salaried to hourly employment (or vice versa) that causes you or your family member to lose or gain eligibility for coverage.

Loss of Medicaid or Children’s Health Insurance Program (CHIP) Eligibility

Notification to Human Resources must be within 60 days after the Medicaid or CHIP coverage terminates.

Open Enrollment

The other opportunity to make changes to your benefits is during the benefits open enrollment period. This gives you a chance to re-evaluate your benefit needs and make changes. You will receive open enrollment materials in October for elections to be effective on Jan. 1.



Medical Plans

At SSM Health, the needs of the patient come first – and that includes you and your family. That’s why all SSM Health Plan options cover the same services. There is no need to compare your medical plan options based on services. Instead, review the cost-sharing amounts – the premiums, deductibles, copayments and out-of-pocket maximums – to determine what meets your preferences or needs. If you would like help choosing the plan best for you and your dependents, click [here](#). SSM Health has an online [Benefit Enrollment Decision Support Tool](#) to help you compare your medical plan options.

All SSM Health employees will be able to choose from the same three medical plan options:

- **WellFirst Plus option** (\$400 individual deductible)
- **WellFirst Base option** (\$1,000 individual deductible)
- **WellFirst Health Savings option** (\$1,500 individual deductible; paired with an SSM Health funded Health Savings Account)

Employees will select one of four coverage tiers:

- Employee Only
- Employee + Spouse/LDA
- Employee + Child(ren)
- Employee + Family

The SSM Health Network is the primary provider network for plan members. Visit wellfirstbenefits.com/employees to view the Provider Directory.

IMPORTANT NOTICE:

You will only be issued a new medical card for Plan Year 2021 if you are changing your medical plan or level of coverage or if you are enrolled in the WellFirst Health Savings Plan.

Cost-sharing Amounts	WellFirst Plus Option	WellFirst Base Option	WellFirst Health Savings Option
Annual Deductible	\$400 per person	\$1,000 per person	\$1,500 employee only
	\$800 per family	\$2,000 per family	\$3,000 per family
Coinsurance	15%	15%	15%
Deductible/ Co-Insurance Limit <small>*The total amount you pay in Deductibles + Co-Insurance</small>	\$2,500 per person	\$5,000 per person	\$3,000 employee only
	\$5,000 per family	\$10,000 per family	\$6,000 per family
Annual Out-of-Pocket Maximum	\$4,000 per person	\$6,500 per person	\$4,500 employee only
	\$8,000 per family	\$13,000 per family	\$9,000 per family
Preventive Services	Many preventive services are covered at no cost to you. For additional information on these services, click here .		
Primary Care Visit	\$20	\$25	\$20 copay after deductible
Specialist Office Visit	\$30	\$40	15% after deductible
Urgent Care	\$40	\$40	\$40 after deductible
Emergency Services	\$200 copay	\$200 copay	\$200 copay after deductible
Prescription Drug (SSM Health Pharmacy)	\$5/\$15/\$30 copay	\$5/\$15/\$30 copay	\$5/\$15/\$30 copay after deductible
Prescription Drug (Other In-Network Retail Pharmacies)	\$12/\$35/\$70 copay	\$12/\$35/\$70 copay	\$12/\$35/\$70 copay after deductible
Medical Plan Contribution Discount pharmacy benefit	Prescription copays are waived for employees who have been approved for the Medical Plan Contribution Discount.		Prescription copays are waived for employees who have been approved for the Medical Plan Contribution Discount once the deductible has been met.



Medical Plans - Southern Illinois, Mid-Missouri, Oklahoma

The SSM Health Network remains the primary provider network for plan members. In the **Southern Illinois, Mid-Missouri, and Oklahoma regions** where employees have local limited access to SSM Health Network options for care, they may choose to use providers in a Secondary Network, where higher deductibles, coinsurance, copays and out-of-pocket maximums apply. Secondary Networks in Oklahoma are available through [Health Care Highways](#). Secondary Networks for Mid-Missouri and Southern Illinois are available through [HealthLink](#).

Cost Sharing Amounts - Secondary Network (Southern Illinois, Mid-Missouri and Oklahoma only)	WellFirst Plus Option Secondary Network	WellFirst Base Option Secondary Network	WellFirst Health Savings Option Secondary Network
Annual Deductible	\$600 per person	\$1,500 per person	\$2,000 employee only
	\$1,200 per family	\$3,000 per family	\$4,000 per family
Coinsurance	30%	30%	30%
Deductible/Coinsurance Limit <small>*The total amount you pay in Deductibles + Co-Insurance</small>	\$4,500 per person	\$6,500 per person	\$4,500 employee only
	\$9,000 per family	\$13,000 per family	\$9,000 per family
Annual Out-of-Pocket Maximum	\$6,000 per person	\$8,000 per person	\$6,000 employee only
	\$12,000 per family	\$16,000 per family	\$12,000 per family
Preventive Services	Many preventive services are covered at no cost to you. For additional information on these services, click here .		
Primary Care Visit	\$20	\$25	\$20 after deductible
Specialist Office Visit	\$35	\$45	\$35 after deductible
Urgent Care	\$40	\$40	\$40 after deductible
Emergency Services	\$200 copay	\$200 copay	\$200 copay after deductible
Prescription Drug (SSM Health Pharmacy)	\$5/\$15/\$30 copay	\$5/\$15/\$30 copay	\$5/\$15/\$30 copay after deductible
Prescription Drug (Other In-Network Retail Pharmacies)	\$12/\$35/\$70 copay	\$12/\$35/\$70 copay	\$12/\$35/\$70 copay after deductible
Medical Plan Contribution Discount pharmacy benefit	Prescription copays are waived for employees who have been approved for the Medical Plan Contribution Discount.		Prescription copays are waived for employees who have been approved for the Medical Plan Contribution Discount once the deductible has been met.



Important Announcement!

The WellFirst Health Savings Option is paired with a Health Savings Account (HSA). SSM Health will provide HSA contributions to employees who elect the WellFirst Health Savings Option. For more information on the HSA, please refer to page 16 or click [here](#) for information on how the WellFirst Health Savings Option election and HSA accounts work together.

WellFirst Health Savings Option	HSA Contribution Provided by SSM Health			
	Full-Time Employees		Part-Time Employees	
Coverage Tier	Per Pay Period	Annually	Per Pay Period	Annually
Employee Only	\$19.23	Up to \$500	\$9.62	Up to \$250
Employee + Child(ren)	\$38.46	Up to \$1000	\$19.23	Up to \$500
Employee + Spouse/LDA	\$38.46	Up to \$1000	\$19.23	Up to \$500
Family	\$38.46	Up to \$1000	\$19.23	Up to \$500

Employees may contribute additional pre-tax dollars to the HSA account. HSA funds are deposited on a pay period basis and the annual HSA contribution is pro-rated based on the date an employee becomes benefit eligible. HSA funds may be used as they become available. Employees may change their own HSA contributions at any time. See page 16 for information on maximum employee contribution amounts.

Out-of-Area Coverage

If you or a covered family member is residing outside of the SSM Health service area, you may apply to have your medical claims covered as out-of-area. Any eligible Out-of-Area member, regardless of region, has access to the [FirstHealth](#) network. To search for a provider, visit [firsthealth.com](#). To determine eligibility, visit [wellfirstbenefits.com](#) and review the list of SSM Employee Health Plan network zip codes to determine if you or your covered dependents qualify as out of area. If your home zip code is not listed, complete the [Out-of-Area form](#). You will need to complete and submit the [Out-of-Area form](#) so your claims are covered. Please wait until WellFirst Health has approved your out of area status before you or your covered dependents begin using the [FirstHealth](#) network. You must resubmit the [Out-of-Area form](#) each plan year.

Your Annual Total Cost for Health Care

Because your health care needs are personal to you and there are many factors to consider, here's a link to the [Benefit Enrollment Decision Support Tool](#). The tool includes 2020 medical and pharmacy claim information and allows you to enter basic information about yourself and your anticipated health care expenses. It will provide you information about your total anticipated costs under each of the SSM Health Medical Plan options - including the premiums you would pay out of your paycheck - and your estimated out-of-pocket cost-sharing expenses. This tool is completely confidential and is designed to assist you with your benefit enrollment decisions.

Note: the tool does not enroll you in your benefit elections. Visit the enrollment system in in Workday, to enroll in your benefits.



Medical Plan Premiums for 2021

SSM Health reviews the costs of the employee health plans and options each year and is committed to ensuring affordable health care is available. Medical premiums are outlined in the table below with both pre-tax monthly and per pay period amounts. We are pleased to announce that there are NO increases to the medical premiums in 2021; the 2020 medical premiums will remain the same in 2021.

IMPORTANT! You may qualify for a Medical Plan Contribution Discount which provides up to a 25% - 100% reduction in your medical premiums. To see if you qualify for this discount, please refer to page 12 or click [here](#) to view an informational video.

	WellFirst Plus Option		WellFirst Base Option		WellFirst Health Savings Option	
	Average Monthly Cost	Per Pay Period Cost	Average Monthly Cost	Per Pay Period Cost	Average Monthly Cost	Per Pay Period Cost
Full-Time Employee Premiums (64 - 80 hours per pay period)						
Employee	\$105	\$48.46	\$70	\$32.31	\$70	\$32.31
Employee + Child(ren)	\$210	\$96.92	\$140	\$64.62	\$140	\$64.62
Employee + Spouse/LDA	\$275	\$126.92	\$180	\$83.08	\$180	\$83.08
Family	\$380	\$175.38	\$250	\$115.38	\$250	\$115.38
Part-Time Employee Premiums (40 - 63 hours per pay period)						
Employee	\$180	\$83.08	\$120	\$55.38	\$120	\$55.38
Employee + Child(ren)	\$350	\$161.54	\$240	\$110.77	\$240	\$110.77
Employee + Spouse/LDA	\$450	\$207.69	\$290	\$133.85	\$290	\$133.85
Family	\$650	\$300.00	\$460	\$212.31	\$460	\$212.31

Note: The premium is taken out of each pay period, so the amount shown per pay period is taken out of your paycheck 26 times per year. The amount shown does not include the **\$69.23** per pay period Spouse/LDA surcharge (if applicable). The surcharge may be waived if you qualify; see more information below.

Spouse/LDA Surcharge

A **\$69.23** pre-tax per pay period surcharge will be added to the medical plan for employees who are covering a spouse or LDA on their medical plan, if that spouse/LDA is eligible for group medical coverage through his/her employer. You are eligible to waive this surcharge and must submit a waiver each year if your spouse/LDA is:

- also employed by SSM Health
- self-employed or unemployed
- retired with no other group health coverage available
- eligible for Medicare/Medicaid/Tricare with no other group health coverage available
- employed but not eligible for employer-provided medical coverage or
- medical coverage provided by employer does not meet ACA affordability standards. Your spouse/LDA may contact their employer's human resources department to verify whether or not the coverage provided meets the ACA affordability standard.

For more information about the Spouse/LDA surcharge and instructions on how to WAIVE the surcharge, click [here](#).



Pharmacy Benefits

Pharmacy benefits are included in your medical plan and are accessible nationwide at most major pharmacies **with the exception of CVS (Target/Schnucks), Kmart and Meijer**. See next page for a list of SSM Health Pharmacies. Visit wellfirstbenefits.com/employees for a complete list of other In-Network Retail Pharmacies.

	WellFirst Plus and WellFirst Base Option				WellFirst Health Savings Option	
	SSM Health Pharmacy		Other In-Network Retail Pharmacy		SSM Health Pharmacy	Other In-Network Retail Pharmacy
	30-day supply	90-day supply	30-day supply	90-day supply		
Tier 1 Formulary generic and preferred drug	\$5 copay	\$12.50 copay	\$12 copay	\$30 copay	Copays after Deductible	
Tier 2 Formulary brands and high cost generics	\$15 copay	\$37.50 copay	\$35 copay	\$87.50 copay	Copays after Deductible	
Tier 3 Non-Formulary brands and generics*	\$30 copay	\$75 copay	\$70 copay	\$175 copay	Copays after Deductible	
Mail Order Service	Mail order can be a convenience for members who take maintenance medications. You can receive up to a 90-day supply from an SSM Health pharmacy or through your mail order provider, Costco. Contact your local SSM Health pharmacy or start the process online at pharmacy.costco.com .					

*Certain specialty prescriptions are covered under the plan only when filled by the Navitus Specialty Pharmacy, Lumicera or by an SSM Health pharmacy. This program is part of your pharmacy benefit and is mandatory. Mandatory means your specialty medication must be obtained via a Lumicera or SSM Health pharmacy. Employees and covered dependents who utilize specialty medications may see savings on their medications through a new co-pay max program. Note: this program does not apply to employees who are enrolled in the WellFirst Health Savings Plan.

Effective 1/1/2021, maintenance medication must be filled as a 90-day supply. You may need to contact your provider/prescriber for a 90-day prescription.

Filling your maintenance medication as a 90-day supply helps you:

- avoid missing doses of your medication
- minimize trips to the pharmacy
- save money (as you will only need to pay 2.5 times your regular copay for a 90-day supply)

Note: This requirement does not apply to specialty medications.

If you have any questions about whether or not you have a maintenance medication that is subject to this requirement, call Navitus Customer Care at 1.866.333.2757



SSM Health Pharmacy Locations

Mid-Missouri

SSM Health St. Mary's Hospital
2505 Mission Dr.
Jefferson City, MO 65109
573-681-3740

Oklahoma

SSM Health St. Anthony Hospital
608 N.W. Ninth St. Third Floor
Oklahoma City, OK 73102
405-815-5655

Southern Illinois

SSM Health Good Samaritan Hospital
2 Good Samaritan Way #120
Mt. Vernon, IL 62864
618-899-4999

St. Louis

SSM Health St. Mary's Hospital
1035 Bellevue Ave.
St. Louis, MO 63117
314-768-8870

SSM Health Depaul Hospital
12266 DePaul Dr. Suite 105
Bridgeton, MO 63044
314-344-7300

SSM Health Outpatient Center
711 Veterans Memorial Parkway
Suite 102
St. Charles, MO 63303
636-669-2223

SSM Health Cardinal Glennon
Outpatient Pharmacy
1465 S Grand Blvd
St. Louis MO 63104
314 - 577-5677

SSM Health Pharmacy at Saint Louis
University Hospital
1225 South Grand Blvd
Saint Louis, MO 63104
314-257-3450

Wisconsin

SSM Health Pharmacy
1821 S. Stoughton Rd. Suite 300
Madison, WI 53716
608-260-6500

SSM Health Pharmacy
1313 Fish Hatchery Rd. Suite 300,
Madison, WI 53715
608-252-8044

SSM Health Prescription Center
3200 E. Racine St. Suite 300
Janesville, WI 53546
608-371-8100

SSM Health Prescription Center
752 N. High Point Rd. Suite 300,
Madison, WI 53717
608-824-4500

SSM Health Prescription Center
700 S Park St., Suite 300
Madison, WI 53715
608-256-6465

SSM Health Prescription Center
753 N Main St. Suite 300
Oregon, WI 53575
608-835-7175

SSM Health Prescription Center
2825 Hunters Trail
Portage, WI 53901
608-745-3001

SSM Health Prescription Center
10 Tower Dr. Suite 300
Sun Prairie, WI 53590
608-825-3690

SSM Health Prescription Center
740 Reena Ave., Suite 300
Fort Atkinson, WI 53538
920-568-3515

Agnesian Pharmacy Main
145 N. Main St.
Fond du Lac, WI 54935
920-926-4660

Agnesian Pharmacy West
912 S. Hickory Rd.
Fond du Lac, WI 54935
920-929-7480

Agnesian Pharmacy Markesan
730 N Margaret St.
Markesan, WI 53946
920-398-3261

Agnesian Pharmacy Waupun
904 W. Main St.
Waupun, WI 53963
920-324-3010

Agnesian Pharmacy Plus
420 E. Division St.
Fond du Lac, WI 54935
920-926-8585

Agnesian Prescription Center -
Health Plaza, 421 Camelot Dr.
Fond du Lac, WI 54935
920-926-5455

Monroe Clinic Pharmacy
515 22nd Ave.
Monroe, WI 53566
608-325-3111



Discounted Medical Premiums

At SSM Health, we believe care must not only address the physical needs of our employees, it must also address the spiritual, social and emotional needs by ensuring peace of mind and access to quality health care. To help us achieve this vision for optimum employee health, we offer a medical plan contribution discount program for employees. This program is offered to improve access to affordable health care coverage by discounting employee contribution requirements based on family size and household income as determined by the annual Federal Income Guidelines and as reported on your 2019 Federal Tax Return. The current federal income guidelines can always be accessed [here](#) and are also shown below.

# in Household (# of tax dependents including yourself and your spouse, if married)	(A) 100% of the Federal Income Guidelines	(B) 200% of the Federal Income Guidelines	(C) 300% of the Federal Income Guidelines	(D) 400% of the Federal Income Guidelines
1	\$12,760	\$25,520	\$38,280	\$51,040
2	\$17,240	\$34,480	\$51,720	\$68,960
3	\$21,720	\$43,440	\$65,160	\$86,880
4	\$26,200	\$52,400	\$78,600	\$104,800
5	\$30,680	\$61,360	\$92,040	\$122,720
6	\$35,160	\$70,320	\$105,480	\$140,640
7	\$39,640	\$79,280	\$118,920	\$158,560
8	\$44,120	\$88,240	\$132,360	\$176,480

Based on your 2019 family income (total income as reported on line 7b of your Federal Income Tax Return) and number (#) of dependents, if you are a full-time employee, you will be eligible for a **25 - 100%** discount on your medical plan contributions (premiums). Part-time employees will receive the same dollar amount a full-time employee receives for the same election/level of discount.

The discount applies to all levels of medical coverage (Employee Only, Employee + Child(ren), Employee + Spouse/LDA or Employee + Family). The discount does not apply to any other benefits. The table below illustrates how the discount applies.

Full-Time Employee Discount (64 - 80 hours per pay period)	
(A) Household Income less than 100% of the Federal Income Guidelines	100% discount
(B) Household Income >100% but <200% of the Federal Income Guidelines	75% discount
(C) Household Income >200% but <300% of the Federal Income Guidelines	50% discount
(D) Household Income >300% but <400% of the Federal Income Guidelines	25% discount
Part-Time Employee Premiums (40 - 63 hours per pay period)	
Receive the actual dollar amount in discount that a full-time employee receives for that election.	



Discounted Medical Premiums – Example & Calculator

To see how the Medical Plan Contribution Discount would apply to you, please review the example and use the calculator shown below.

Employee Name	Eddie Example Full-Time Employee	Your Information Here
2019 Family Size (# of dependents plus yourself and your spouse (if applicable) claimed on your 2019 Federal Tax Return)	4	
2019 Household Income (Total Income as reported on line 7b of your Federal Tax Return)	\$36,345	
Federal Income Guidelines (see chart on page 11)	Household Income >100% but <200% of the Federal Income Guidelines	
Medical Plan Election	Family coverage - WellFirst Plus Option	
Medical premium deduction per pay period	\$175.38	
% of discount	.75	
Discount amount credited on paycheck (multiply the medical premium per pay period cost by the % of discount)	\$131.54	
Actual per pay period premium cost (subtract the discount amount from the medical premium per pay period)	\$43.84	

Note: If Eddie were a part-time employee, his per pay period discount would be \$131.54, the same dollar amount he would receive as a full-time employee with the same plan election.

The Medical Plan Contribution Discount must be renewed each year during the annual open enrollment period. Outside of open enrollment, applications may be submitted within 31 days of becoming eligible for and enrolling in SSM Health medical coverage – either as a new hire or as the result of a status change or other qualifying event. For more information about this discount, click [here](#) to view a program overview and application guide that includes links to informational videos and step-by-step application instructions.



Dental Plans

Healthy teeth are an important part of wellness. SSM Health provides two dental plans from which to choose. Delta Dental offers a cost-sharing plan with a participating provider network. This plan provides flexibility, network savings and preventive services. To make the most of your dental benefit dollars, you may want to consider using one of the dental providers in their PPO or Premier Network. You may use any dentist you choose, but your in-network benefit will always provide the most affordable option and it will enhance the total services that you can receive under the annual maximum benefit. Visit deltadentalmo.com for information on the provider network. You can choose the Dental Base or Dental Plus Plan options. Click [here](#) to view an informational video about how to make the most of your Dental Plan.

Note: If you are not making a change to your level of coverage for 2021, you may continue to use your current dental card. If you change your level of coverage for 2021, you will receive a new dental card.

	Dental Plus	Dental Base
Annual Deductible - you will pay	\$50 per person/\$150 family	\$100 per person/\$300 family
Annual Maximum - plan will pay	\$2,000 per person	\$1,000 per person
Preventive Services - <i>Deductible does not apply</i> Routine exam, cleaning, X-rays	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontic Services (includes adults) Note: Orthodontic benefits are not available for services related to "do it yourself" orthodontic kits.	50%	N/A
Lifetime Ortho Maximum Plan will pay	\$2,000	N/A

Dental Plan Premiums

Premiums are taken out of your paycheck 26 times per year. We are pleased to announce that there are NO increases to the dental premiums in 2021; the 2020 dental premiums will remain the same in 2021.

	Dental Plus		Dental Base	
	Average Monthly Cost	Per Pay Period Cost	Average Monthly Cost	Per Pay Period Cost
Full-Time Employee Premiums (64 - 80 hours per pay period)				
Employee	\$10.25	\$4.73	\$7.00	\$3.23
Employee + Child(ren)	\$30.75	\$14.19	\$15.75	\$7.27
Employee + Spouse/LDA	\$25.50	\$11.77	\$17.50	\$8.08
Family	\$38.50	\$17.77	\$26.25	\$12.12
Part-Time Employee Premiums (40 - 63 hours per pay period)				
Employee	\$17.50	\$8.08	\$12.00	\$5.54
Employee + Child(ren)	\$52.50	\$24.23	\$24.00	\$11.08
Employee + Spouse/LDA	\$43.75	\$20.19	\$30.00	\$13.85
Family	\$61.25	\$28.27	\$42.00	\$19.38



Vision Plans

The Vision Plan can assist with the cost of eye exams, lenses, frames and contact lenses. The plan is administered by VSP, a national leading vision plan provider. The plan design includes copays for in-network coverage and reimbursements (up to plan limits) for out-of-network coverage. Click [here](#) to view an informational video about how to make the most of your Vision Plan.

Exam + Materials

	VSP Provider	Out-of-Network Provider	How often you can use services per covered member
Comprehensive Vision Examination	\$10 copay	\$40 allowance	Once every 12 months
Lenses - <i>Glass or Plastic</i>	\$25 copay	\$40 - \$125 allowance	Once every 12 months
OR			
Contact Lenses	\$150 allowance + evaluation and fitting covered + additional discounts	\$105 allowance (\$210 allowance if medical necessity)	Once every 12 months
Standard Frames	\$190 allowance; \$25 copay if lenses not purchased	\$45 allowance	Once every 24 months

Exam Only

Note: If you are electing the WellFirst Plus or WellFirst Base Medical Plan in 2021, these plans cover an annual eye exam. However, the copay is higher and the network of providers is limited. If you elect one of these medical plan options and do not need lenses or frames, you may want to opt out of the vision plan.

	VSP Provider	Out-of-Network Provider	How often you can use services per covered member
Comprehensive Vision Examination	\$10 copay	\$40 allowance	Once every 12 months

Vision Plan Premiums

Premiums are taken out of your paycheck 26 times per year. We are pleased to announce that there are NO increases to the vision premiums in 2021; the 2020 vision premiums will remain the same in 2021.

	Average Monthly Cost	Per Pay Period Cost	Average Monthly Cost	Per Pay Period Cost
Part-Time and Full-Time Employee Premiums (40 – 80 hours per pay period)				
Employee	\$6.50	\$3.00	\$3.50	\$1.62
Employee + Child(ren)	\$12.50	\$5.77	\$7.75	\$3.58
Employee + Spouse/LDA	\$11.75	\$5.42	\$7.25	\$3.35
Family	\$20.00	\$9.23	\$12.50	\$5.77



Pre-Tax Savings

Health Savings Account

A Health Savings Account (HSA) allows participants to set aside pre-tax dollars today to pay for out-of-pocket medical expenses in the future. IRS guidelines outline eligibility for participating in an HSA. To participate in the Health Savings Account (HSA), you must meet all of the following requirements: 1) You must be enrolled in the WellFirst Health Savings Plan (High Deductible Health Plan), 2) You cannot be claimed as a dependent on someone else's tax return, 3) You cannot have any other health coverage, including: enrollment in another health plan, Medicare, or military/veteran health benefits. Important! There may be tax penalties if you receive HSA contributions when you are not eligible. If you enroll in Medicare or another health plan, make sure to contact People Services and ask to speak to a Benefits Analyst and/or consult your tax professional.

WellFirst Health Savings Option Coverage Level	Annual HSA Contribution Provided by SSM Health		Annual HSA Contribution Limits (amount Employee can add to the HSA with their own pre-tax contributions)	
	Per Pay Period	Annually	Up to Age 55	*Age 55+
Full-time Employee				
Employee Only	\$19.23	Up to \$500	\$3,100	\$4,100
Employee + Child(ren)	\$38.46	Up to \$1,000		
Employee + Spouse/LDA	\$38.46	Up to \$1,000		
Family	\$38.46	Up to \$1,000		
Part-time Employee				
Employee Only	\$9.62	Up to \$250	\$3,350	\$4,350
Employee + Child(ren)	\$19.23	Up to \$500		
Employee + Spouse/LDA	\$19.23	Up to \$500		
Family	\$19.23	Up to \$500		

*If you will be at least age 55 during plan year 2021, you may contribute an additional \$1,000 to your HSA

HSA funds are deposited on a pay period basis and the annual HSA contribution is pro-rated based on the date an employee becomes benefit eligible. To pay for an eligible service or purchase, you need to have the available funds in your account.

Note: You may start, stop, increase or decrease your own HSA contributions at anytime through the Benefits App in Workday.

Flexible Spending Account - Health Care FSA

The Health Care FSA allows participants to set aside pre-tax income (up to \$2,750 maximum annual contribution per employee) to pay for eligible health care expenses incurred by you or your dependents, but not covered by, other plans. Click [here](#) for more information and to see if a Health Care FSA is right for you.

Important Note: *Plan elections will be reviewed and audited each year to ensure the plan meets the IRS Nondiscrimination Testing requirements. You will be notified if any changes need to be made to the amount you elected for the 2021 plan year based on the results of this audit.*

Important Note: *Per IRS Regulations, the Health Care FSA benefit is not available to participants in the WellFirst Health Savings Option who have an HSA. If you have funds from your 2020 FSA account as of 1/1/2021, you have to wait until 4/1/2021 to begin participation in the HSA.*

Flexible Spending Account - Dependent Day Care FSA

The Dependent Day Care FSA allows participants to set aside pre-tax income (up to \$5,000 maximum annual contribution per household) to pay for eligible child or other Dependent Day Care expenses. Click [here](#) for more information and to see if a Dependent Day Care FSA is right for you. You may participate in a Dependent Day Care FSA and the HSA. Participating in the HSA does not impact your ability to participate in the Dependent Day Care FSA.

Important Note: *FSA funds are subject to IRS guidelines and are "use it or lose it". Information about important timelines and planning tools that can help you determine how much you may want to set aside in a Flexible Spending Account are available at connectyourcare.com.*



Retirement

SSM Health provides a market-competitive retirement program that is consistent with our Mission and Values and is designed to assist you in achieving financial security for your retirement. To learn more about the retirement savings program, click [here](#) to view an informational video or visit the Empower Retirement website at empowermyretirement.com. Click [here](#) to schedule a one-on-one appointment with Empower.

Note: Physicians should refer to their Benefits Booklet for Retirement Savings information.

Fixed Contribution

SSM Health provides an annual basic/fixed contribution to all employees who qualify. To qualify, employees must be 18 years of age, work a minimum of 1,000 hours in the plan year and be actively employed on the last day of the plan year. The employer basic/fixed contribution is 3% of employee salary (up to the annual IRS limit) or a minimum of \$1,400, whichever is greater. The \$1,400 minimum contribution is pro-rated based on hours worked in the plan year.

Match Contribution

All employees who are 18 years of age and who work a minimum of 1,000 hours per year are eligible for the Employer Match. SSM Health will match \$0.50 on the dollar for the first 6% of employee contributions on a per pay period basis (up to IRS annual limits). The match is provided on a per pay period basis and you must make a contribution to your 403(b)/401(k) plan in order to receive the match. Plan your contributions accordingly. You are immediately eligible to receive Employer Matching Contributions upon your SSM Health employment if the following requirements are met: 1) You are at least age 18 or older, 2) You are scheduled to work a minimum of 1,000 Hours of Service in a Service Computation Period (40 hours per pay period), 3) You are contributing to the 403(b) or 401(k) Plan. If your scheduled hours are under 1,000 Hours of Service in a Service Computation Period, but you complete 1,000 Hours of Service during the Service Computation Period and meet the other eligibility requirements listed above, you will receive the Employer Matching Contribution in the first quarter of the following year after your Hours of Service have been determined.

Employees are vested in both the basic/fixed and match contributions after three years of eligible service. Eligible compensation is defined by the IRS on an annual basis. For 2021, it is capped at \$290,000 annually or \$11,153.85 per pay period.

Retirement Savings Plans: 403(b) and 401(k)

The voluntary 403(b) or 401(k) plans allow eligible employees to contribute pre-tax or post-tax (Roth) dollars to an investment plan administered by Empower Retirement. There are many investment options from which to choose. Currently, you may contribute up to \$19,500. If you are going to be age 50 or older in the 2021 plan year, you may also contribute up to an additional \$6,500 under the catch-up provision. You may defer up to the annual IRS limit.

Deferred Compensation: 457(b)

Eligible employees who are on track to contribute the maximum amount to the 403(b) may also contribute to the 457(b) up to the annual IRS limit. Currently, up to \$19,500 may be contributed. Due to IRS regulations, this plan may only be offered to employees of **non-profit** ministries. Comprehensive retirement information, including Summary Plan Descriptions (SPDs) are available [here](#).

To enroll in the 457(b) plan, complete and submit the form available [here](#). Once your contributions are established, you will be able to view and manage your account online through empowermyretirement.com.

Auto Enrollment

To make saving for retirement even easier, newly hired employees are automatically enrolled at the 3% level after 30 days of employment with SSM Health and contributions will be increased by 1% each year until the 6% contribution level is reached. Employees may opt out of auto enrollment/escalation or change their employee contributions at any time through the [Empower Retirement website](#).

Defined Benefit (DB) Pension Plan

Effective January 1, 2021, all employees who were grandparented into the Defined Benefit (DB) Pension Plan will move to the higher match and basic contribution plan available through the Defined Contribution (DC) Plan. The Defined Benefit plan freezes on December 31, 2020. All accrued, vested benefits remain available to employees and may be accessed based on plan provisions. Statements reflecting final, accrued benefits in the DB Plan will be provided in early 2021.



Paid Time Off

Paid Time Off (PTO) includes vacation time, holidays, sick days, personal time and the elimination period for short-term disability benefits. PTO is accrued each pay period based on the actual number of hours that an employee is paid and on eligible low census hours (up to a maximum of 80 hours per pay period). Hours paid by Short-Term Disability are not eligible for PTO accrual. To be eligible to accrue PTO, you must be regularly scheduled to work at least half-time (40 hours) or more per pay period. “Regularly scheduled” means that you are on file with Human Resources as having a 0.5 full-time equivalent (FTE) or higher status.

Unused PTO time carries over from year to year but the maximum amount of PTO that you have in your accrual bank is 1.5 times your annual accrual amount. If you reach your maximum PTO hours, you will need to utilize PTO time in order to accrue additional hours. Click [here](#) to view the comprehensive PTO guidelines.

Note: Market-specific PTO programs apply to employees working a 7 on/7 off schedule. These schedules do not apply to executives, directors and physicians. Physicians and Executives should refer to the applicable Benefits Booklet for information about Paid Time Off. **Directors:** At SSM Health, we utilize an informal time off model for director-level positions. Under this approach, time off is taken as needed. There is no need to record the time away within the timekeeping system or monitor a PTO bank. It is expected that directors will be prudent under this approach, focusing appropriate attention to their role and leadership responsibilities. As a general guideline, it is expected that total time taken will not exceed six weeks per year, including holidays. Director-level PTO does not have cash value, is not eligible for the PTO Sell or PTO Donation programs and does not payout upon separation of employment.

	Accrual Rate	Annual Max (hours)	Annual Max (days) *based on 8 hour	Overall Max (hours)	Overall Max (days) *based on 8 hour days
Staff PTO Schedule					
Fewer than 5 years of service	.0923 per hour paid	192	24	288	36
More than 5 but fewer than 10 years of service	.1077 per hour paid	224	28	336	42
More than 10 but fewer than 15 years of service	.1192 per hour paid	248	31	372	46.5
More than 15 but fewer than 20 years of service	.1269 per hour paid	264	33	396	49.5
More than 20 years of service	.1385 per hour paid	288	36	432	54
Management PTO Schedule					
Fewer than 5 years of service	.1192 per hour paid	248	31	372	46.5
More than 5 but fewer than 10 years of service	.1269 per hour paid	264	33	396	49.5
More than 10 years of service	.1385 per hour paid	288	36	432	54

New Hires will be provided with 8 hours of PTO (pro-rated for FTE) upon hire date in order to account for holiday time off that might be needed before the PTO time is accrued. As a result, the accrual rate for the first year of employment will be adjusted down to account for the frontloaded hours.

PTO Sell

During open enrollment each year, employees may elect to “sell” up to 80 hours of unused PTO. The number of hours that may be sold will be limited such that the employee’s PTO balance is at least 40 hours after the hours are sold. The PTO hours sold will be paid at 85% of the employee’s base rate for the primary job held and will be taxed at the supplemental rate. Payment will be made on the paycheck for the pay period in which the PTO Sell request was made. Employees may elect the number of hours to sell through the Workday Absence App.

PTO Donation/PTO Emergency

Employees may donate up to 80 hours of PTO to a medical emergency leave bank on an annual basis. The employee may “recommend” the recipient but may not make the donation contingent on the time going to the desired recipients. PTO hours may be donated through the Request App in Workday.

Employees who experience an emergency that meets the IRS-defined requirements, may request hours from the medical emergency leave bank by submitting an application through the Request App in Workday. Up to 160 hours may be awarded annually.

PTO Hardship

Employees suffering a serious financial hardship may request a pay-out from their PTO bank by submitting an application through the Request App in Workday. The payout is limited to the amount of the hardship or half your PTO balance at the time of the request (whichever is lower) up to a maximum of 80 hours per calendar year. PTO hours are paid at the base rate for your primary job held and are paid at 85% of full value. The hardship must meet the IRS eligibility requirements.



Paid Time Off

Short-Term Disability

As a benefits-eligible employee, you are covered by a Short-Term Disability (STD) plan that replaces 60% of your income when you are medically unable to work due to a serious health condition. The first week (seven calendar days) of disability is an elimination period during which disability benefits are not paid. You must use PTO to satisfy the elimination period while you are medically unable to work before STD benefits begin (unless taking unpaid WI FMLA). Following the elimination period you may be eligible to receive a benefit. The 60% Short-Term Disability coverage is provided by SSM Health at no premium cost to you (with minimum and maximum weekly benefits). You have the option to “buy up” to a 75% STD plan.

Note: Once short-term disability payments begin, you may not use PTO. Once short-term disability payments end, you may begin using your PTO if you need additional time away from work.

Employees who transitioned into the STD benefit from former illness banks or salary continuation received an employer-paid buy-up to 75% at no cost, based on their former illness bank balance at 2019 year-end.

Balance as of 12/2019	Automatic “buy up” provided through the last payroll occurring in:
25 - 49% of maximum	December 2022
50 - 74% of maximum	December 2024
75% + of maximum	December 2026

You will see the cost of the buy-up option when you go through the enrollment process.

Note: The minimum weekly benefit is \$400 (pro-rated based on FTE). If you make less than \$13.33 per hour, choosing the buy-up option will not benefit you.

Important note for Directors with the Flexible Time Off Model.

Directors with the Flexible Time Off Model will be provided up to six (6) weeks of paid leave in a rolling calendar year. The six weeks will be applicable to the seven-calendar day elimination period associated with a Short-Term Disability claim and leaves with no associated benefit pay. Leave time in excess of the allowed six weeks will be unpaid.

Maternity Benefits

If you are accessing Short-Term Disability due to maternity leave, 100% of your income will be replaced for up to six weeks for a routine delivery or up to eight weeks for a c-section. The first week (seven calendar days) elimination period still applies. The 100% maternity leave coverage is provided by SSM Health with no premium cost to you.

Paid Parental Leave

Effective January 1, 2021, one week paid parental leave will be available to both parents.

- 40 hours of paid leave is pro-rated based on FTE
- Includes adoptions
- Covers bonding time
- Compliments maternity leave for the birth parent
- Available to benefit-eligible employees who have completed at least 90 days of employment with SSM Health.

Long-Term Disability

After 90 days of being medically unable to work, you are eligible to apply to receive a Long-Term Disability benefit of 60% of your salary up to a maximum of \$10,000 per month. The 60% Long-Term Disability coverage is provided by SSM Health with no premium cost to you. Employees must exhaust all PTO before LTD payments begin.

Note: This plan does not apply to executives and physicians.

For more information about the Short- and Long-Term Disability plans, please click [here](#)



Life Insurance

SSM Health offers both employer-paid and voluntary life insurance to provide financial security should the unexpected occur. For more information about life insurance, please click [here](#).

Employer-Paid Life Insurance Coverage

Part-Time and Full-Time Employees (40 – 80 hours per pay period)	
Staff	1X pay up to \$500,000
Manager and Above	2X pay up to \$1M

While SSM Health pays for the cost of this basic life policy, per federal regulations, employees must pay tax on the imputed income for the “value” of any employer-provided life insurance that exceeds \$50,000. Click [here](#), to view the IRS guidelines. If you do not want to pay tax on this imputed income, you may waive the basic life insurance during enrollment. Accidental Death and Dismemberment (AD&D) Insurance is not subject to imputed income tax and therefore, may not be waived. If you waive your Basic Life and then later choose to enroll in Basic Life, you will be subject to Evidence of Insurability.

Please note: If you choose to opt out of Basic Life and you do not purchase Voluntary Employee Life, you cannot elect Dependent or Spouse Life.

Employer-Paid Accidental Death and Dismemberment Insurance (AD&D)

Part-Time and Full-Time Employees (40 – 80 hours per pay period)	
Staff	1X pay up to \$500,000
Manager and Above	2X pay up to \$1M

Note: per industry standards, employee and spouse life insurance and AD&D are subject to benefit reduction based on age. The benefit reduces to 65% at age 65 and to 50% at age 70.

Employee-Paid Optional Insurance (Life and AD&D)

Part-Time and Full-Time Employees (40 – 80 hours per pay period)		Guaranteed Issue and Evidence of Insurability (EOI - only applies to Life Insurance)
<u>Staff</u>	Multiples of pay up to 8X, capped at \$2M supplemental for life insurance; Multiples of pay up to 8X, capped at \$1M for AD&D.	Newly eligible: May elect up to the lesser of 3x annual salary or \$1M without EOI. During Open Enrollment: If currently enrolled, may increase coverage 1x up to the lesser of 3x annual salary or \$1M; If not currently enrolled, any election requires EOI.
<u>Management</u>		

Dependent Life Insurance

Part-Time and Full-Time Employees (40 – 80 hours per pay period)		Guaranteed Issue and Evidence of Insurability (EOI)
Spouse	Increments of \$25,000 up to \$250,000	Newly eligible: May elect up to \$50,000 without EOI. During Open Enrollment: Any increase in coverage requires EOI.
Eligible Child	Increments of \$5,000 up to \$25,000	All coverage is guaranteed issue – no EOI required.

Dependent AD&D

Part-Time and Full-Time Employees (40 – 80 hours per pay period)		Guaranteed Issue and Evidence of Insurability (EOI – only applies to Life Insurance)
Spouse	Increments of \$25,000 up to \$100,000	All coverage is guaranteed issue – no EOI required.
Eligible Child	\$10,000 or \$25,000	

Additional Lifestyle Benefits

Additional services are automatically offered to those enrolled in Life Insurance; there is no additional cost for these benefits.

Travel Assistance: Planning to travel 100 miles or more from home? Access pre-trip planning and emergency services through RedpointWTP. Learn more at: LifeBenefits.com/travel

Life Insurance-related Financial and Grief Resources: For confidential advice and support, contact Securian’s LifeWorks at (877) 849-6034. Learn more at lifebenefits.com/lfg, username: lfg and password: resources.



Additional Benefits

Benefits Plus

Benefits Plus provides exclusive employee rates on a variety of programs. Premiums for these specially negotiated plans are paid through payroll deduction, making it safe, easy, and convenient for your budget.

Benefit	Description	How to Enroll
Accident Insurance	Accident insurance helps you pay for the medical and out-of-pocket costs that you may incur after an accidental injury.	View coverage options and enroll in Workday during Open Enrollment or within 31 days of a qualifying work/life event.
Critical Illness	Critical illness insurance provides additional coverage for medical emergencies like heart attack, stroke, or cancer.	
Hospitalization	Hospital indemnity insurance helps offset hospitalization expenses that may not be covered under your medical plan.	
Legal Services	MetLife Legal Plans provides access to attorneys for many common legal issues.	
Identity Theft Protection	LifeLock provides an all-in-one membership for your Cyber Safety.	Enroll at any time through the Benefits Plus portal.
Auto & Home Insurance	Streamline shopping for auto and home insurance; get real-time, side by side rate quotes so you can find the policy that works best for your needs and budget.	
Financial Counseling (FREE!)	FinFit provides you with personalized tools and recommendations to help you identify your financial goals, manage your finances and achieve personal success.	Access these services at any time through the Benefits Plus portal.
Discount Shopping (FREE!)	Enjoy curated savings on your favorite products and services. It's our way of saying, "Thanks for doing a great job!" Find great deals on electronics, travel, entertainment, clothes, gifts and more in one convenient location.	

Employee Assistance Program

A free, confidential counseling and referral service designed to assist both you and your immediate family. The Employee Assistance Program (EAP) can provide resources on health, finances, retirement planning, childcare planning, family issues and much more. EAP services are provided by Personal Assistance Services (PAS). You may reach them at: **paseap.com** (company code: SSM) or **1-800-356-0845**.

Note: Employees at Greater Fond du Lac ministries (Agnesian HealthCare) will continue to use their internal EAP. Employees of these ministries may reach them at: **Agnesian.com/services/eap-employee-assistance-program** or **1-800-922-3400**.

Bereavement Leave

You may take up to three scheduled shifts with pay in the event of the death of a family member; up to five scheduled shifts with pay are provided if the loss is a spouse or child/step-child. Click [here](#) to view the bereavement leave guidelines.

Tuition Benefit

The tuition reimbursement policy is designed to provide financial assistance in support of your professional development. If you are in good standing, you are eligible once you have been with SSM Health for 90 days. Full-time employees are eligible for up to \$4,200 annually and part-time employees are eligible for up to \$2,100 annually to help cover the cost of tuition towards a job-related degree program at an accredited college or university. Click [here](#) to view the tuition benefit policy.



Additional Benefits

Adoption Reimbursement

You may be reimbursed for normal agency and legal fees incurred to adopt a minor child, up to the maximum benefit, set at the cost of an uncomplicated childbirth.

Virtual Visits

Online virtual visits are a quick, affordable and convenient way to connect with trusted SSM Health providers and receive treatment for common, non-urgent medical conditions. The virtual visit guides patients through an adaptive interview, asking only relevant questions about their symptoms, just like an in-person office visit. SSM Health employee health plan members: \$10 Non-members: \$25

Wellness Resources

Comprehensive wellness information and resources to assist you with your own well-being and work-life concerns are available in Workday through the Well-Being and Self-Care app.



Glossary of Health Coverage and Medical Terms

The Summary of Benefits and Coverage (SBC) final regulations require group health plans and health insurance issuers to provide the Uniform Glossary in a common format and use terminology that is understandable by the average plan enrollee or individual covered under an individual policy.

The Uniform Glossary includes many commonly used health coverage and medical terms, but isn't a full list. These terms and definitions are intended to be educational and may be different from the terms and definitions for a plan. Some of these terms might not have exactly the same meaning when used in a policy or plan, and in any such case, the policy or plan governs.

The glossary may not be modified by plans or issuers. Examples of insurance-related terms to be defined are: coinsurance, copayment, deductible, excluded services, grievance, appeal, non-preferred provider, out-of-network copayment, out-of-pocket limit, preferred provider, premium and UCR (usual, customary and reasonable) fees.

Examples of medical terms to be defined are: durable medical equipment, emergency medical transportation, emergency room care, home health care, hospice services, hospital outpatient care, hospitalization, physician services, prescription drug coverage, rehabilitation services, and skilled nursing care.

How to Access the Uniform Glossary

The Uniform Glossary may be reviewed and obtained at the following websites:

- The Center for Consumer Information & Insurance Oversight (CCIIO) at cciio.cms.gov
- U.S. Department of Labor at dol.gov/ebsa/healthreform and healthcare.gov
- Paper copies of the Uniform Glossary are also available upon request.

Written Translation of the Uniform Glossary

Plans and issuers are also required to provide notices in a culturally and linguistically appropriate manner. This includes providing access to written translation of the Uniform Glossary in Spanish, Tagalog, Chinese and Navajo for certain geographic areas. HHS will provide written translation of the Uniform Glossary in the above listed languages at the following websites: cciio.cms.gov and dol.gov/ebsa/healthreform