



# 2026

## Employee benefits guide

Saint Louis University School of Medicine

Residents and fellows



**SSM**Health.

Saint Louis University Hospital

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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. SLUCare Physician Group employees who are eligible for transitional benefits may view any transition-specific provisions at [ssmhealth.com/benefits](https://www.ssmhealth.com/benefits). Employees covered by a collective bargaining agreement may be eligible for these benefits if these benefits are provided for under the applicable CBA or a side agreement thereto. V1201

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 flexible 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.

In alignment with the SSM Health value of stewardship, benefit plan-related documents are provided and available in an electronic format. You may access both benefit plan documents and comprehensive benefits information through the [Benefits and Pay App](#) in Workday or [ssmhealth.com/benefits](https://www.ssmhealth.com/benefits).

You have the right to opt out of electronic delivery and receive paper copies of your benefit plan documents, at any time, free of charge. To request any (or all) of your benefit plan documents, open an AskHR case or contact People Services at 844-776-6947.

# 2026 Benefits Updates and Reminders

## *myhealthylife* Wellness Program Update: Introducing Lifestyle Spending Account Rewards

Beginning January 1, 2026, *myhealthylife* will be expanded to include a Lifestyle Spending Account (LSA) that enables you to earn **up to \$500 in LSA funds each year**. The number of points you earn by completing *myhealthylife* wellness activities in 2026 will determine the dollar amount (\$100 - \$500) that will be deposited into your *myhealthylifestyle account* in the first quarter of 2027.

Use your *myhealthylifestyle account* funds for wellness-related purchases such as spa treatments, fitness memberships, nutritional support, and more. If you have not yet done so, register your account at [ssmhealth.sharecare.com](https://ssmhealth.sharecare.com) to ensure you stay connected to important wellness program information and events.

## 2026 Payroll Year – 27 Pay Periods and Benefit Deductions

Due to how dates are configured in the 2026 calendar year, the 2026 payroll calendar will include 27 pay periods. Because benefit deductions are configured for 26 pay periods (standard bi-weekly schedule), benefit deductions and medical plan contribution discounts will not be included on the extra (27<sup>th</sup>) pay period in 2026.

## Dependent Eligibility Verification

In 2026, SSM Health, in partnership with a third-party vendor, will conduct a dependent eligibility audit. If you are required to provide eligibility verification for your covered dependent(s), you will receive more information and instructions.

## Out-of-Area Coverage

If you or a covered family member do not reside within the Medica/SSM Health service area, you may be eligible to have your medical claims covered and considered “in-network” (paid at Tier 1) when using the nationwide [FirstHealth](#) network of providers and facilities. Eligibility for Out-of-Area coverage will be based on the **addresses on file in Workday for you and your covered dependent(s)**. It is your responsibility to ensure the **Primary Address** for you and each of your covered dependent(s) is current and correct in Workday. **You should confirm eligibility before you or your covered dependents being using the [FirstHealth](#) network.**

# Important Benefits Contacts & Resources

## Comprehensive Benefit Information and Support



Open the [Benefits and Pay App](#) in Workday to access informational videos, helpful tools, and comprehensive plan documents.



Contact People Services at **844-776-6947** during business hours Monday-Friday, 7 am – 5 pm or create an [AskHR case](#) 24/7.

### IMPORTANT NOTICE:

At SSM Health, we send benefits reminders and notifications via work email and Workday – remember to check these on a regular basis.

## Benefit Vendors/Administrators – 2026 Plan Year

Vendor Name	Benefit Administered	Website	Phone
Medica	Medical Plan	<a href="https://medica.com/ssmhealth">medica.com/ssmhealth</a>	877-274-4693
Navitus	Prescription Plan	<a href="https://navitus.com">navitus.com</a>	866-333-2757
Delta Dental of Missouri	Dental Plan	<a href="https://deltadentalmo.com">deltadentalmo.com</a>	800-335-8266
VSP	Vision Plan	<a href="https://vsp.com">vsp.com</a>	800-877-7195
HealthEquity	HSA and FSA Accounts	<a href="https://healthequity.com">healthequity.com</a>	866-735-8195
Fidelity	403(b)/401(k)/457(b) Plans	<a href="https://netbenefits.com">netbenefits.com</a>	800-343-0860
Securian Financial	Life Insurance and Supplemental Health*	<a href="https://securian.com">securian.com</a>	855-750-1906
Sedgwick	Leave of Absence & Short-Term Disability	<a href="https://mysedgwick.com/ssmhealth">mysedgwick.com/ssmhealth</a>	855-253-0820
New York Life Group Benefits	Long-Term Disability	<a href="https://mynylgbs.com">mynylgbs.com</a>	800-362-4462
Corestream – Voluntary Benefits <i>*Corestream is the first point of contact for Securian's supplemental health products.</i>	Supplemental Health, Long-Term Care, Legal Plans, Pet Insurance, Life Lock, Auto/Home Insurance, Purchasing Power	<a href="https://ssmhealth.corestream.com">ssmhealth.corestream.com</a>	855-925-5700
Sharecare	Wellness Program – myhealthylife	<a href="https://ssmhealth.sharecare.com">ssmhealth.sharecare.com</a>	844-812-5650
Personal Assistance Services (PAS)	Employee Assistance Program	<a href="https://mypaseap.com">mypaseap.com</a> company code SSM	800-356-0845
VIA Benefits	Marketplace & Medicare Health Plans	<a href="https://my.viabenefits.com/SSMHealth">my.viabenefits.com/SSMHealth</a>	833-414-1435

# Benefit Eligibility and Enrollment

For benefit eligibility, 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. **Premiums will be collected from the date your coverage is effective; any missed premiums will be collected through future payroll deductions.**

Full-time Benefits-Eligible Status	Part-time Benefits-Eligible Status
64+ hours pp (.80 – 1.0 FTE)	40 – 63 hours (.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 a child for whom you have legal guardianship)
- Disabled child(ren) age 26 and older may be eligible for benefits
- Your spouse
- A Legally Domiciled Adult (LDA)

**Note,** you may only cover an LDA on your health plans (medical, dental and vision); only ONE adult (Spouse or LDA) may be covered on your health plan(s) at one time.

- 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 (over the age of 26) who no longer meets the definition of eligible child, a parent, a relative or another adult. You may also cover the dependent child(ren) of an LDA.

Important guidelines apply when covering an LDA:

- The LDA must be at least 19 years of age and reside in the same household as you.
- You must enter the tax relationship of your LDA (pre or post tax) when entering their information in Workday; incorrect relationship elections will be corrected back to the effective date that the LDA and/or their child(ren) were enrolled. Retro tax implications will apply.

If you are interested in covering an LDA and/or and LDA's child(ren) on your benefit plan(s), there are important tax implications and support documentation requirements that apply. Carefully review the LDA Verification Guidelines and Imputed Income Tax Tables available in the Benefit Eligibility section of [ssmhealth.com/benefits](http://ssmhealth.com/benefits) for this information. Premiums and any applicable taxes will apply back to the effective date of coverage for the LDA and/or their child(ren); any missed premiums and/or imputed income taxes will be collected through future payroll deductions.

## 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 through your Workday Benefits App within **31 days** of the event if you want to change your benefit election(s) to reflect the change. **Premiums will be collected from the date of the Qualifying Event.**

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

- Family changes that result in an **involuntary loss or gain of coverage** such as marriage, divorce, legal separation, annulment, death of your spouse or dependent, birth, adoption, or placement for adoption of your child, or your child is no longer considered an eligible dependent (e.g. reaches age 26).
- 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 **involuntarily lose or gain coverage**.

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

Benefit changes must be submitted through the Benefits and Pay App in Workday within 60 days of the date Medicaid or CHIP coverage terminates.

### Open Enrollment

The other opportunity to make changes to your benefits is during the annual benefits open enrollment period. This gives you a chance to re-evaluate your benefit needs and make changes. You will receive benefits open enrollment materials in October/November for elections to be effective January 1 of the following plan year.

**IMPORTANT NOTICE:** IRS guidelines limit when certain election changes can be made.

These include:

- Qualified Changes in Status
- Loss of Medicaid or Children's Health Insurance Program (CHIP) Eligibility
- Open Enrollment

Note, voluntarily ending your coverage is not a qualifying event.

# 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, you are encouraged to view an informational video, **Choosing the Right Medical Plan**, available at [ssmhealth.com/benefitvideos](https://ssmhealth.com/benefitvideos).

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

- Medica Plus (\$700 individual deductible)
- Medica Base option (\$1,300 individual deductible)
- Medica Health Savings option (\$1,800 individual deductible; paired with an SSM Health funded Health Savings Account)

You may select one of four coverage tiers:

Employee Only, Employee + Spouse/LDA, Employee + Child(ren), or Employee + Family

## Provider Network

The Medica Network is the primary provider network for plan members. Visit [medica.com/ssmhealth](https://medica.com/ssmhealth) to view the Provider Directory.

## Out-of-Area Coverage – Confirm your Eligibility Each Plan Year

If you or a covered family member do not reside within the Medica/SSM Health service area, you may be eligible to have your medical claims covered and considered “in-network” (paid at Tier 1) when using the nationwide [FirstHealth](https://firsthealth.com) network of providers and facilities. Eligibility for Out-of-Area coverage will be based on the **addresses on file in Workday for you and your covered dependent(s)**. It is your responsibility to ensure the **home and/or student address** for you and each of your covered dependent(s) is current and correct in Workday. **You should confirm eligibility before you or your covered dependents being using the [FirstHealth](https://firsthealth.com) network.**

**IMPORTANT NOTICE:** All plan participants will be sent new Medica ID cards before January 1, 2026.

You may continue to access your member portal and order additional ID cards at: [medica.com/ssmhealth](https://medica.com/ssmhealth).

## Provider Network

The Medica Health Network is the primary provider network for plan members. Visit [medica.com/ssmhealth](https://medica.com/ssmhealth) to view the Provider Directory. For those electing the PPO plan, a secondary network is available through [HealthLink](#).

## PPO Medical Plan Network

*only available to residents who transitioned to SSM Health as part of the July 1, 2023 integration and have retained eligibility for transitional benefits*

The SSM Health Network through [Medica](#) remains the primary provider network for plan members. If you are eligible to choose the PPO Medical Plan, you may choose to use providers in a Secondary Network, where higher deductibles, coinsurance, copays and out-of-pocket maximums apply. The Secondary Network is available through [HealthLink](#). **Reminder, you may access SSM Health Network providers from any region and take advantage of the lower deductibles, coinsurance, copays and out-of-pocket maximums available through an SSM Health – Primary Network provider.**

**There are three tiers of coverage under the PPO Medical Plan.**

Tier 1: [Medica](#) network

Tier 2: [Healthlink](#) wrap network

Tier 3: Out-of-Network – [First Health](#)

**For more details on the PPO Medical Plan, view the cost sharing information on page 7 or the Summary of Benefits and Coverage (SBC).**

## Cost Sharing

Please review the cost-sharing table provided on the next two pages. Medica copays do not apply to your deductible/coinsurance limit. However, once you reach the deductible/coinsurance limit, you will not pay coinsurance for the rest of the plan year and will only be responsible for copays. Once you reach the annual out-of-pocket maximum, the plan will pay 100% (including copays).

## Cost Sharing – Medica EPO Plans

If you enroll in an EPO plan and are approved for out-of-area coverage, claims incurred through the First Health network will be covered at the primary network cost-sharing amounts shown below.

Cost-sharing Amounts	Medica Plus	Medica Base	Medica Health Savings
<b>Annual Deductible</b>	\$700 per person	\$1,300 per person	\$1,800 employee only
	\$1,400 per family	\$2,600 per family	\$3,600 per family
<b>Coinsurance</b>	15%	15%	15%
<b>Deductible/Coinsurance Limit</b> <small>If you reach this limit, you will only be responsible for copays until you reach the Out-of-Pocket Maximum.</small>	\$2,800 per person	\$5,300 per person	\$3,300 employee only
	\$5,600 per family	\$10,600 per family	\$6,600 per family
<b>Annual Out-of-Pocket Maximum</b> <small>Copays are applied to this limit. Once you reach the Out-of-Pocket maximum, you will have no additional out-of-pocket expenses.</small>	\$4,300 per person	\$6,800 per person	\$4,800 employee only
	\$8,600 per family	\$13,600 per family	\$9,600 per family
<b>Preventive Services</b>	Many preventive services are covered at no cost to you. For additional information on these services, click <a href="#">here</a> .		
<b>Primary Care Visit</b>	\$20	\$25	\$20 copay after deductible
<b>Specialist Office Visit</b>	\$30	\$40	15% after deductible
<b>SSM Health e-visit</b>	\$10	\$10	\$10 – deductible waived
<b>Mental Health - PT/OT/SLP</b>	15% before deductible	15% before deductible	15% after deductible
<b>Urgent Care</b>	\$40	\$40	\$40 after deductible
<b>Emergency Services</b> <small>(Note: physician services may be billed separately)</small>	\$200 copay	\$200 copay	\$200 copay after deductible
<b>Prescription Drug (SSM Health Pharmacy)</b>	\$10/\$30/\$50 copay	\$10/\$30/\$50 copay	\$10/\$30/\$50 copay after deductible
<b>Prescription Drug (Other In-Network Retail Pharmacy)</b>	\$20/\$60/\$100 copay	\$20/\$60/\$100 copay	\$20/\$60/\$100 copay after deductible
<b>Medical Plan Contribution Discount Pharmacy Benefit</b>	Discount recipients have prescription copays waived for covered prescriptions filled at in-network pharmacies. Discount recipients with designated prescriptions covered through the Access Guidance program may be required to pay a copay.		Discount recipients have prescription copays waived once the deductible has been met.

\*If you transitioned to SSM Health from SLUCare Physician Group and are eligible for the transitional benefits, visit [ssmhealth.com/benefits](http://ssmhealth.com/benefits) for additional information about transitional Medical plan options.

## Cost Sharing – STL PPO Plan

If you enroll in the STL PPO plan and are approved for out-of-area coverage, claims incurred through the First Health network will be covered at the Tier One – Medica cost level as shown below.

Cost-sharing Amounts	Tier One - Medica	Tier Two - HealthLink	Tier Three – First Health
<b>Annual Deductible</b>	\$900 per person	\$1,600 per person	\$1,600 per person
	\$1,800 per family	\$3,200 per family	\$3,200 per family
<b>Coinsurance</b>	15%	30%	70%
<b>Deductible/Coinsurance Limit</b>	\$3,000 per person	\$3,650 per person	\$4,650 per person
	\$6,000 per family	\$7,300 per family	\$9,300 per family
<b>Annual Out-of-Pocket Maximum</b>	\$4,500 per person	\$5,050 per person	\$6,050 per person
	\$9,000 per family	\$10,100 per family	\$12,100 per family
<b>Preventive Services</b>	Many preventive services are covered at no cost to you. For additional information on these services, click <a href="#">here</a> .		
<b>Primary Care Visit</b>	\$20	30% coinsurance after deductible	70% coinsurance after deductible
<b>Specialist Office Visit</b>	\$30	30% coinsurance after deductible	70% coinsurance after deductible
<b>Mental Health PT/OT/SLP</b>	15%	30%	70%
<b>Urgent Care</b>	\$60	\$60	Not covered unless an emergency.
<b>Emergency Services</b> <small>(Note: physician services may be billed separately)</small>	\$250 copay; 15% coinsurance after deductible for physician services	\$250 copay; 15% coinsurance after deductible for physician services	\$250 copay; 15% coinsurance after deductible for physician services
<b>Prescription Drug (SSM Health Pharmacy)</b>	\$10/\$30/\$50 copay	\$10/\$30/\$50 copay	\$10/\$30/\$50 copay
<b>Prescription Drug (Other In-Network Retail)</b>	\$20/\$60/\$100 copay	\$20/\$60/\$100 copay	\$20/\$60/\$100 copay
<b>Medical Plan Contribution Discount Benefit</b>	<b>Employees who elect the STL PPO medical plan are not eligible for the Medical Plan Contribution Discount. See the program eligibility guidelines on page 17.</b>		

## Medica Health Savings Option and SSM Health-funded Health Savings Accounts

The Medica Health Savings Option is paired with a Health Savings Account (HSA). If you elect the Medica Health Savings Option, SSM Health will provide HSA contributions to your HSA on a per pay period basis. The annual HSA contribution is pro-rated based on the effective date of your coverage in the Medica Health Savings Option. HSA funds may be used once they are available in your account.

You may contribute additional pre-tax dollars to your HSA account and may change your own HSA contributions at any time.

**Note, if you do not wish to make your own contributions, set your contribution to \$0. If you waive the enrollment, you will not receive the per pay period contributions from SSM Health. You need to enroll in the HSA through Workday if you wish to receive the SSM Health contributions.**

See page 24 to review comprehensive HSA information and important IRS guidelines.

Medica Health Savings Option Coverage Level	Annual HSA Contribution Provided by SSM Health		Annual HSA Employee Contribution Limits	
	Per Pay Period	Annually	Up to Age 55	*Age 55+
<b>Full-Time Employee</b>				
Employee Only	\$19.23	Up to \$500	\$3,900	\$4,900
Employee + Dependents	\$38.46	Up to \$1,000	\$7,750	\$8,750
<b>Part-Time Employee</b>				
Employee Only	\$9.62	Up to \$250	\$4,150	\$5,150
Employee + Dependents	\$19.23	Up to \$500	\$8,250	\$9,250

\*Employees age 55+ may contribute an additional \$1,000 to an HSA.

**Note**, due to the payroll calendar, there will be 27 pay periods in 2026; HSA contributions will only be deposited for the first 26 pay periods of the year.

## Medical Plan Premiums

SSM Health reviews the cost 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.

**IMPORTANT** - you may qualify for a Medical Plan Contribution Discount which could provide up to a 25% - 100% reduction in your medical premiums. To see if you qualify for this discount, please refer to page 17 or view an informational video [here](#).

	Medica Plus Option		Medica Base Option		Medica Health Savings Option		Medica PPO STL	
	Average Monthly	Per Pay Period	Average Monthly	Per Pay Period	Average Monthly	Per Pay Period	Average Monthly	Per Pay Period
<b>Full-Time Employee Premiums (64 – 80 hours per pay period)</b>								
Employee Only	\$150	\$69.23	\$115	\$53.08	\$115	\$53.08	\$315	\$145.38
Employee + Child(ren)	\$350	\$161.54	\$280	\$129.23	\$280	\$129.23	\$640	\$295.38
Employee + Spouse/LDA	\$420	\$193.85	\$325	\$150.00	\$325	\$150.00	\$705	\$325.38
Family	\$565	\$260.77	\$435	\$200.77	\$435	\$200.77	\$990	\$456.92
<b>Part-Time Employee Premiums (40 – 63 hours per pay period)</b>								
Employee Only	\$250	\$115.38	\$190	\$87.69	\$190	\$87.69	\$490	\$226.15
Employee + Child(ren)	\$530	\$244.62	\$420	\$193.85	\$420	\$193.85	\$970	\$447.69
Employee + Spouse/LDA	\$640	\$295.38	\$480	\$221.54	\$480	\$221.54	\$1070	\$493.85
Family	\$895	\$413.08	\$705	\$325.38	\$705	\$325.38	\$1585	\$731.53

**Note**, the premium is deducted each pay period, so the amount shown per pay period is taken out of your paycheck 26 times per year\*. The premium amount shown does not include the \$69.23 per pay period Spouse/LDA surcharge (if applicable). The surcharge may be waived if you qualify; review the waiver information on the next page. **Premiums are collected based on the date your coverage was effective; any missed premiums will be collected through future payroll deductions.**

\*Due to the payroll calendar, there will be 27 pay periods in 2026, but benefit premiums will only be deducted from the first 26 pay periods of the year.

## 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 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
- employed but 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 the coverage provided meets the ACA affordability standard.

### IMPORTANT NOTICE:

You must submit your surcharge waiver, through Workday, each plan year. No supporting documentation is required, but the surcharge will be applied at the beginning of each plan year unless and until you submit the online waiver.

Enter **Surcharge Waiver** in the Workday search bar for step-by-step instructions on how to complete and submit the waiver.

You may submit a Spouse/LDA surcharge waiver at any time, but the waiver will only apply going forward and refunds cannot be issued.

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*Note, you will see the Surcharge Waiver card presented during your enrollment event if you are covering an adult on the medical plan. If you are NOT electing medical coverage or are NOT covering an adult on your medical plan, you will NOT be charged the surcharge.*

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## SSM Health Express Virtual Care

SSM Health Express Virtual Care offers online assessment and treatment for a wide range of conditions, from minor illnesses and injuries to urgent needs. Both Video Visits and E-Visits are available. Click [here](#) for more information and to start a visit.

## MyChart

You are encouraged to enroll in [MyChart](#) and download the mobile app. [MyChart](#) gives you 24/7 access to your health record and enables you to schedule appointments online, review test results, communicate with your physician, obtain treatment cost estimates, and more.

## Medica EPO/PPO PRN Plan

In compliance with the Affordable Care Act, SSM Health completes a required analysis (known as the “look back period”) each year and offers a medical plan to employees who worked the required number of hours, even if they were not “scheduled” hours. If you are deemed eligible to enroll in the Medica EPO/PPO Health PRN medical plan, you will be contacted with enrollment instructions. Eligibility for coverage after each plan year will be determined during the next “look back period”. If you do not work the required hours during the next look back period, you will not be eligible for this plan for the next stability period. See the plan details and premiums provided below. View the Summary Plan Description (SPD) at [ssmhealth.com/benefits](http://ssmhealth.com/benefits) for complete plan and coverage details.

Medica EPO/PPO Health PRN Plan	Cost-Sharing Amounts
<b>Annual Deductible</b>	\$5,000 per person/\$10,000 per family (Does not apply to preventative services)
<b>Coinsurance</b>	30% after deductible
<b>Annual Out-of-Pocket Maximum</b>	\$8,000 per person/\$16,000 per family
<b>Primary Care Visit</b>	30% after deductible
<b>Specialist Office Visit</b>	30% after deductible
<b>Urgent Care</b>	30% after deductible
<b>Emergency Services</b>	30% after deductible
<b>Diagnostic Tests</b>	30% after deductible
<b>Hospital Services</b>	30% after deductible
<b>Prescription Drug</b>	Annual Out-of-Pocket Maximum: \$1,850 per person/\$3,700 per family Tier 1 & 2 = 20% of cost, Tier 3 = 40% of cost

*\*This plan does provide Minimum Essential Coverage (MEC) and Minimum Value (MV), as defined by the ACA.*

Please also note the following:

- Legally Domiciled Adults (LDAs) are not eligible for this plan.
- This plan is not eligible for the Medical Contribution discount.
- The spouse/LDA surcharge does not apply to this plan.
- This offer only applies to the ACA medical plan and no other benefits are included (e.g., dental, vision, life insurance).
- Due to the payroll calendar, there will be 27 pay periods in 2026, but benefit premiums will only be deducted from the first 26 pay periods of the year.

Coverage Level	Per Pay Period Premiums
<b>Employee Only</b>	\$276.92
<b>Employee + Spouse</b>	\$438.46
<b>Employee + Child(ren)</b>	\$542.31
<b>Employee + Family</b>	\$763.85

# Pharmacy Benefits

Pharmacy benefits included in the Medica Plus, Medica Base, and Medica Health Savings plans are accessible at your **local SSM Health Pharmacy** and nationwide at most retail pharmacies. See page 16 for a list of SSM Health Pharmacies and visit [Navitus.com](http://Navitus.com) for a complete list of other In-Network Retail Pharmacies. **Note, while most pharmacies are in the Navitus Network, the following retailers are not in-network: CVS (including CVS-owned Target or Schnucks), Meijer, and Mercy-owned Dierbergs.**

You are encouraged to take advantage of the **significant discounts** that are available through your local SSM Health Pharmacy, including a **50% discount on your copay** and the **six for six dollars program** (see program description on the next page). If you are not close to an SSM Health Pharmacy, you may use their convenient mail order option to take advantage of these valuable discounts.

	Medica Plus & Medica Base Option				Medica Health Savings Option	
	SSM Health Pharmacy		In-Network Retail Pharmacy		SSM Health Pharmacy	In-Network Retail Pharmacy
	30-day supply	90-day supply	30-day supply	90-day supply		
<i>The 90-day copay is only 2.5X the regular monthly copay; filling a 90-day prescription saves you half a regular 30-day copay. Certain ACA preventive drugs are <b>not</b> subject to copays or deductibles and are provided at no cost; see the Navitus formulary for a list of these drugs.</i>						
<b>Tier 1</b> <small>Formulary generic and preferred drug</small>	<b>\$10 copay</b>	<b>\$25 copay</b>	<b>\$20 copay</b>	<b>\$50 copay</b>	Copays after Deductible	
<b>Tier 2</b> <small>Formulary brands and high-cost generics</small>	<b>\$30 copay</b>	<b>\$75 copay</b>	<b>\$60 copay</b>	<b>\$150 copay</b>	Copays after Deductible	
<b>Tier 3</b> <small>Non-Formulary brands and generics*</small>	<b>\$50 copay</b>	<b>\$125 copay</b>	<b>\$100 copay</b>	<b>\$250 copay</b>	Copays after Deductible	
<b>Mail Order Service</b>	Mail order may be convenient for members who take maintenance medications. You may receive up to a 90-day supply and enjoy significant discounts from an SSM Health Pharmacy. Contact your local <a href="#">SSM Health Pharmacy</a> to start the process. COSTCO also offers a mail order service at <a href="http://pharmacy.costco.com">pharmacy.costco.com</a> . You do not need to be a member of COSTCO to use the service, but you will be billed at the higher in-network retail level when using a COSTCO Pharmacy.					

## Specialty Prescriptions

Certain specialty prescriptions must be filled by an SSM Health Specialty Pharmacy. The formulary at [Navitus.com](https://www.navitus.com) indicates which drugs are included in the Specialty Pharmacy Program (SP, MSP, LMSP).

## Manufacturer-Funded Copay Assistance Programs - Access Guidance

Navitus offers a manufacturer-funded copay assistance program, known as Access Guidance, that may provide pharmacy savings for those enrolled in the Medica Base or Plus plans. Note, the Access Guidance program does not apply to employees enrolled in the Medica Health Savings Plan.

Through Access Guidance, the amount you pay for certain drugs may vary and can range from \$0 up to your maximum prescription copay. You will be required to remain enrolled in the manufacturer copay assistance program until the copay assistance is exhausted. Once manufacturer-funded copay assistance is exhausted, or if the drug is removed from or no longer qualifies for copay assistance, your copay amount will default to the formulary's current coinsurance/copay.

Note, if you are enrolled in the Medica Plus or Base Plan, prescriptions that have copay assistance available through Access Guidance, may require a copay, even if you are an approved recipient of the 2026 SSM Health Medical Plan Contribution Discount Program.

Amounts paid by manufacturers on your behalf or directly reimbursed to you (including manufacturer coupons) will not count toward your annual out-of-pocket maximum or deductible. Only those payments made directly by you, and not reimbursed by the manufacturer, will count toward your deductibles and out-of-pocket maximums.

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Effective January 1, 2025, GLP-1 drugs are considered covered prescriptions for diabetes management. If you are prescribed a GLP-1 drug for diabetes management and are enrolled in the Medica Base or Plus plan, you must sign up for copay assistance.

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Navitus offers a service to answer questions and to help you enroll in manufacturer copay assistance. You may reach the Access Guidance Team at 833-210-5967, Monday-Friday 8:00 am – 6 pm CT.

## Maintenance Medication

Maintenance medication must be filled with 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 save money (as you will only need to pay 2.5 times a regular copay for a 90-day supply), avoid missing doses of your medication, and minimize your trips to the pharmacy. **Note**, this requirement does not apply to specialty medications. If you have any questions about if your maintenance medication is subject to this requirement, call Navitus Customer Care at 866-333-2757. **Reminder: Your local SSM Health Pharmacy provides mail order service for maintenance medications. Save time and money by exploring this option.**

## Six for Six Dollars Program

If you are prescribed a medication on the list below, you may obtain a full 6-month (180 day) supply for a flat fee of \$6.

Alendronate-70mg tab	Glimepiride-1, 2 & 4 mg tab	Lisinop/HCTZ-20-12 tab
Anastrozole-1mg tab	Glipizide-5 & 10 mg tab	Lisinop/HCTZ-20-25M tab
Atenolol-25, 50 & 100mg tab	Glipizide ER-2.5, 5 & 10 mg tab	Metoprol TAR-25, 50,75 & 100 mg tab
Carvedilol-3.125, 6.25, 12.5 & 25 mg tab	Glyburide-1.25, 2.5 & 5mg tab	Omeprazole-20 & 40 mg cap
Fluoxetine-10, 20 & 40mg cap	Hydrochlort-12.5mg cap	Pioglitazone-15, 30 & 45 mg tab
Folic Acid-1mg tab	Hydroxyz HCL-10, 25, & 50 mg tab	Triamt/HCTZ-37.5-25 tab
Furosemide-20 & 40 mg tab	Lisinop/HCTZ-10-12 tab	Triamt/HCTZ-75-50 tab

To receive a 6-month supply of your medication for a flat fee of \$6:

- Visit [ssmhealth.com/services/pharmacy](http://ssmhealth.com/services/pharmacy) to select your SSM Health Pharmacy and take advantage of lower prescription costs on your covered medications. If you don't live close to any SSM Health Pharmacy, convenient mail order service is available so you may access both the discounted copays and the six for six dollars program.
- Ask your prescribing provider to write the prescription as a **6-month supply** and send it to the SSM Health Pharmacy of your choice.

## Vaccination Benefit

The following vaccines (COVID-19, Influenza, Tetanus, Pneumonia, MMR, Hepatitis, Varicella, Shingles, Meningitis, and HPV) are covered under the pharmacy benefit and may be obtained directly at the pharmacy for no cost. Visit [Navitus.com](http://Navitus.com) to view the comprehensive pharmacy directory. SSM Health adult pharmacies also provide the vaccination service, and you may use the pharmacy vaccination service for your annual SSM Health-required flu shot.

# Pharmacy Directory

<p><b>SSM Health Pharmacy at SLU Hospital</b>          1225 South Grand Blvd          St. Louis, MO 63104          314-257-3450</p>	<p><b>SSM Health Specialty Pharmacy - St. Louis</b>          3662 Park Ave Ste 155          St. Louis, MO 63110          (833) 354-2223</p>
<p><b>SSM Health Cardinal Glennon Pharmacy</b>          1465 S Grand Blvd          St. Louis, MO 63104          314-577-5677</p>	
<p><b>SSM Health Prescription Center – Caledonia</b>          301 Caledonia Parkway, Suite 110          O’Fallon, MO 63368          636-202-6810</p>	
<p><b>SSM Health DePaul Hospital – St. Louis</b>          12266 DePaul Dr. Suite 105          Bridgeton, MO 63044          314-344-7300</p>	
<p><b>SSM Health St. Mary’s Hospital – St. Louis</b>          1035 Bellevue Ave.          St. Louis, MO 63117          314-768-8870</p>	
<p><b>SSM Health Outpatient Center</b>          711 Veterans Memorial Parkway Suite 102          St. Charles, MO 63303          636-669-2223</p>	
<p><b>SSM Health St. Joseph’s Hospital – Wentzville</b>          500 Medical Dr          Wentzville, MO 63385          (636) 327-1008</p>	

# Discounted Medical Premiums

At SSM Health, we believe that all people have a right to health care. To help us achieve this vision for optimum 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 (premiums) and providing additional pharmacy benefits. View an informational video at [ssmhealth.com/benefitvideos](https://ssmhealth.com/benefitvideos) to learn more.

## How Much Is the Discount?

If you are a full-time employee, you may be eligible for the 25%, 50%, 75%, or 100% discount level. If you are a part-time employee, you will receive the same dollar amount in discount that a full-time employee receives for the same election/level of discount.

## Pharmacy Benefits

If you elect the Medica Plus or Base Plan and are approved to receive any level of the discount, you will also receive the benefit of no pharmacy copays\* for yourself and your covered dependents. If you elect the Medica Health Savings Plan (High-Deductible Health Plan), you will receive waived pharmacy copays once you have met your deductible.

*\*Pharmacy copay waivers apply to covered prescriptions filled at in-network pharmacies; prescriptions covered through the Access Guidance program may require a small copay, even if you are a medical discount recipient.*

## Discount Levels

The discount applies to all levels of medical coverage: single, employee plus child(ren), employee plus spouse/LDA, or family. Refer to the table on the right to see how the discount **percentage** is determined.

Discount Levels	
(A) Total Income less than 100% of the Federal Income Guidelines	100% discount
(B) Total Income > or = 100% but < 200% of the Federal Income Guidelines	75% discount
(C) Total Income > or = 200% but < 300% of the Federal Income Guidelines	50% discount
(D) Total Income > or = 300% but < 400% of the Federal Income Guidelines	25% discount

## How Do You Know if You are Eligible?

Refer to the table on the next page to determine the level of discount for which you may qualify. The discount level is based on **your total income (line 9 of Form 1040)** and **number (#) of tax exemptions as reported on your 2024 U.S. Federal Income Tax Return(s)** and as determined by the [current Federal Income Guidelines](#). **Note, even if your family size or income has since changed, the 2024 U.S. Federal Income Tax Return is the consistent standard used to determine eligibility.**

## Household Income and Family Size – 2026 Eligibility Guidelines

# in Household (# of tax exemptions)	(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	\$15,650	\$31,300	\$46,950	\$62,600
2	\$21,150	\$42,300	\$63,450	\$84,600
3	\$26,650	\$53,300	\$79,950	\$106,600
4	\$32,150	\$64,300	\$96,450	\$128,600
5	\$37,650	\$75,300	\$112,950	\$150,600
6	\$43,150	\$86,300	\$129,450	\$172,600
7	\$48,650	\$97,300	\$145,950	\$194,600
8	\$54,150	\$108,300	\$162,450	\$216,600

### When and How Can You Apply for the Discount?

The Medical Plan Contribution Discount must be renewed each year during the annual open enrollment period. Outside of Open Enrollment, applications may be submitted, through the Workday Request App, 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 how to apply for this discount, [view the program overview and application guide](#).

### How Will You Know if You are Approved for the Discount?

You will receive a Workday notification indicating your application was approved or denied. Check both your work email and Workday inbox regularly. *Note, if you are not approved for the discount or are not approved for the level of discount you expected, you may use the date of that notification as a “qualifying event” to choose a less expensive medical plan election.*

### How Will the Discount be Applied?

Your paycheck will reflect the full medical premium deduction. Beginning with January 2, 2026, pay date, you will see a credit in the amount of the discount in the earnings section of your pay slip. The discount is only applied for pay periods in which you also have a medical contribution (premium) deducted from your pay. To see how the Medical Plan Contribution Discount may apply to you, please review the example, and use the worksheet provided on the next page.

**Note, due to the payroll calendar, there will be 27 pay periods in 2026, but premium deductions and medical plan contribution discounts will only apply to the first 26 pay periods.**

## Discounted Medical Premiums – Example & Worksheet

Medical Plan Contribution Discount Worksheet	Nurse Taylor Full-Time Employee	Your Information Here
2024 Family Size (# of exemptions claimed on your 2024 Federal Tax Return)	4	
2024 Household Income (Total Income as reported on line 9 of Form 1040)	\$50,000	
Discount Level (See charts on page 17 and 18)	Household Income > or = 100% but < 200% of the Federal Income Guidelines	
2026 Medical Plan Election	Family coverage – Medica Plus Option	
2026 Medical Premium Deduction (Per pay period)	\$260.77	
% Discount	.75	
Discount amount credited on paycheck – added back as “Earnings” (Multiply the medical premium per pay period cost by the discount %)	\$195.58	
Actual per pay period premium cost (Subtract the discount amount from the medical premium per pay period)	\$65.19	
Annual discount (per pay period discount amount x 26 pay periods)	\$5,085.08	

*Note, if Taylor were a part-time employee, her per pay period discount would be \$195.58, the same dollar amount she would receive as a full-time employee with the same plan election. \$195.58 subtracted from the part-time premium cost of \$413.08 results in an actual per pay period premium cost of \$217.50.*

# Dental Plans

SSM Health, in partnership with Delta Dental, provides two dental plans from which to choose: Dental Plus or Dental Base. You may use any dentist you choose; however, using an in-network provider offers additional discounts and enhances the total services you may receive under the annual maximum benefit. Visit [deltadentalmo.com](http://deltadentalmo.com) for information on the nationwide provider network. Click [here](#) for more information on how to make the most of your Dental Plan and visit [ssmhealth.com/benefits](http://ssmhealth.com/benefits) to access comprehensive dental plan documents.

## IMPORTANT NOTICE:

If you are not making a change to your level of coverage for 2026, you may continue to use your current dental card. If you change your level of coverage, you will receive a new dental card. You may always access your card by visiting [deltadentalmo.com](http://deltadentalmo.com).

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

## Dental Plan Premiums

	Dental Plus		Dental Base	
	Average Monthly	Per Pay Period	Average Monthly	Per Pay Period
<b>Full-Time Employee Premiums (64 – 80 hours per pay period)</b>				
Employee Only	\$26.00	\$12.00	\$12.50	\$5.77
Employee + Child(ren)	\$59.00	\$27.23	\$25.75	\$11.88
Employee + Spouse/LDA	\$54.00	\$24.92	\$27.50	\$12.69
Family	\$70.25	\$32.42	\$36.25	\$16.73
<b>Part-Time Employee Premiums (40 – 63 hours per pay period)</b>				
Employee Only	\$36.00	\$16.62	\$17.50	\$8.08
Employee + Child(ren)	\$84.00	\$38.77	\$34.00	\$15.69
Employee + Spouse/LDA	\$74.00	\$34.15	\$40.00	\$18.46
Family	\$95.25	\$43.96	\$52.00	\$24.00

Premiums are deducted each bi-weekly pay period\*, 26 times per year. **Premiums are collected based on the date your coverage was effective; any missed premiums will be collected through future payroll deductions.**

\*Due to the payroll calendar, there will be 27 pay periods in 2026, but benefit premiums will only be deducted from the first 26 pay periods of the year.

# 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. Visit [vsp.com](#) to access your ID card, plan details and valuable discount offers.

## IMPORTANT NOTICE:

You may print an ID card by visiting [vsp.com](#). VSP does not mail ID cards.

Exam & Materials Plan	VSP Provider	Out-of-Network Provider	How often each covered member can use services
<b>Comprehensive Vision Exam</b>	\$10 copay	\$40 allowance	Once every plan year
<b>Lenses – Glass or Plastic</b>	\$25 copay	\$40 - \$125 allowance	Once every plan year (if not using the contact lens benefit)
<b>OR</b>			
<b>Contact Lenses</b>	\$190 allowance + evaluation and fitting covered + additional discounts	\$105 allowance (\$210 allowance if medical necessity)	Once every plan year (if not using the glasses lens benefit)
<b>Standard Frames</b>	\$190 allowance; \$25 copay if lenses not purchased	\$45 allowance	Once every two plan years

Note: If you are electing the Medica Plus or Medica Base Medical Plan, 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 VSP vision plan.

Exam Only Plan	VSP Provider	Out-of-Network Provider	How often each covered member can use services
<b>Comprehensive Vision Exam</b>	\$10 copay	\$40 allowance	Once every plan year

## Vision Plan Premiums

	Exam and Materials		Exam Only	
	Average Monthly	Per Pay Period	Average Monthly	Per Pay Period
<b>Full and Part-Time Employee Premiums (40 – 80 hours per pay period)</b>				
<b>Employee Only</b>	\$7.79	\$3.60	\$3.50	\$1.62
<b>Employee + Child(ren)</b>	\$15.00	\$6.92	\$7.75	\$3.58
<b>Employee + Spouse/LDA</b>	\$14.09	\$6.50	\$7.25	\$3.35
<b>Family</b>	\$23.99	\$11.07	\$12.50	\$5.77

Premiums are deducted each bi-weekly pay period, 26 times per year\*. **Premiums will be collected from the date your coverage was effective; any missed premiums will be collected through future payroll deductions.**

\*Due to the payroll calendar, there will be 27 pay periods in 2026, but benefit premiums will only be deducted from the first 26 pay periods of the year.

# Health Savings Accounts (HSA)

## Health Savings Account

A Health Savings Account (HSA) allows you to set aside pre-tax dollars today to pay for out-of-pocket medical expenses for yourself and your eligible tax dependents, now and in the future, even if those tax dependents are not covered on your Medica Health Savings medical plan.

### IRS Guidelines

IRS guidelines outline eligibility for participating in an HSA. To participate in the Health Savings Account (HSA), you must meet **all** the requirements listed below:

- You must be enrolled in the Medica Health Savings Plan (High-Deductible Health Plan)
- You cannot be claimed as a dependent on someone else's tax return
- You cannot have any other health coverage, including enrollment in another health plan, Medicare, or military/veteran health benefits.
- You cannot be a recipient of Department of Veteran Affairs (VA) benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply.
- You cannot have a foreign address (outside the U.S.)

If you enroll in Medicare or another health plan, contact People Services and/or consult your tax professional. To learn more about HSA eligibility, visit [HealthEquity](#).

In addition to HSA eligibility guidelines, note that dependents are different for HSAs than they are for medical plans. HSAs define dependents **based on tax status**, while the Affordable Care Act (ACA) requires medical plans to cover dependents up to age 26. **There may be tax penalties if you receive HSA contributions when you are not eligible or if you use HSA funds to pay for an ineligible dependent (even if they are covered on your Medica Health Savings medical plan).**

Employees who elect the Medica Health Savings Plan will receive per pay period **HSA contributions from SSM Health**. See the table on the next page to view the amount SSM Health will contribute to your HSA. You may contribute additional pre-tax funds up to the annual IRS limit. *Note, if you do not wish to make your own contributions, set your contribution to \$0. If you*

### IMPORTANT NOTICE:

If you had an HSA through **HealthEquity in 2025**, you may continue to use your existing debit card. If you newly elect the HSA for 2026, you will receive a welcome kit and debit card from HealthEquity. You may request a new card or additional cards at any time directly from [HealthEquity](#).

Medica Health Savings Option Coverage Level	Annual HSA Contribution Provided by SSM Health		Annual HSA Employee Contribution Limits	
	Per Pay Period	Annually	Up to Age 55	*Age 55+
<b>Full-Time Employee</b>				
Employee Only	\$19.23	Up to \$500	\$3,900	\$4,900
Employee + Dependents	\$38.46	Up to \$1,000	\$7,750	\$8,750
<b>Part-Time Employee</b>				
Employee Only	\$9.62	Up to \$250	\$4,150	\$5,150
Employee + Dependents	\$19.23	Up to \$500	\$8,250	\$9,250

*waive the enrollment, you will not receive the per pay period contributions from SSM Health. You need to enroll in the HSA through Workday if you wish to receive the SSM Health contributions.*

\*Employees age 55+ may contribute an additional \$1,000 to an HSA.

### Eligible Dependents

The IRS breaks dependent status for HSA plans into two categories: qualifying child and qualifying relative. Note, the definitions below only apply to HSA plans and may differ from who is eligible to be covered as a dependent on your health plans. See the plan eligibility guidelines on page 3 for information on covering dependents.

**A qualifying child:** must bear a certain relationship to the claimant (such as through blood, foster care, adoption, or legal guardianship), can't turn 19 during the calendar year (or 24 if enrolled in college), must share a primary residence with the claimant for at least half of the calendar year, and must not provide more than half of their own financial support.

**A qualifying relative:** must bear a certain relationship to the claimant, must not be a qualifying child of any other person, must not have a gross income higher than the IRS-determined limit (see IRS Publication 969), must receive more than half of their financial support from the claimant, and must reside with the claimant for the entire year.

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Important - If you cover your spouse under the Medica Health Savings Plan, your spouse cannot have a standard Healthcare FSA; he or she may have a limited Healthcare FSA, if available. *SSM Health does not offer a limited purpose FSA.*

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Visit [healthequity.com/learn/hsa](https://healthequity.com/learn/hsa) for more information and to decide if a Health Savings Account is right for you. It is your responsibility to ensure you are following the IRS guidelines. If you have questions or concerns about these guidelines, please speak with your financial advisor or contact **HealthEquity**.

# Flexible Spending Accounts (FSA)

## Flexible Spending Account – Health Care FSA

The Health Care FSA allows you to set aside pre-tax income (minimum of \$100; up to \$3,300 maximum annual contribution) to pay for eligible health care expenses that are incurred by you or your eligible dependents that have not been covered by other plans. Visit [healthequity.com/learn](https://healthequity.com/learn) for more information and to decide if a Health Care FSA is right for you. If you need help spending your Health Care FSA funds, visit the HealthEquity FSA store.

### IRS Regulations

Per IRS Regulations, the Health Care FSA benefit is not available in the same calendar year that participants are enrolled in a High Deductible Health Plan and have an HSA. You do not have to be enrolled in an SSM Health Medica plan to participate in the Health Care FSA; however, you **cannot** be enrolled in the Medica Health Savings Option (High Deductible Health Plan).

### Eligible Dependents

The IRS breaks dependent status for FSA plans into two categories: qualifying child and qualifying relative. Note, the definitions below only apply to FSA plans and may differ from who is eligible to be covered as a dependent on your health plans. See the plan eligibility guidelines on page 3 for information on covering dependents.

**A qualifying child:** must bear a certain relationship to the claimant (such as through blood, foster care, adoption, or legal guardianship), can't turn 19 during the calendar year (or 24 if enrolled in college), must share a primary residence with the claimant for at least half of the calendar year, and must not provide more than half of their own financial support.

**A qualifying relative:** must bear a certain relationship to the claimant, must not be a qualifying child of any other person, must receive more than half of their financial support from the claimant, must not have a gross income higher than the IRS-determined limit (see IRS Publication 969), and must reside with the claimant for the entire year.

### Important Timelines Apply to HCFSA Funds

The HCFSA is subject to IRS "use it or lose it" guidelines. Generally, any Health Care FSA funds you contribute in 2026 must be used by **December 31, 2026**, unless the carry-over provision applies. Claims that are eligible for reimbursement for the 2026 plan year must be submitted to **HealthEquity by March 31, 2027**.

### IMPORTANT NOTICE:

If you are a **new participant** in the HCFSA, you will receive a debit card from **HealthEquity**. Note, if you participated in the HCFSA or HSA in plan year 2025, continue to use your current HealthEquity debit card.

The debit card will be pre-loaded with your annual contribution. You may request a new card or additional cards at any time directly from [HealthEquity](https://HealthEquity).

**Carry Over** - If you enroll in the HCFSA for plan year 2026, you may **carry over up to \$640** of your 2025 HCFSA funds. The minimum balance that can be carried over is \$25. Carry over funds from the 2025 plan year will be added to your 2026 HCFSA at HealthEquity by mid-April of 2026.

**Using your HCFSA debit card.** Beginning on January 1 of each new plan year, any transactions paid by debit card will be deducted from the current year balance. If you are in the former plan year’s run-out period and need to submit a claim for eligible healthcare expenses incurred in the former plan year, you must submit a manual claim to ensure it is deducted from the correct plan year’s balance.

*Note, if you have a mid-year change and are no longer actively participating in the HCFSA, your debit card will be deactivated, and you will have up to 90 days following the date you end your participation in the HCFSA to submit claims to HealthEquity for eligible expenses that were incurred while your account was active.*

## Flexible Spending Account – Dependent Daycare FSA

### IMPORTANT NOTICE:

You do not receive a debit card for your Dependent Daycare FSA. Funds are available in your DCFSA account on a per pay period basis and are not pre-loaded like the HCFSA. You may submit for reimbursement as funds are available in your account.

The Dependent Daycare FSA allows you to set aside pre-tax income (minimum of \$100; up to \$7,500 maximum annual contribution per household; \$2,500 maximum annual contribution for highly compensated individuals\*) to pay for eligible child or other dependent daycare expenses. Visit [healthequity.com/learn](https://healthequity.com/learn) for more information and to decide if a Dependent Daycare FSA is right for you. Participating in the HSA does not impact your ability to participate in the Dependent Daycare FSA.

*\*Plan elections are reviewed and audited each year to ensure the plan meets the IRS Nondiscrimination Testing requirements. Because of this, highly compensated employees (those with SSM Health compensation of \$160,000 or more) may only set aside \$2,5000 in dependent daycare funds for plan year 2026.*

## IRS Guidelines – DCFSA and Leave of Absence

IRS rules do not allow reimbursement for dependent daycare expenses incurred while an employee is on a leave that lasts more than two weeks (see IRS Publication 503).

## Eligible Expenses

Please review the eligible expenses carefully as **refunds cannot be issued if you enroll in error.**

- Childcare for your children under age 13, including nanny and au pair services, summer day camp, preschool, and babysitting
- Eldercare, including elder daycare and work-related custodial eldercare

2026 FSA Funds - Important Transaction Dates
Claims incurred January 1 – December 31, 2026
Submit to HealthEquity by March 31, 2027
FSA funds are subject to IRS guidelines and are “use it or lose it”. Note, there is no carryover provision with the DCFSA; funds must be used by December 31, 2026.

# Retirement Savings Program

## Achieve Financial Security for Retirement

SSM Health provides a market-competitive retirement program that is consistent with our Mission, Vision and Values and is designed to assist you in achieving financial security for your retirement. To learn more about the retirement savings program, access the Retirement Savings information available at [ssmhealth.com/benefits](https://ssmhealth.com/benefits). Manage your account via the Fidelity Retirement website at [netbenefits.com](https://netbenefits.com) or via the NetBenefits mobile app. You may schedule a one-on-one appointment with a Fidelity Workplace Financial Consultant at [Fidelity.com/schedule](https://Fidelity.com/schedule).

## Retirement Savings Plans: 403(b)

The voluntary 403(b) plan allows you to contribute pre-tax or post-tax (Roth) dollars to an investment plan administered by Fidelity. There are many investment options from which to choose.

Set your contributions and/or make changes to your 403(b) account at any time through Fidelity's [netbenefits.com](https://netbenefits.com) website or mobile app.

You may defer a percentage of your eligible compensation up to the annual IRS limit. For plan year 2026, you may contribute up to \$24,500. If you are going to be age 50 or older in the plan year (but not ages 60 - 63), you may also contribute up to an additional \$8,000 under the catch-up provision. If you will attain age 60, 61, 62, or 63 in 2026, you may contribute up to an additional \$11,250 under the Secure 2.0 catch-up provision

## Match Contribution

Employees who complete a minimum of 1,000 hours per payroll year may be eligible for the Employer Match. SSM Health matches \$0.50 on the dollar up to the first 6% of eligible compensation on a per pay period basis (up to IRS annual limits). You are immediately eligible to receive Employer Matching Contributions upon your SSM Health employment if you are a benefit-eligible employee scheduled to work a minimum of 1,000 hours in the payroll year (40 hours per pay period) and you are contributing to the 403(b) or 401(k) Plan.

## AUTOMATIC ENROLLMENT AND INCREASE PROGRAM (AIP):

To make saving for retirement even easier, newly hired employees are automatically enrolled with a 3% pre-tax contribution after 30 days of employment with SSM Health. Contributions will be increased by 1% each plan year until the 9% contribution level is reached. You may opt out of auto enrollment/auto increase or change your employee contributions at any time through the Fidelity site at [netbenefits.com](https://netbenefits.com).

You may also be eligible for the match, regardless of your benefit status, if your scheduled hours are under 1,000 hours in a payroll year, but you complete 1,000 hours during the payroll year and are actively employed on the last day of the payroll year. If you meet those plan requirements, you will receive the Employer Matching Contribution in the first quarter of the following year after your hours worked have been determined.

## Match True-Up

If you make uneven contributions to the plan during the payroll year and/or max out your contributions early in the payroll year, the match true-up enables you to still maximize the match. If you are eligible for the match and are actively employed on the last day of the payroll year, the match true-up will be calculated to account for and provide any missing match contributions after the payroll year closes. If you are eligible, you will receive the match true-up in the first quarter of the following year.

You may also be eligible for the match true-up, regardless of your benefit status, if your scheduled hours are under 1,000 hours in a payroll year, but you complete 1,000 hours during the payroll year and are actively employed on the last day of the payroll year.

*Important note: the matching funds from SSM Health are provided on a per pay period basis. The maximum amount in matching funds that may be awarded in 2026 is subject to IRS limits. To maximize the match, contribute at least 6% of your eligible compensation to your employee contribution account.*

## Annual Compensation Limit

Retirement plan compensation limits are defined by the IRS each year. The annual IRS limit for eligible retirement compensation for 2026 is \$360,000.

## Vesting

Employees are vested in match contributions after three years of eligible service. An eligible Vesting Service Year is 1,000 hours per payroll year.

## Secure 2.0: Roth Catch-up Contributions

Effective January 1, 2026, SECURE 2.0 mandates that participants making catch-up contributions to their 403(b) plan(s) who earned more than \$150,000 in FICA wages from SSM Health in 2025, must make their catch-up contributions on a Roth (after-tax) basis. This rule also applies to the "super catch-up" for those aged 60-63. This means any catch-up contributions will be made on an after-tax basis and will not reduce your taxable income. You can still make regular (non-catch-up) contributions to a pre-tax 403(b) account, regardless of your income level. If you are affected by this change, you will receive additional information and instructions before the start of each payroll year.

## Secure 2.0: Emergency Withdrawals

SECURE 2.0 allows employees who have 403(b) accounts to withdraw from their **employee contributions** for certain life events. Up to \$5,000 for a qualified birth or adoption, up to \$10,000 for victims of domestic abuse, up to \$1,000 for emergency expenses, up to \$22,000 for a principal residence that is declared part of a Federal Disaster Area.

**Deferred Compensation: 457(b)** *Per IRS regulations this plan may only be offered to employees of not-for-profit ministries.*

Eligible employees (physicians, managers and above) may also contribute to a 457(b) up to the annual IRS limit. You may enroll in the 457(b) via the Fidelity Retirement website at [netbenefits.com](https://netbenefits.com).

## Check your Beneficiary Information – Protect What Matters Most

When reviewing your retirement account(s), it is important to check the beneficiaries on file for each of your retirement accounts. It is your designation—not your will—that will determine how your account is to be inherited. Beneficiary information is available within your SSM Health Retirement Program account on [netbenefits.com](https://netbenefits.com) under Profile.

## Financial Wellness Resources

Comprehensive financial wellness resources are available through the [Well-being App in Workday](#). Note, you must access the Well-being site from an SSM Health-connected device.

# Paid Time Off (PTO)

Paid Time Off includes vacation time, sick days, and personal time. On the first day of the month of the 12-month training contract, residents receive an annual PTO allocation of 21 days (168 hours). Unused PTO does not carry over. Resident Paid Time Off does not have cash value, is not eligible for the PTO Sell or PTO Donation program and is not paid out upon separation of employment.

## Leave of Absence

Per the Accreditation Council for Graduate Medical Education (ACGME), residents are eligible for a minimum of six (6) weeks of paid medical, parental, and caregiver leave. The leave will be available at least once and at any time during a resident/fellows ACGME-accredited program, beginning on the day the resident/fellow is required to report. Leaves with no associated Short-Term Disability or Paid Parental pay benefits will require utilization of PTO to provide 100% pay. A minimum of one (1) week of paid time off must be reserved for use outside of the medical, parental and caregiver leave. If eligible PTO is exhausted, 100% pay benefit will be provided for the applicable six (6) weeks. Health and disability insurance benefits for residents/fellows and their eligible dependents are continued during the leave. Leaves with no associated pay benefit, occurring outside of the ACGME requirements, will be unpaid if PTO is exhausted.

## Paid Parental Leave

One week paid parental leave is available to you if you are in a benefit eligible position and have completed at least 90 days of employment with SSM Health. The leave, which is intended to cover bonding time, provides 40 hours of paid leave, includes adoptions, and compliments maternity leave for the birth parent. View the PTO Guidelines at [ssmhealth.com/benefits](https://ssmhealth.com/benefits) for additional information.

## Short-Term Disability

Residents with an approved disability claim are eligible for up to 90 days (7-calendar elimination period + 83 STD benefit days) of income replacement via STD. Eligible PTO, per the ACGME requirement guidelines, will be utilized to provide pay for the STD elimination period. If eligible PTO is exhausted, 100% pay will be provided for the elimination period. 100% pay benefit will be provided during the first six (6) weeks of the first leave. STD benefit dates, outside of the ACGME requirements or maternity disability, will be paid at the applicable 60% or 75% pay benefit. The 60% coverage is provided at no premium cost to you. You have the option to “buy up” to a 75% and coverage level during the annual open enrollment period or within 31 days of becoming benefit eligible either as a new hire or through a qualifying work/life event.

## 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.

## Living Donor Benefits

If you are accessing Short-Term Disability to serve as a living donor, 100% of your income will be replaced for up to six weeks with no benefit maximum. The first week (seven calendar days) elimination period is waived. The 100% living donor benefit is provided by SSM Health with no premium cost to you. The living organ donations that qualify for this benefit include kidney, liver, and bone marrow.

## 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. Note, you must exhaust all PTO before LTD payments begin. For more information about the Short and Long-Term Disability plans, including Maternity Benefits and Paid Parental Leave, review the Leave of Absence Resource Guide available in the Benefits App in Workday.

## 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. View the bereavement leave guidelines at [ssmhealth.com/benefits](https://ssmhealth.com/benefits).

## State Paid Sick Leave

SSM Health complies with all state-mandated paid sick leave requirements.

# Life and Long-Term Care 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, visit [securian.com/ssm-health-life-insurance](https://securian.com/ssm-health-life-insurance). The life insurance benefits outlined below apply to both full and part-time benefit employees.

Employer-Paid Life Insurance Coverage	General Guidelines
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 <a href="#">here</a> 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. If you waive your Basic Life and then later choose to enroll in Basic Life, you will be subject to Evidence of Insurability. <i>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.</i>

Employer-Paid Accidental Death & Dismemberment Insurance (AD&D)	General Guidelines
2X pay up to \$1M	Accidental Death and Dismemberment (AD&D) Insurance is not subject to imputed income tax and therefore, may not be waived.

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*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.*

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Dependent Life Insurance		Guaranteed Issue and Evidence of Insurability (EOI)
Spouse <small>*LDA's are not eligible to be covered on dependent life.</small>	Increments of \$25,000 up to \$250,000	<p><b>Newly eligible:</b> May elect up to \$50,000 without Evidence of Insurability (EOI).</p> <p><b>During Open Enrollment:</b> Any increase in coverage requires Evidence of Insurability (EOI). Securian will mail your spouse an Evidence of Insurability (EOI) packet.</p> <p>If you do not complete the process, your request to purchase life insurance above the guaranteed issue amount will be cancelled and/or denied. You will not be charged for any additional life insurance premiums, above the guaranteed issue amount, until your Evidence of Insurability is confirmed by Securian.</p>
Eligible Child	Increments of \$5,000 up to \$25,000	All coverage is guaranteed issue – no EOI required.

Dependent AD&D		Guaranteed Issue and Evidence of Insurability (EOI)
Spouse <small>*LDA's are not eligible to be covered on dependent AD&amp;D.</small>	Increments of \$25,000 up to \$100,000	All coverage is guaranteed issue – no EOI required.
Eligible Child	\$10,000 or \$25,000	

## Evidence of Insurability

Employee-Paid Optional Insurance (Life and AD&D)	Guaranteed Issue and Evidence of Insurability (EOI) <i>Note, EOI only applies to Life Insurance; AD&amp;D is guaranteed issue.</i>
Multiples of pay up to 8X, capped at \$2M for life insurance; Multiples of pay up to 8X, capped at \$1M for AD&D.	<p><b>Newly eligible:</b> May elect up to the lesser of 3x annual salary or \$1M without Evidence of Insurability (EOI).</p> <p><b>During Open Enrollment:</b> If currently enrolled, may increase coverage 1x up to the lesser of 3x annual salary or \$1M. If not currently enrolled, any election requires Evidence of Insurability (EOI).</p>

Securian will contact you via email for Employee Life Insurance or via a mailing to your home for Spouse Life Insurance to complete the Evidence of Insurability (EOI) process. If you do not complete the process your request to purchase life insurance above the guaranteed issue amount will be cancelled and/or denied. You will not be charged for any additional life insurance premiums, above the guaranteed issue amount, until your Evidence of Insurability is confirmed by Securian.

## Benefit Scout

Access Benefit Scout at [lifebenefits.com/ssm2](https://lifebenefits.com/ssm2) to receive personal life insurance coverage guidance.

## Additional Lifestyle Benefits

Additional services are automatically offered to those enrolled in Life Insurance; there is no additional cost for these benefits. You may access these services by visiting [securian.com/ssm-health-life-insurance](https://securian.com/ssm-health-life-insurance).

These services include: [Travel Assistance](#) such as pre-trip planning, trip support, and emergency evacuation services. Call 855-516-5433 or visit [lifebenefits.com/travel](https://lifebenefits.com/travel) to learn more or connect with customer support. Legal, financial and grief services, end-of-life planning and will preparation are also offered. On-demand tools and human support through Empathy®. Visit [join.empathy.com/securian](https://join.empathy.com/securian) or download the Empathy app and use access code: emp-securian

## Voluntary Long-Term Care with Life Insurance

SSM Health has partnered with Trustmark® to offer a Long-Term Care insurance program. Long-Term Care services are usually not covered by your Health Insurance, Disability Insurance, or Medicare; LTC insurance can save you from paying 100% out-of-pocket for future long-term care costs. This program is a Universal Life Insurance Policy with Long-Term Care (LTC) Benefits. It provides dual protection for the cost of Long-Term Care and financial support for your beneficiaries after you are gone. You may be eligible to enroll with Guaranteed Issue\* (meaning no medical questions) if you are a new hire or are newly benefit-eligible. Enrollment is time-sensitive and will run concurrently with Benefits Open Enrollment each year. Here are some key features of the Long-Term Care program:

- For a limited time, eligible employees\* cannot be turned down because of their health
- Eligible employees may extend coverage to their spouse/domestic partner
- Lock in a lower rate; premium is always based on your age when the policy becomes effective
- Convenient payment through payroll deduction
- Long-Term Care and Life Insurance in one policy
- Take your coverage with you at the same cost should you separate from SSM Health

Visit [SSM Health Benefits Plus](#) for more information.

**\*Guaranteed issue** is only available during the annual benefits open enrollment period to new hires or those newly benefit-eligible. Note, employees ages 65-70 are required to complete medical underwriting and will receive a traditional Universal Life Policy

# Professional Development

At SSM Health, we invest in you and offer educational benefits to promote your personal and professional development. Whether you are interested in taking a skills-based course or pursuing a formal degree, [review this professional development benefit comparison](#) to learn about your eligibility for options, which include:

- Up to \$5,250 in upfront tuition coverage each calendar year at select online institutions through FlexPath Funded
- Up to \$4,200 in tuition reimbursement benefits each calendar year for approved certification programs and/or degree programs at accredited colleges or universities
- Tuition Discounts through SSM Health educational partners
- Free continuing education courses through Relias

Comprehensive program information and policies are available through the Learning App in Workday.

## FlexPath Funded

Through [FlexPath Funded](#), residents may access up to \$5,250 in upfront tuition coverage each calendar year. Upfront tuition coverage means SSM Health pays the academic institution directly, on your behalf.

You are eligible for FlexPath Funded if you are a full-time employee regularly scheduled to work at least 64 hours per pay period and are on file with Human Resources as having a status of at least .80 FTE. Residents and Fellows have access to the skill-based and leadership course catalog.

To learn more, you are encouraged to [view an informational webinar](#), visit [ssmhealth.instride.com](http://ssmhealth.instride.com), and/or connect with a personal educational advisor at 800-679-7197.

## Tuition Benefits

### Tuition Reimbursement Program

Tuition Reimbursement helps cover the cost of tuition for both job-related degree programs, cohort programs and certain specialty certification programs. Full-time employees are eligible for up to \$4,200 annually. You are eligible for tuition benefits after 90 days of employment. Comprehensive program information is available through the Learning App in Workday or at [ssmhealth.com/benefits](http://ssmhealth.com/benefits).

### IMPORTANT NOTICE:

You may participate in either FlexPath Funded or Tuition Reimbursement each calendar year. FlexPath Funded benefits and Tuition Reimbursement cannot be used in the same calendar year.

## Tuition Discounts and Cohort Programs

SSM Health has also established tuition discounts and cohort programs with a variety of universities. These programs offer a reduced tuition rate with the goal of providing affordable continuing and higher education for our workforce. To learn more [open the Learning App in Workday](#).

## Continuing Education - Relias

No-cost, on-demand, self-guided virtual offerings that provide continuing education credit are available to all employees, regardless of benefits status. A variety of clinically focused topics, along with leadership and professional development options for non-clinicians are offered. [Open the Learning App in Workday](#) to access the Relias courses.

## Public Service Loan Forgiveness

The [PSLF program](#) is a federal program that forgives the remaining balance on your direct loans after you have made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer. SSM Health may be considered as a qualifying employer<sup>1</sup>. As loan forgiveness program requirements are subject to change, contact your loan servicer or the Federal Student Aid Information Center at 800-433-3243 for the most current programs.

**Note**, SSM Health can provide certification of your employment dates but the loan servicer/federal government, not SSM Health, determines whether your employment counts as Public Service. <sup>1</sup>Team members employed by the following SSM Health ministries may not qualify as working for a not-for-profit organization: SSM Health St. Louis Medical Group Physicians, SSM Health Physician Services of Southern IL, Dean Retail Services, SSM Health Dean Medical Group. You are encouraged to check with your loan servicer for eligibility information and other repayment and/or forgiveness options.

# Wellness Resources and *myhealthylife*

## Wellness Resources

SSM Health offers comprehensive well-being resources to support you in both your work and personal life. Open the [Well-being App in Workday](#) and scroll down to access wellness-related events, resources and discounts - all organized around the eight dimensions of wellness (Financial, Physical, Emotional, Environmental, Social, Spiritual, Nutritional, Personal & Professional). *Note, you must be on a device that is connected to the SSM Health network in order to access the Well-being site.*

## Employee Assistance Program (EAP)

An EAP is a free, confidential counseling and referral service designed to assist both you and your immediate family. The (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: [mypaseap.com](http://mypaseap.com) (company code: SSM) or 800-356-0845.

## *myhealthylife* and the new *myhealthylifestyle* account

We know that many of you are looking for easy, attainable ways to live your healthiest life. To support you in that goal, SSM Health offers the ***myhealthylife*** employee wellness program. Through ***myhealthylife***, benefit-eligible employees are encouraged to participate in fun and rewarding personal challenges that promote self-care. Through the Sharecare app, which is provided at no cost to you by SSM Health, you can take small steps that lead to big changes in your everyday life. In addition to the activities, challenges, and incentives, you also have access to evidence-based tools to help reduce stress, improve nutritional habits, and more. Some of these tools include:

- Eat Right Now® - a holistic digital program that can help you make meaningful and lasting lifestyle changes around diet and nutrition, weight management, and diabetes prevention – all at no cost to you.
- Unwinding – an App with tools and resources for reducing stress. It is sometimes called an “instruction manual for your mind”.
- The Real Age Program – create healthy lifelong habits. Set goals, get expert tips, and track your progress over time.

If you have not already done so, visit [ssmhealth.sharecare.com](http://ssmhealth.sharecare.com) to get registered and then download the free and secure Sharecare app to get started today. See the next page to learn more about an exciting new addition to the ***myhealthylife*** program.

## **myhealthylifestyle account – new SSM Health Benefit!**

Beginning January 1, 2026, **myhealthylife** will be expanded to include a Lifestyle Spending Account (LSA) that enables you to earn **up to \$500 in LSA funds each year**. The number of points you earn by completing **myhealthylife** wellness activities in 2026 will determine the dollar amount (\$100 - \$500) that will be deposited into your **myhealthylifestyle account** in the first quarter of 2027.

Use your **myhealthylifestyle account** funds for wellness-related purchases such as spa treatments, fitness memberships, nutritional support, and more. The chart below outlines the number of points earned and the corresponding LSA contribution.

<b>Points Earned in the 2026 Program Year</b>	<b>LSA Contribution Awarded in Q1 of 2027</b>
0-199	--
200-399	\$100
400-499	\$200
500-599	\$300
600-699	\$400
700+	\$500

If you have not already done so, register your account at [ssmhealth.sharecare.com](https://ssmhealth.sharecare.com) to ensure you stay connected to important wellness program information and know how to earn wellness points.

# Voluntary Supplemental Health Insurance

## Enhanced Supplemental Health Insurance available through Securian

We are excited to announce that effective January 1, 2026, Securian will become the administrator for our Supplemental Health Insurance Benefits: **Accident, Critical Illness, and Hospital Indemnity**. And, effective January 1, 2026, Hospital Indemnity coverage will include access to **Benefit Bump**, a valuable resource for new parents.

If you are currently enrolled in one or more of these products with MetLife, your coverage will automatically transition to Securian on **January 1, 2026**.

### Supplemental Health Insurance covers expenses your medical plan doesn't.

Accident, critical illness, and hospital indemnity insurance help cover medical and non-medical expenses resulting from an accidental injury, sickness, or hospital stay. These cost-effective plans complement your major medical insurance by paying cash benefits directly to you to use however you wish. See the table below for an overview of each Supplemental Health Insurance option. Visit [SSM Health Benefits Plus](#) to learn more and to view the key enhancements to these plans (rate reductions, increased cash payments, additional covered conditions) being provided by Securian.

Benefit	Description	How to Enroll
Accident Insurance	Covers accidental injuries and resulting treatment. Example of covered accidents include burns, organized sports injuries, fractures, and more.	View coverage options and insurance premiums in the Workday enrollment system. You may only enroll in Supplemental Health Insurance during annual benefits open enrollment or within 31 days of a qualifying work/life event.  Customer support for all Supplemental Health Insurance products is available by calling Corestream at 855-925-5700 or by visiting <a href="#">Benefits Plus</a> .
Critical Illness	Provides a benefit payout after diagnosis of a covered condition. Examples of critical illnesses include cancer, heart attack, stroke, and more.	
Hospitalization	Provides a payout for a planned or unplanned hospital stay or admission and/or a newborn routine stay. If you elect Hospital Indemnity coverage, you will also have access to Benefit Bump, a valuable resource for expecting and new parents.	

# Additional Benefits & Financial Resources

## MetLife Legal Plan

Through the MetLife legal plan, you can access experienced attorneys to help with a wide variety of legal matters. Two plans are available through the convenience of payroll deduction: MetLife Legal Plan and MetLife Legal Plans Plus Parents. The plans cover attorney's fees for covered matters with no deductibles, co-pays or claim forms. Visit [Benefits Plus](#) to learn more. You may enroll in or change your Legal Plan coverage each year during the Annual Benefits Open Enrollment.

## Adoption Assistance

The Adoption Assistance program can reimburse you for normal agency fees and legal fees incurred for the adoption of a minor child, up to the maximum amount allowed per adoption. To be eligible, you must have completed at least six (6) months of employment and apply for reimbursement within 60 days of the finalization date. For more information, view the Adoption Assistance program guidelines available at [ssmhealth.com/benefits](http://ssmhealth.com/benefits).

## Purchasing Power

To ease the burden that unexpected household expenses can cause, SSM Health partners with Purchasing Power. While paying with cash is always the best option, when cash is not available, Purchasing Power offers an easy way to get products you need now with the option to pay for them directly through your paycheck over time. No credit checks are required. To be eligible, you must have annual earnings of at least \$20,000 and be an active, benefit-eligible employee who has completed at least 90 days of service. Visit [ssmhealth.purchasingpower.com](http://ssmhealth.purchasingpower.com) to learn more. Note, this is not a discount program, but may help you avoid costly payday loans and/or rent-to-own options. Note, payroll deductions for Purchasing Power payments will be listed as *BenefitsPlus Voluntary* on your payslip.

## Employee Discounts

SSM Health employees enjoy curated savings on products and services through SSM Health's partnership with Vizion. Find great deals on electronics, travel, entertainment, clothes, gifts and more in one convenient location [Vizion Member Perks](#). Additional discounts are also available through [Benefits Plus](#).

## 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. The benefits listed below are available at any time, not just during Benefits Open Enrollment. Elect or drop these plans at any time.

Benefit	Description	How to Enroll
Identity Theft Protection	Norton LifeLock provides an all-in-one membership for your Cyber Safety.	Enroll at any time and get support for each insurance product through the <a href="#">Benefits Plus</a> portal.  Corestream customer support is available at 855-925-5700.
Auto and 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.	
Pet Insurance	There are two plans from which to choose. A traditional insurance plan offered through <a href="#">Nationwide</a> and a discount program offered through <a href="#">Pet Benefit Solutions</a> .	

## Medicare and COBRA Resources - Via Benefits

Via Benefits provides no-cost professional assistance in finding health insurance coverage. Comparison tools make it simple to evaluate plans, and licensed benefit advisors are available to help explore coverage options. Via Benefits is not an insurance carrier but is a service offering guidance and access to a wide selection of Medicare and Individual and Family Plans. Because of the partnership with SSM Health, services are provided free of charge to SSM Health employees.

*Are you retiring and have questions about Medicare?*

Visit [my.viabenefits.com/SSMHealth](https://my.viabenefits.com/SSMHealth), or contact customer support at (833) 414-1435.

*Are you going to be COBRA-eligible (i.e. moving to a non-benefit eligible status or separating employment)?*

Visit [marketplace.viabenefits.com/SSMHealth](https://marketplace.viabenefits.com/SSMHealth) or contact customer support at (833) 414-1436.

Note, if you will have a status change or employment separation, you are encouraged to review the **Benefits at Status Change or Separation Guide** and the **SSM Health COBRA Rates** available at [ssmhealth.com/benefits](https://ssmhealth.com/benefits).

# Required Notices

## Uniform Glossary

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.

## 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](https://cciio.cms.gov)
- U.S. Department of Labor at [dol.gov/ebsa/healthreform](https://dol.gov/ebsa/healthreform) and [healthcare.gov](https://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](https://cciio.cms.gov) and [dol.gov/ebsa/healthreform](https://dol.gov/ebsa/healthreform)

## Health Insurance Marketplace Coverage Options

To assist you as you evaluate options for you and your family, this [notice](#) provides some basic information about the Marketplace available at [healthcare.gov](https://healthcare.gov) and employment based health coverage offered by your employer.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a [premium assistance program](#) that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://healthcare.gov). View information about the Children's Health Insurance Program (CHIP) [here](#).