

2027 EMPLOYEE BENEFITS GUIDE

Saint Louis University School of Medicine
Residents and Fellows



SSMHealth.

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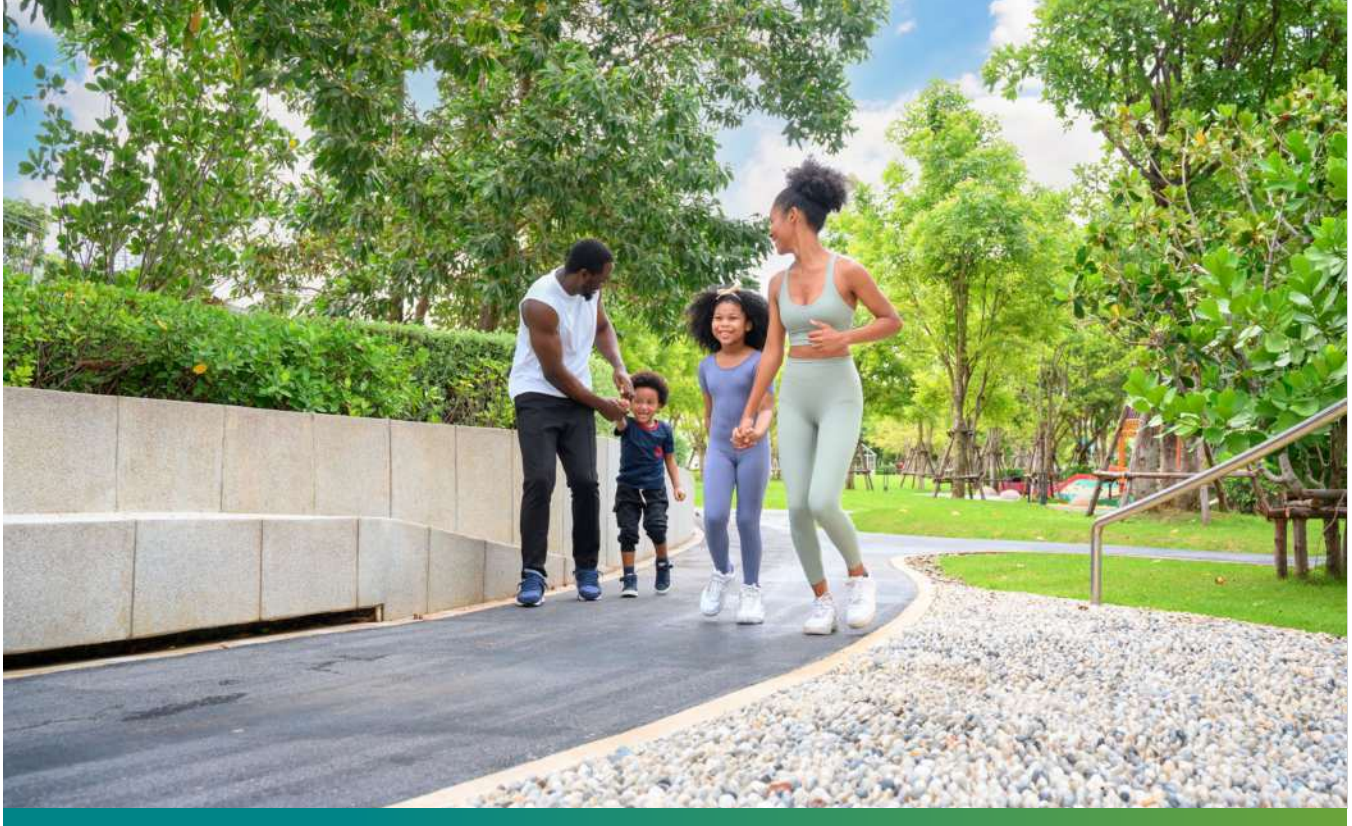
In alignment with the SSM Health value of stewardship, benefit plan-related documents are provided and available in an electronic format. You may access both benefit plan documents and comprehensive benefits information through the [Benefits and Pay App](#) in Workday or ssmhealth.com/benefits.

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.

This informational guide 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. 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.

Welcome!



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.

Benefits Open Enrollment Checklist



Your 2027 Annual Benefits Check-Up

- | | |
|-------------------------------------|--|
| ☒ | GET READY
Gather your personal information, including your dependent and beneficiary information (e.g., dates of birth, social security numbers, contact information). |
| ☒ | REVIEW AND UPDATE YOUR EMPLOYEE RECORD
Annual open enrollment is a great time to review your personal information in Workday. Make sure your home address, phone number, emergency contact, and beneficiary information is current and accurate for both you and your eligible dependents. |
| ☒ | REVIEW YOUR 2027 EMPLOYEE BENEFIT GUIDE
Pay close attention to the “What’s New” section to ensure you do not miss out on important updates or reminders. Learn more about the voluntary benefit options and offers available through Benefits Plus (ssmhealth.corestream.com). |
| ☒ | ELECT YOUR 2027 BENEFITS BETWEEN OCTOBER 27 – NOVEMBER 12, 2026
Use the enrollment system in Workday to review each benefit card and make your elections. |
| ☒ | COMPLETE THE MEDICAL PLAN ADULT SURCHARGE VERIFICATION (only if covering an adult on the medical plan)
The surcharge attestation must be submitted each new plan year through Workday; waivers from prior years do not automatically roll over. |
| ☒ | SUBMIT THE LDA VERIFICATION FORM (if adding a new LDA and/or the dependent children of an LDA)
Upload your LDA Verification Form and supporting documentation in the gray attachment box in Workday when you submit your benefit elections. |
| ☒ | SUBMIT YOUR 2027 BENEFIT ELECTIONS
Review your Benefits Summary carefully. If everything looks correct, submit your elections. |
| ☒ | SAVE A COPY OF YOUR 2027 BENEFIT ELECTION CONFIRMATION STATEMENT
Download or print your statement as proof of enrollment. |
| ☒ | APPLY FOR THE 2027 MEDICAL PLAN CONTRIBUTION DISCOUNT (if eligible)
You must submit a discount application in the Workday Request App each year; the discount does not automatically roll over. Medical Discount applications are due by Thursday, November 12, 2026 at 11:59 pm CST. |
| ☒ | MEDICA OUT-OF-AREA CERTIFICATION: CONFIRM YOUR ADDRESSES IN WORKDAY (if applicable)
If you and/or your covered dependent(s) will be residing outside the SSM Health service area in 2027, the addresses on file in Workday will determine eligibility for Out-of-Area coverage; a certification form is no longer required. Make sure the home and/or student address for you and each of your covered dependent(s) is current and correct in Workday. |
| ☒ | CHECK YOUR RETIREMENT PLAN CONTRIBUTIONS AND BENEFICIARY INFORMATION
Your retirement plan contributions, investment options, and beneficiary information can be changed at any time through Fidelity at netbenefits.com or the NetBenefits mobile app . |

What's New in 2027 and Benefit Reminders

2027 Annual Benefits Open Enrollment	The benefits open enrollment period for the 2027 plan year will be available in Workday Tuesday, October 27 – Thursday, November 12, 2026 at 11:59 pm CST. Even if you do not anticipate making any changes to your benefit elections, you are encouraged to participate and verify that your information and elections on file are accurate, including your beneficiary and dependent information. Because choosing the right benefit plan(s) is an important decision, review this benefit guide carefully to access comprehensive information, tools, and resources.
Medical Plan Updates: Premiums & Cost Sharing Changes	SSM Health continues its commitment to keeping the cost of medical plan premiums and care affordable for you and your family, while balancing the pressure of higher costs for services and increased plan utilization. We are pleased to share that there are no changes to the coinsurance and copays*. Plan deductibles and out-of-pocket maximums will increase from \$200 - \$400 depending on level of coverage elected. 2027 medical plan monthly premium increases are limited to \$11.50 - \$125.50 depending on benefit status (full or part-time) and level of coverage and plan selected. You may view the 2027 premiums in the medical plan section of this guide. * 2027 Medical Plan Contribution Discount pharmacy copays are changing to \$5 per 30-day fill and \$12.50 per 90-day fill. Review the Medical Plan Contribution Discount Program section of this guide to learn more; discount applications must be submitted by Thursday, November 12, 2026, at 11:59 pm.
Cost-Effective Medical Care Options: Your SSM Health Care Team	If you have not yet established a relationship with an SSM Health Primary Care Provider, you are encouraged to do so. You may find an SSM Health provider by visiting medica.com/ssmhealth . You may also access same day care through the SSM Health Express Virtual Care or Urgent Care options. Video, e-visits and in-person appointments, and treatment cost estimation tools are available by visiting ssmhealth.com and/or your MyChart (mychart.ssmhc.com) account.
Medical Plan Adult Surcharge Verification	If you are covering an adult on your medical plan (a spouse or legally domiciled adult), a \$200 monthly surcharge (\$92.31 per pay period) applies, unless you are eligible for a waiver. If you are eligible to waive the surcharge, you must complete the verification card through Workday. No supporting documentation or paper forms are required, but you must complete the electronic certification of your surcharge status prior to the 2027 plan year. You are encouraged to complete the verification card through your Benefits Open Enrollment event to ensure your waiver will be applied effective January 1, 2027. The surcharge will automatically apply until you have submitted your surcharge verification for the 2027 plan year and refunds cannot be issued. Reminder, the surcharge only applies to an adult (spouse or LDA) that you are covering on the medical plan. It does not apply to any dependent children under the age of 26 that you may be covering on your medical plan.
Out-of-Area Coverage: Eligibility Reminder	Reminder that eligibility for Out-of-Area coverage* will be based on the addresses on file in Workday for you and your covered dependent(s); an annual certification form is no longer required. 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. If you and/or your covered dependents are eligible for Out-of-Area coverage* for the 2027 plan year, additional communication will be forthcoming. *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 as an out-of-area member through the nationwide FirstHealth network of providers and facilities.
Dental Plan Updates	Dental Plan premium increases are limited to \$1.50 - \$11.75 per month based on your benefit status (full or part-time), level of coverage and plan elected.
Vision Plan Updates	Vision plan premiums for the Exam and Materials option will be limited to a \$0.91 - \$2.01 monthly increase (depending on level of coverage elected). There is no change to the premiums for the Exam Only option.



What's New in 2027 and Benefit Reminders

Health Savings Account Limits Increased	Effective January 1, 2027, you may contribute an additional \$100 per year (employee-only coverage) or an additional \$250 per year (family coverage) to your Health Savings Account (HSA). Employees who have elected the Medica Health Savings Plan and meet eligibility requirements may participate in the HSA. The SSM Health contributions to your HSA remain the same. Review the Health Savings Account section for additional information.
HealthCare Flexible Spending Accounts (HCFSAs): 2027 Limits and Carry Over Provision Reminder	Employees who elect to fund a Health Care Flexible Spending Account (HCFSA) may contribute up to the annual IRS limits on a pre-tax basis. If you elect a minimum of \$100 in your HCFSA for plan year 2027, you may carry over up to \$660 of your 2026 HCFSA funds. The minimum balance that can be carried over is \$25. Review the Flexible Spending Account section for additional information and to understand important program guidelines and timelines.
Dependent Daycare Flexible Spending Accounts (DCFSA): 2027 Contribution Limit	Employees who elect to fund a Dependent Daycare Flexible Spending Account (DCFSA) may contribute up to \$7,500 pre-tax per household. If you are a highly compensated employee (annual compensation of \$160,000 or more), your DCFSA contribution is limited to \$3,000 due to the IRS non-discrimination testing requirements. Review the Flexible Spending Account section for additional information and to understand important program guidelines and timelines.
PTO Program Updates	Beginning January 1, 2027, you must have at least three years of service to participate in PTO Sell. This requirement does not apply to qualifying PTO Hardship requests, which may be submitted at any time. If you leave SSM Health or move to a non-benefit-eligible status before completing three years of service, you will not be eligible for a PTO payout unless state law requires otherwise.
Voluntary Life Insurance: One-Time Guaranteed Issue Opportunity	During the 2027 Benefits Open Enrollment Period, you may increase your own coverage up to 1X - 3X your annual salary, not to exceed \$1M. This is a one-time opportunity to add or increase your voluntary life insurance coverage without answering health questions. You may also elect Spouse Life Insurance coverage, up to \$50,000 without answering health questions. This guaranteed issue offer will not be available during future open enrollments.
Voluntary Long-Term Care with Life Insurance - Guaranteed Issue* Enrollment Opportunity	You may be eligible to enroll with Guaranteed Issue* (meaning no medical questions) if this is your first opportunity to purchase Long-Term Care. Enrollment is time-sensitive and will run concurrently with Benefits Open Enrollment: October 27 - November 12, 2026. Visit SSM Health Benefits Plus (ssmhealth.corestream.com) to learn more and enroll. You must enroll through Benefits Plus, enrollment for Long-Term Care is not available in Workday. *Guaranteed issue may not be available during future enrollment periods. Note, employees ages 65-70 are required to complete medical underwriting and will receive a traditional Universal Life Policy.
Pre-Paid Legal Coverage through MetLife	Prepaid Legal Services continues to be administered by and offered through MetLife. Electing or dropping Legal Plan coverage is time-sensitive and must be completed through Workday during Annual Benefits Open Enrollment.
Additional Voluntary Benefits	You are encouraged to visit SSM Health Benefits Plus (ssmhealth.corestream.com) to review comprehensive voluntary benefit information and access valuable employee discounts. Note, at any time, you may purchase Identity Theft Protection, Auto and Home Insurance, and Pet Insurance. New this year! A pet wellness benefit through WAGMO is now available. Review the Voluntary Benefits section of this guide for more information. Enrollment in those products is not time-sensitive; coverage may be elected or dropped at any time.
myhealthylifestyle Account Funds available in January 2027	The <i>myhealthylife</i> program was 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 during the program year will determine the dollar amount (\$100 - \$500) that will be deposited into your myhealthylifestyle account in the first quarter of the following year. If you are currently earning points through myhealthylife, information about how to access your <i>myhealthylifestyle</i> funds in January 2027 will be shared before the 2026 program year closes. Use your <i>myhealthylifestyle</i> 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 to ensure you stay connected to important wellness program information and events.

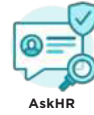
Important Benefits Contacts and Resources



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 – 2027 Plan Year

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

Benefit Eligibility and Enrollment

Who's Eligible for Benefits?

You are benefit-eligible if you are regularly scheduled to work at least half-time (40 hours) or more per pay period.

Full-time Benefits-Eligible Status	Part-time Benefits-Eligible Status
64+ hours pp (.80 - 1.0)	40 - 63 hours (.50 - .79)

“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.”

Effective Date of Coverage and Payroll Deductions

Benefits are effective on the first day of the month coinciding with or following hire date. Premiums are deducted each pay period based on your coverage effective date. Any missed premiums will be collected through future payroll deductions.



Who Can Be Covered?

Employee Only	Employee plus Child(ren)	Employee plus Spouse or LDA	Employee plus Family
	- Your child(ren), married or unmarried, up to age 26, including: - Biological child (ren) - Legally adopted child(ren) - Stepchild(ren) - A child for whom you have legal guardianship - The dependent child(ren) of an LDA - A child age 26 or older who is certified as disabled, as permitted by the plan	- Your spouse - A Legally Domiciled Adult (LDA) Only ONE adult (Spouse or LDA) may be covered on your health plan(s) at one time. Note, you may only cover an LDA on your health plans (medical, dental and vision). If you cover an LDA on one or more of your health plans, you cannot purchase Spouse Life and AD&D Insurance.	You may choose different levels of coverage for each health benefit. For example, you may select family coverage for medical and employee plus children for dental and vision. However, you may only enroll one type of adult in your benefits, either your Spouse or LDA. You can't divide your elections between the two. Dependents and spouses can only be covered under one SSM Health plan. For example, if you and your spouse both work for SSM Health, your children can't be covered under both medical plans.

IRS regulations determine whether your dependent is pre- or post-tax. If covering an LDA or the dependent child(ren) of an LDA, make sure you have selected the correct dependent type in Workday. If you select the wrong tax status, the IRS requires SSM Health to correct the status and collect any back-owed taxes for up to a three-year look back period.



Legally Domiciled Adult

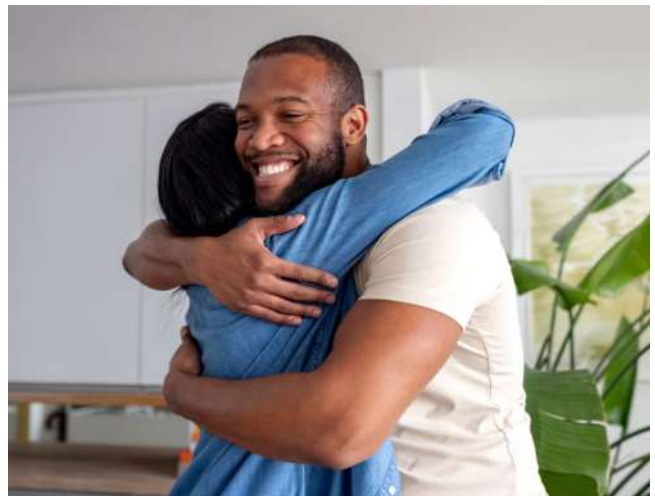
If you are not covering a spouse on your plan(s), you have an opportunity to cover another adult on your plan(s) through the Legally Domiciled Adult (LDA) option. An LDA could be an adult child (over the age of 26) who no longer meets the definition of eligible child, a parent, a relative or another 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 an LDA's child(ren) on your benefit plan(s), there are important tax implications and supporting 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 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). Per IRS regulations, SSM Health must collect any back-owed taxes. Any missed premiums and/or imputed income taxes will be collected through future payroll deductions.





IMPORTANT NOTICE:

IRS requirements 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.

Enrolling In or Making Changes to Your Benefits

Qualified Change in Status

If you have an IRS qualifying 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 and Pay 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.

Be sure to print or save your benefit enrollment confirmation statement any time you make a change to or enroll in your benefits. This is proof of your elections and enrollment in SSM Health benefits.

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, and 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 (company code: SSM) or 800-356-0845. Note, if you are employed by a Greater Fond du Lac ministry, you will use the [SSM Health at Work](#) EAP. You may reach them at 800-458-8183.

myhealthylife and *myhealthylifestyle* accounts

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 to get registered and then download the free and secure Sharecare app to get started today. In order to access the SSM Health provided Sharecare app, you must first register at ssmhealth.sharecare.com. Once registered, you may download the Sharecare app to your mobile device. See the next page to learn more about how you can earn up to \$500 in wellness funds each year.



myhealthylifestyle Account

Beginning January 1, 2026, **myhealthylife** was 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 2027 will determine the dollar amount (\$100 - \$500) that will be deposited into your **myhealthylifestyle** account in the first quarter of 2028.

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

Points Earned in the 2026 Program Year	LSA Contribution Awarded in Q1 of the Following Year
0-299	\$0
300-499	\$100
500-699	\$200
700-899	\$300
900-999	\$400
1000+	\$500

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

Note: You must take the Real Age test each program year in order to unlock any earned points.

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 the informational videos at ssmhealth.com/benefitvideos.

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

- Medica Plus option (\$900 individual deductible)
- Medica Base option (\$1,500 individual deductible)
- Medica Health Savings option (\$2,000 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

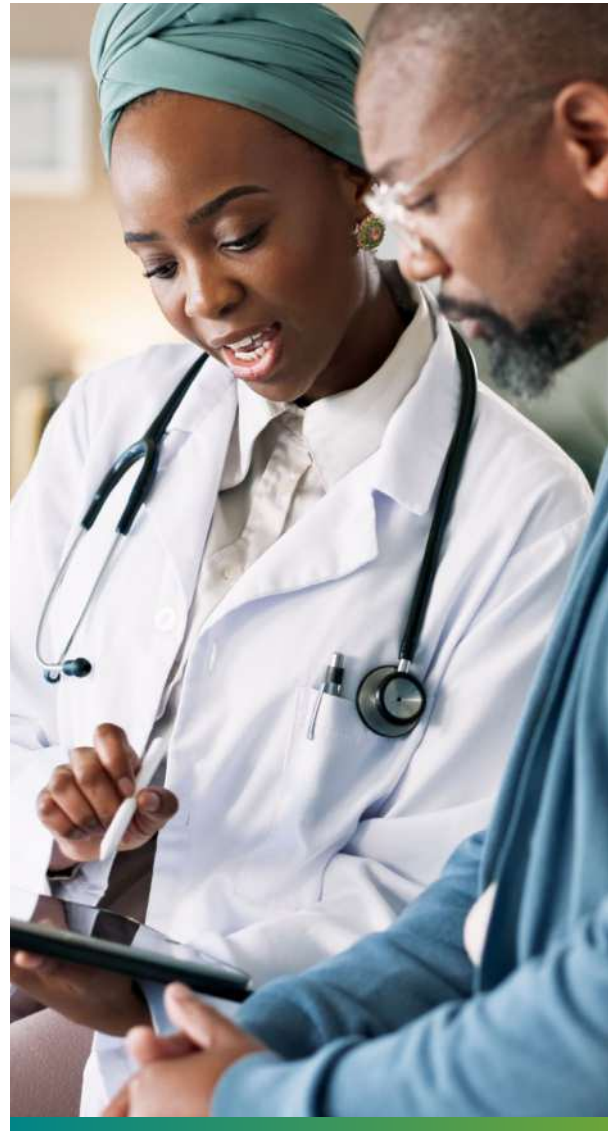
The Medica Network is the primary provider network for plan members. Visit medica.com/ssmhealth to view the Provider Directory.

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** network of providers and facilities. Eligibility for Out-of-Area coverage will be based on the **primary address(es) 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 correctly identified as a primary address in Workday. **You should confirm eligibility before you and/or your covered dependents begin using the FirstHealth network.** Visit medica.com/ssmhealth for more information and assistance.

IMPORTANT NOTICE: All plan participants will be sent new Medica ID cards for the 2027 plan year.

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



Your Annual Total Cost for Health Care

Please review the cost-sharing tables provided on the next four 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	Medica Plus	Medica Base	Medica Health Savings
Annual Deductible	\$900 per person	\$1,500 per person	\$2,000 employee only
	\$1,800 per family	\$3,000 per family	\$4,000 per family
Coinsurance	15%	15%	15%
Deductible/Coinsurance Limit If you reach this limit, you will only be responsible for copays until you reach the Out-of-Pocket Maximum.	\$3,000 per person	\$5,500 per person	\$3,500 employee only
	\$6,000 per family	\$11,000 per family	\$7,000 per family
Annual Out-of-Pocket Maximum Copays are applied to this limit. Once you reach the Out-of-Pocket Maximum, you will have no additional out-of-pocket expenses.	\$4,500 per person	\$7,000 per person	\$5,000 employee only
	\$9,000 per family	\$14,000 per family	\$10,000 per family
Preventive Services	Many preventive services are covered at no cost to you. For additional information on these services, click here .		
Primary Care Visit	\$20	\$25	\$20 copay after deductible
Specialist Office Visit	\$30	\$40	15% after deductible
SSM Health E-visit	\$10	\$10	\$10 – deductible waived
Mental Health - PT/OT/SLP	15% before deductible	15% before deductible	15% after deductible
Urgent Care	\$40	\$40	\$40 after deductible
Emergency Services (Note: physician services may be billed separately)	\$200 copay	\$200 copay	\$200 copay after deductible
Prescription Drug (SSM Health Pharmacy)	\$10/\$30/\$50 copay	\$10/\$30/\$50 copay	\$10/\$30/\$50 copay after deductible
Prescription Drug (Other In-Network Retail Pharmacy)	\$20/\$60/\$100 copay	\$20/\$60/\$100 copay	\$20/\$60/\$100 copay after deductible
Medical Plan Contribution Discount Pharmacy Benefit	Discount recipients receive a reduced copay of \$5 per 30-day fill; \$12.50 per 90-day fill for covered prescriptions dispensed through in-network pharmacies. Prescriptions covered under the Access Guidance program may be subject to a different copay.		Discount recipients receive a reduced copay once the deductible has been met.

PPO Provider Network

The Medica Health Network is the primary provider network for plan members. Visit 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 16 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 – 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
Annual Deductible	\$1,100 per person	\$1,800 per person	\$1,800 per person
	\$2,200 per family	\$3,600 per family	\$3,600 per family
Coinsurance	15%	30%	70%
Deductible/Coinsurance Limit	\$3,200 per person	\$3,850 per person	\$4,850 per person
	\$6,400 per family	\$7,700 per family	\$9,700 per family
Annual Out-of-Pocket Maximum	\$4,700 per person	\$5,250 per person	\$6,250 per person
	\$9,400 per family	\$10,500 per family	\$12,500 per family
Preventive Services	Many preventive services are covered at no cost to you. For additional information on these services, click here .		
Primary Care Visit	\$20	30% coinsurance after deductible	70% coinsurance after deductible
Specialist Office Visit	\$30	30% coinsurance after deductible	70% coinsurance after deductible
Mental Health - PT/OT/SLP	15%	30%	70%
Urgent Care	\$60	\$60	Not covered unless an emergency
Emergency Services (Note: physician services may be billed separately)	\$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
Prescription Drug (SSM Health Pharmacy)	\$10/\$30/\$50 copay	\$10/\$30/\$50 copay	\$10/\$30/\$50 copay
Prescription Drug (Other In-Network Retail Pharmacy)	\$20/\$60/\$100 copay	\$20/\$60/\$100 copay	\$20/\$60/\$100 copay
Medical Plan Contribution Discount Pharmacy Benefit	Employees who elect the STL PPO medical plan are not eligible for the Medical Plan Contribution Discount. See the program eligibility guidelines on page 21.		





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 21 or view an informational video at ssmhealth.com/benefitvideos.

	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
Full-Time Employee Premiums (64 – 80 hours per pay period)								
Employee Only	\$165	\$76.15	\$127	\$58.38	\$127	\$58.38	\$346	\$159.92
Employee + Child(ren)	\$399	\$184.15	\$319	\$147.23	\$319	\$147.23	\$723	\$336.69
Employee + Spouse/LDA	\$479	\$221.08	\$371	\$171.00	\$371	\$171.00	\$804	\$370.85
Family	\$644	\$297.23	\$496	\$228.92	\$496	\$228.92	\$1,129	\$520.85
Part-Time Employee Premiums (40 – 63 hours per pay period)								
Employee Only	\$275	\$126.92	\$209	\$96.46	\$209	\$96.46	\$539	\$248.77
Employee + Child(ren)	\$604	\$278.77	\$479	\$221.08	\$479	\$221.08	\$1,106	\$510.46
Employee + Spouse/LDA	\$730	\$336.69	\$547	\$252.46	\$547	\$252.46	\$1,220	\$563.08
Family	\$1021	\$471.00	\$804	\$370.85	\$804	\$370.85	\$1,807	\$834.00

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 amounts shown do not include the \$92.31 per pay period adult surcharge (if applicable). The surcharge may be waived if you qualify; review the surcharge verification information on page 19. **Premiums are collected based on the date your coverage was effective; any missed premiums will be collected through future payroll deductions.**

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 32 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+
Full-Time Employee				
Employee Only	\$19.23	Up to \$500	\$4,000	\$5,000
Employee + Dependents	\$38.46	Up to \$1,000	\$8,000	\$9,000
Part-Time Employee				
Employee Only	\$9.62	Up to \$250	\$4,250	\$5,250
Employee + Dependents	\$19.23	Up to \$500	\$8,500	\$9,500

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

Medical Plan Adult Surcharge

A medical plan adult surcharge is an added cost to your medical plan premium when you cover a spouse or LDA who is eligible to enroll in qualifying medical coverage through another employer or group but chooses not to. The medical plan adult surcharge is \$200 per month (\$92.31 per pay period).

When you complete your annual Benefits Open Enrollment, you'll verify whether your adult (spouse/LDA) has other medical coverage available or if you are eligible to waive the surcharge. You'll also update this information in Workday if their coverage options change during the year. 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 verification 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 verification.

Enter Medical Plan Surcharge Verification in the Workday search bar for step-by-step instructions on how to complete the verification.

You may submit a Medical Plan Adult Surcharge Verification at any time, but the waiver will only apply going forward and refunds cannot be issued.



Note, you will see the Surcharge Verification 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.

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. Visit ssmhealth.com for more information and to start a visit.

MyChart

You are encouraged to enroll in [MyChart](https://mychart.ssmhc.com) (mychart.ssmhc.com) and download the mobile app. [MyChart](https://mychart.ssmhc.com) (mychart.ssmhc.com) 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 with sufficient worked 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 sufficient 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 for complete plan and coverage details.

Medica EPO/PPO Health PRN Plan	Cost-Sharing Amounts
Annual Deductible	\$5,000 per person/\$10,000 per family (Does not apply to preventive services)
Coinsurance	30% after deductible
Annual Out-of-Pocket Maximum	\$8,000 per person/\$16,000 per family
Primary Care Visit	30% after deductible
Specialist Office Visit	30% after deductible
Urgent Care	30% after deductible
Emergency Services	30% after deductible
Diagnostic Tests	30% after deductible
Hospital Services	30% after deductible
Prescription Drug	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 medical plan adult 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).

Coverage Level	Per Pay Period Premiums
Employee Only	\$295.38
Employee + Spouse	\$468.46
Employee + Child(ren)	\$579.23
Employee + Family	\$814.62



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 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. Note, the discount applies to employees enrolled in the Medica Base, Plus, or HDHP plan.

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 reduced prescription copays (\$5 per 30-day fill; \$12.50 for 90-day fill) for you and your covered dependents. If you elect the Medica Health Savings Plan, (High-Deductible Health Plan), you will receive the reduced prescription copays once you have met your deductible.

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



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 2025 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 **2025 U.S. Federal Income Tax Return** is the consistent standard used to determine eligibility.

2027 Medical Plan Contribution Discount Eligibility

The number of tax dependents, including yourself and your spouse, if married is:	Your total income as reported on your 2025 U.S. Federal Income Tax Return (line 9 of Form 1040)			
	is less than	is between	is between	is between
1	\$15,960	\$15,960 - \$31,919	\$31,920 - \$47,879	\$47,880 - \$63,839
2	\$21,640	\$21,640 - \$43,279	\$43,280 - \$64,919	\$64,920 - \$86,559
3	\$27,320	\$27,320 - \$54,639	\$54,640 - \$81,959	\$81,960 - \$109,279
4	\$33,000	\$33,000 - \$65,999	\$66,000 - \$98,999	\$99,000 - \$131,999
5	\$38,680	\$38,680 - \$77,359	\$77,360 - \$116,039	\$116,040 - \$154,719
6	\$44,360	\$44,360 - \$88,719	\$88,720 - \$133,079	\$133,080 - \$177,439
7	\$50,040	\$50,040 - \$100,079	\$100,080 - \$150,119	\$150,120 - \$200,159
8	\$55,720	\$55,720 - \$111,439	\$111,440 - \$167,159	\$167,160 - \$222,879
Premium Discount	100%	75%	50%	25%

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. Qualifying event timelines apply.*

How Will the Discount be Applied?

Your paycheck will reflect the full medical premium deduction. Beginning with the first paycheck in January 2027, 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 provided on the next page.



Discounted Medical Premiums - Employee Example

Taylor Kelce Medical Plan Contribution Discount	Full-Time Employee Status (64-80 hours)	Part-Time Employee Status (40-63 hours)
Medical premium per pay period - EE + Children coverage - Medica Plus Option	\$184.15	\$278.77
Discount Level	75%	75%
Discount Amount	\$138.11	\$138.11
Actual Per Pay Period Premium Cost	\$46.04	\$140.66

For the 2027 plan year, Taylor will receive over **\$3,000** in medical premium discounts.

*Note that this **example** is for illustrative purposes only and does not reflect any additional pharmacy benefits (reduced copays) Taylor and her children may receive.*



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 27 for a list of SSM Health Pharmacies and visit [Navitus.com](https://www.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**. If you are not close to an SSM Health Pharmacy, you may be able to use their convenient mail order option to take advantage of this valuable discount.

IMPORTANT NOTICE: The formulary may change throughout the plan year, so you are encouraged to visit [Navitus.com](https://www.navitus.com) for the most current and comprehensive list of covered drugs.

	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		
	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 not subject to copays or deductibles and are provided at no cost; see the Navitus formulary for a list of these drugs.					
Tier 1 Formulary generic and preferred drug	\$10 copay	\$25 copay	\$20 copay	\$50 copay	Copays after Deductible	
Tier 2 Formulary brands and high-cost generics	\$30 copay	\$75 copay	\$60 copay	\$150 copay	Copays after Deductible	
Tier 3 Non-Formulary brands and generics*	\$50 copay	\$125 copay	\$100 copay	\$250 copay	Copays after Deductible	
Mail Order Service	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 SSM Health Pharmacy (ssmhealth.com/services/pharmacy) to start the process. SSM Health pharmacies located in IL, MO, OK, and WI are licensed to mail within their own state. They cannot mail prescriptions across state lines. COSTCO also offers a mail order service at pharmacy.costco.com . 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 Services (AGS)

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, depending on available manufacturer assistance.** 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 different copay, even if you are an approved recipient of the 2027 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.

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 am - 6 pm CT.



IMPORTANT NOTICE: 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.

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 whether 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 (within their own state) for maintenance medications. Save time and money by exploring this option.**



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](https://www.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.

VIRTA

In partnership with Navitus, Virta offers a diabetes reversal program that provides support and tools to those struggling with Type 2 diabetes. Virta is available¹ to SSM Health employees and eligible dependents (18 years or older) who have type 2 diabetes and are enrolled in a Medica health plan with Navitus pharmacy benefits. Virta contacts eligible members to provide program information and application instructions.

¹There are some medical conditions that would exclude members from the Virta program



Pharmacy Directory

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**. If you are not close to an SSM Health Pharmacy, you may use their convenient mail order option to take advantage of this valuable discount. Note, SSM Health pharmacies located in IL, MO, OK, and WI are licensed to mail within their own state. They cannot mail prescriptions across state lines.

St. Louis			
SSM Health Prescription Center 301 Caledonia Pkwy, #110 O'Fallon, MO 63368 636-202-6810	SSM Health Cardinal Glennon Children's Hospital 1465 S Grand Blvd St. Louis, MO 63104 314-577-5677	SSM Health DePaul Hospital 12266 DePaul Dr., #105 Bridgeton, MO 63044 314-344-7300	SSM Health St. Mary's Hospital 1035 Bellevue Ave. St. Louis, MO 63117 314-768-8870
SSM Health Pharmacy at Saint Louis University Hospital 1225 South Grand Blvd St. Louis, MO 63104 314-257-3450	SSM Health Outpatient Center 711 Veterans Memorial Pkwy, #102 St. Charles, MO 63303 636-669-2223	SSM Health St. Joseph Hospital 500 Medical Dr. Wentzville, MO 63385 636-327-1008	SSM Health Specialty Pharmacy 3662 Park Ave, #155 St. Louis, MO 63110 833-354-2223



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 for information on the nationwide provider network and how to make the most of your Dental Plan. Visit ssmhealth.com/benefits to access comprehensive dental plan documents.

IMPORTANT NOTICE:

If you are not making a change to your level of coverage for 2027, 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 at deltadentalmo.com.



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



Dental Plan Premiums

	Dental Plus		Dental Base	
	Average Monthly	Per Pay Period	Average Monthly	Per Pay Period
Full-Time Employee Premiums (64 – 80 hours per pay period)				
Employee Only	\$29.00	\$13.38	\$14.00	\$6.46
Employee + Child(ren)	\$66.00	\$30.46	\$28.00	\$12.92
Employee + Spouse/LDA	\$60.00	\$27.69	\$30.00	\$13.85
Family	\$79.00	\$36.46	\$40.00	\$18.46
Part-Time Employee Premiums (40 – 63 hours per pay period)				
Employee Only	\$40.00	\$18.46	\$19.00	\$8.77
Employee + Child(ren)	\$94.00	\$43.38	\$37.00	\$17.08
Employee + Spouse/LDA	\$83.00	\$38.31	\$44.00	\$20.31
Family	\$107.00	\$49.38	\$57.00	\$26.31

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.**

Vision Plans



The Vision Plan can assist with the cost of eye exams, lenses, frames, and contact lenses. The plan is administered by **VSP** (vsp.com), 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 at 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
Comprehensive Vision Exam	\$10 copay	\$40 allowance	Once every plan year
Lenses – Glass or Plastic	\$25 copay	\$40 - \$125 allowance	Once every plan year (if not using the contact lens benefit)
OR			
Contact Lenses	\$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)
Standard Frames	\$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 consider opting out of the VSP vision plan.

Exam Only Plan

	VSP Provider	Out-of-Network Provider	How often each covered member can use services
Comprehensive Vision Exam	\$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
Full and Part-Time Employee Premiums (40 – 80 hours per pay period)				
Employee Only	\$9.00	\$4.15	\$3.50	\$1.62
Employee + Child(ren)	\$16.00	\$7.38	\$7.75	\$3.58
Employee + Spouse/LDA	\$15.00	\$6.92	\$7.25	\$3.35
Family	\$26.00	\$12.00	\$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.**



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 be enrolled in Medicare or covered by any other health plan that is not a High-Deductible Health Plan (HDHP)
- 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 non-HDHP health plan, contact People Services and/or consult your tax professional. To learn more about HSA eligibility, visit healthequity.com. 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 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.

IMPORTANT NOTICE:

If you had an HSA through HealthEquity before January 1, 2027, you may continue to use your existing debit card. If you are a new account holder with HealthEquity, you will receive a welcome kit and debit card. You may request a new card or additional cards at any time directly at healthequity.com.



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+
Full-Time Employee				
Employee Only	\$19.23	Up to \$500	\$4,000	\$5,000
Employee + Dependents	\$38.46	Up to \$1,000	\$8,000	\$9,000
Part-Time Employee				
Employee Only	\$9.62	Up to \$250	\$4,250	\$5,250
Employee + Dependents	\$19.23	Up to \$500	\$8,500	\$9,500

*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 8 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.

Important - If you cover your spouse under the Medica Health Savings Plan, your spouse cannot have a standard Health Care FSA; he or she may have a limited purpose Health Care FSA, if one is available to them through their own group or employer. SSM Health does not offer a limited purpose FSA.

Prior Year Health Care Flexible Spending Account (HCFSAs) Funds

Per IRS regulations, current year HSA contributions will not be deposited into your HSA until the end of the runout period for your prior year's HCFSAs if your HCFSAs balance was greater than \$0 on December 31st.

Visit 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 \(healthequity.com\)](https://healthequity.com).



Flexible Spending Accounts (FSA)

Flexible Spending Account – Health Care FSA

The Health Care FSA (HCFSA) allows you to set aside pre-tax income (minimum of \$100; up to \$3,400 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 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, you may 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 defines 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 8 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 2027 must be used by **December 31, 2027**, unless the carry over provision applies. Claims that are eligible for reimbursement for the 2027 plan year must be submitted to **HealthEquity by March 31, 2028**.

IMPORTANT NOTICE:

If you are a new participant in the HCFSA for plan year 2027 and did not have a HealthEquity HCFSA or HSA in 2026, you will receive a new debit card from HealthEquity. If you participated in the HCFSA or HSA in plan year 2026, continue to use your current debit card.

The debit card will be pre-loaded with your annual HCFSA contribution. You may request a new card or additional cards at any time from healthequity.com.



Carry Over - If you enroll in the HCFSA for plan year 2027, you may **carry over up to \$660** of your 2026 HCFSA funds. The minimum balance that can be carried over is \$25. Carry over funds from the 2026 plan year will be added to your 2027 HCFSA at HealthEquity by mid-April of 2027.

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 health care 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 (DCFSA)**

The Dependent Daycare FSA allows you to set aside pre-tax income (minimum of \$100; up to \$7,500 maximum annual contribution per household; \$3,000 maximum annual contribution for highly compensated individuals*) to pay for eligible child or other dependent daycare expenses. Visit 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 \$3,000 in dependent daycare funds for plan year 2027.

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

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.



2027 FSA Funds - Important Transaction Dates
Claims incurred January 1 – December 31, 2027
Submit to HealthEquity by March 31, 2028
FSA funds are subject to IRS guidelines and are “use it or lose it” if not eligible for HCFSA carry over. Note, there is no carry over provision with the DCFSA.

Voluntary Supplemental Health Insurance

Enhanced Supplemental Health Insurance available through Securian

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.



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 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 Benefits Plus (ssmhealth.corestream.com).
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: • A \$50 wellness benefit per covered family member per year for an annual physical, dental cleaning, or eye exam. • Benefit Bump, a valuable resource for expectant and new parents.	

Income Protection Benefits

Short-Term Disability

As a benefit eligible employee, you are covered by a Short-Term Disability (STD) plan that replaces 60% of your income when you are medically unable to work due to a serious health condition. The first week (seven calendar days) of disability is an elimination period during which disability benefits are not paid. You will use PTO to satisfy the elimination period while you are medically unable to work before STD benefits begin (unless covered by an applicable state leave which allows employees to elect to take the time paid (PTO) or unpaid). Following the STD elimination period, you may be eligible for up to 83 calendar days of STD benefits.



IMPORTANT NOTE:

You must open a leave claim with Sedgwick within seven (7) calendar days of your first missed scheduled workday. For leaves with an associated Short-Term Disability (STD) claim that are reported after the seven-day reporting period, the date the claim is reported will be considered the first day of the STD elimination period. Late reporting delays the start of STD benefits.

Following the elimination period, you may be eligible to receive a benefit. The 60% Short-Term Disability coverage is provided by SSM Health at no premium cost to you (with minimum weekly benefits). You have the option to “buy up” to a 75% STD plan. You will see the cost of the buy-up option when you go through the enrollment process.

You may enroll in the buy-up option 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. For more information about your disability benefits, including Maternity Benefits and Paid Parental Leave, review the Leave of Absence Resource Guide available in the [Benefits and Pay App](#) in Workday.

Of note, the STD benefit information shared above does not take into consideration if you have the Physician Resident/Fellow leave running concurrently. The benefits provided under this leave are aligned with the regulatory requirement established by The Accreditation Council for Graduate Medical Education (ACGME). Please review the sections titled “Disability and Leave of Absence Pay Practices” and “Physician Resident/Fellow Leave of Absence” in the Leave of Absence Resource Guide.

Paid Parental Leave

The leave, which is intended to cover the first week of approved bonding time, provides 40 hours of paid leave (prorated based on FTE), includes adoptions, and compliments maternity leave for the birth parent. View the PTO Guidelines at ssmhealth.com/benefits for additional information. Note, this leave excludes employees serving as surrogates, the adoption of a biological child of either adopting parent, and the adoption of a blood relative, unless the adoption is due to the death of the child's biological parent(s).

IMPORTANT NOTE:

Bonding leaves for which Paid Parental Leave benefits apply must be requested within seven (7) calendar days of your first day of absence. Requests reported after this timeframe will result in forfeiture of the Paid Parental Leave benefit.

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. Executives and physicians should refer to the applicable benefit booklet for LTD information. **Note**, you must exhaust all PTO before LTD payments begin.

State Paid Sick Leave

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

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/fellow ACGME accredited program beginning on the day the resident/fellow is required to report. Health and disability insurance benefits for residents/fellows and their dependents are continued during the leave. The Physician Resident/Fellow leave aligns with these requirements. Please review the sections titled "Physician Resident/Fellow Leave of Absence" and "Disability and Leave of Absence Pay Practices" in the Leave of Absence Resource Guide for detailed information.

Life and Long-Term Care Insurance

Life Insurance

SSM Health offers both employer-paid and voluntary life insurance to provide financial security should the unexpected occur. For more information about life insurance, visit securian.com/ssm-health-life-insurance. The life insurance benefits outlined below apply to both full and part-time benefit employees. *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.*

Employer-Paid Life Insurance Coverage		General Guidelines
Resident Physicians and Fellows	2X pay up to \$1M	While SSM Health pays for the cost of this basic life policy, per federal regulations, employees must pay tax on the imputed income for the "value" of any employer-provided life insurance that exceeds \$50,000. Click here to view the IRS guidelines. If you do not want to pay tax on this imputed income, you may waive the basic life insurance during enrollment. If you waive your Basic Life and then later choose to enroll in Basic Life, you will be subject to Evidence of Insurability. Please note: If you choose to opt out of Basic Life and you do not purchase Voluntary Employee Life, you cannot elect Dependent or Spouse Life.

Employer-Paid Accidental Death & Dismemberment Insurance (AD&D)		General Guidelines
Resident Physicians and Fellows	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.

Life insurance premiums are based on several factors such as age and gender. Your personalized premium will be provided in the Workday enrollment system. You may see the cost displayed for different levels of coverage before you make a decision to elect voluntary coverage for yourself and/or your dependents. You must have SSM Health Life Insurance (either employer paid and/or employee paid) for yourself in order to purchase coverage on your dependents.

Employee-Paid Optional Insurance (Life and AD&D)		Guaranteed Issue and Evidence of Insurability (EOI) <i>Note: EOI only applies to Life Insurance; AD&D is guaranteed issue.</i>
Resident Physicians and Fellows	Multiples of pay up to 8X, capped at \$2M for life insurance; Multiples of pay up to 8X, capped at \$1.25M for AD&D.	Newly eligible: May elect up to the lesser of 3x annual salary or \$1M without Evidence of Insurability (EOI). During Open Enrollment: One-Time Guaranteed Issue Opportunity - Add or increase coverage without health questions: During the 2027 Benefits Open Enrollment Period, you may increase your coverage up to 1X - 3X your annual salary, not to exceed \$1M. This is a one-time opportunity to add or increase your voluntary life insurance coverage without answering health questions. This guaranteed issue offer will not be available during future open enrollments. Any increase in coverage that exceeds the Guaranteed Issue requires Evidence of Insurability (EOI). Securian will email you an Evidence of Insurability (EOI) packet, if required. 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.

Dependent Life Insurance		Guaranteed Issue and Evidence of Insurability (EOI)
Spouse *LDA's are not eligible to be covered on dependent life.	Increments of \$25,000 up to \$250,000	Newly eligible: May elect up to \$50,000 without Evidence of Insurability (EOI). During Open Enrollment: One-Time Guaranteed Issue Opportunity - Add or increase coverage without health questions: During the 2027 Benefits Open Enrollment Period, you may add or increase coverage up to \$50,000 without answering health questions. This guaranteed issue offer will not be available during future open enrollments. Any increase in coverage that exceeds \$50,000 requires Evidence of Insurability (EOI). Securian will mail your spouse an Evidence of Insurability (EOI) packet, if required. 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.
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 *LDA's are not eligible to be covered on dependent life.	Increments of \$25,000 up to \$100,000	All coverage is guaranteed issue – no EOI required.
Eligible Child	Increments of \$5,000, subject to a minimum of \$10,000 and a maximum of \$25,000	

Benefit Scout

Access Benefit Scout at 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.

These services include:

- **Travel Assistance** such as pre-trip resources, trip support, and emergency evacuation services. Call 855-516-5433 or visit lifebenefits.com/travel to learn more or connect with customer support.
- Legal, financial and grief services
- End-of-life planning and will preparation
- On-demand tools and human support through Empathy®. Visit 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.

Enrollment will be offered concurrently with Annual 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 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** (ssmhealth.corestream.com) for more information.

***Guaranteed issue** is only available to employees who are newly eligible (such as new hires), who have not yet been offered an enrollment opportunity. Medical underwriting is required for those not eligible for guaranteed issue.

Note, employees ages 65-70 are required to complete medical underwriting and will receive a traditional Universal Life Policy.

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. Manage your account through the Fidelity Investments website at netbenefits.com or NetBenefits mobile app. You may schedule a one-on-one appointment with a Fidelity Workplace Financial Consultant at Fidelity.com/schedule.

Retirement Savings Plan: 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 website or mobile app.

You may defer a percentage of your eligible compensation up to the annual IRS limit.

Match Contribution

SSM Health may help you grow your retirement savings through an employer matching contribution. SSM Health matches \$0.50 for every \$1 you contribute, up to 6% of eligible compensation (subject to IRS annual limits). By contributing at least 6% of your pay, you can receive the full employer match. You may contribute more than 6% if you want to save more for retirement, but SSM Health's match applies only to the first 6% of eligible compensation.

- Are a benefit-eligible employee scheduled to work at least 1,000 hours in the payroll year and contribute to the Plan. Employer matching contributions are deposited on a bi-weekly basis.
- Complete at least 1,000 hours during the payroll year, are actively employed on the last day of the payroll year, and contribute to the Plan. Matching contributions for these employees are deposited in the first quarter of the following year after eligibility has been confirmed.

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 Automatic Enrollment and/or the Annual Increase Program at any time at netbenefits.com.



Match True-Up

If you contribute unevenly during the year or reach the IRS contribution limit before year-end, you may not receive the full employer match through regular payroll matching. A match true-up is an additional employer matching contribution that may be made after the end of the payroll year to ensure you receive the full match you earned, if eligible. If a true-up is due, it will be calculated after the payroll year closes and paid in the first quarter of the following year.

To be eligible for the match true-up, you must complete 1,000 hours during the payroll year and be actively employed on the last day of the payroll year.

Important note: the matching funds from SSM Health are calculated on a per pay period basis. The maximum amount in matching funds that may be awarded in 2027 will be subject to IRS limits. To maximize the match, contribute at least 6% of your eligible compensation to your employee contribution account.

Employer Contribution Exceptions

You may also be eligible for a match, and/or match true-up contribution from SSM Health if you are on track to complete 1,000 hours, but your employment ends prior to the end of the payroll year due to death, disability or severance, on or after reaching age 65.

Vesting

You become fully vested in matching contributions after completing three years of eligible service. Being vested means the money in those accounts belongs to you. To earn a year of Vesting Service, you must complete at least 1,000 hours during the payroll year.

Annual Compensation Limit

Retirement plan compensation limits are defined by the IRS each year. The annual IRS limit for eligible retirement compensation for 2027 will be published once available.

Retirement Savings Plan: 403(b)

All employees are eligible to participate. The voluntary 403(b) plan allows you to contribute pre-tax or after-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 website or mobile app.



IRS contribution limits for plan year 2027 will be published once available. If you are going to be age 50 or older in the plan year, you may contribute additional funds through catch-up provisions. See the table below for more information.

Retirement Plan Contribution Limits, Including Enhanced Catch-Up Contribution Options			
Participant Age in 2026	Standard Contribution Limit	Catch-Up Contribution Limit	Total Annual Contribution Limit
Under 50	\$24,500	N/A	\$24,500
50-59 or 64+	\$24,500	\$8,000	\$32,500
60 - 63	\$24,500	\$11,250	\$35,750

Note, the limits shown above are the 2026 limits that applied at the time this guide was created; contribution limits may change for 2027.

Secure 2.0: Roth Catch-up Contributions

SECURE 2.0 mandates that participants who earned more than the prior-year FICA wages threshold, must make any catch-up contributions to their 403(b)/401(k) plans on a Roth (after-tax) basis. The threshold is currently \$150,000 for wages earned from SSM Health in 2025; the 2026 threshold will be published, once available. This rule also applies to the "super catch-up" for those aged 60-63. This means any pre-tax contributions in excess of the standard contribution limit must be made on an **after-tax basis** and will not reduce your taxable income. You can still make standard (non-catch-up) contributions to a pre-tax 403(b) or 401(k) account, regardless of your income level. If you are affected by this requirement, you will receive additional information and instructions before the start of each payroll year.

Deferred Compensation: 457(b)

Per IRS regulations this plan may only be offered to employees of not-for-profit ministries.

Resident Physicians and Fellows may also contribute to a 457(b) non-qualified plan, up to the annual IRS limits. The IRS limits for 2027 will be published, once available. Eligible employees may enroll in the 457(b) through Fidelity's [netbenefits.com](https://www.fidelity.com/netbenefits.com) website or mobile app.





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 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.



Bereavement Leave

You may take up to three scheduled shifts with pay in the event of the death of an eligible family member or Legally-Domiciled Adult (LDA). The Legally-Domiciled Adult (LDA) is a relative or another adult who resides with the employee and is currently on file in Workday as an LDA.

Up to five scheduled shifts with pay are provided if the loss is a spouse or child/stepchild.

View the bereavement leave guidelines at ssmhealth.com/benefits.

Many states offer state bereavement leave. Employees needing time off beyond SSM Health's paid leave benefit should contact Sedgwick at 855-253-0820 to inquire about additional leave time that may be available. Note, bereavement leave benefits are not applicable if you are out on a continuous leave.

Paid Parental Leave

Paid parental leave benefits are administered by Sedgwick. See the Income Protection section on page 38 for more information. Important application timelines apply. Parental leave must be requested within 7 calendar days of the first missed day of work.

Legally Domiciled Adult (LDA) Requirements:

To ensure your LDA is currently on file in Workday, you must complete the LDA Verification process and submit the required documents. You do not have to cover your LDA on your health plan(s), but the LDA Verification process must be completed so your LDA is on file, in Workday, as a dependent. See page 9 for information about the LDA Verification process.

Professional Development

IMPORTANT NOTICE:

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



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 program year at select online institutions through FlexPath Funded
- Up to \$4,200 in tuition reimbursement benefits each program 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** (ssmhealth.instride.com), eligible employees may access courses, certificates, and degree programs at select online institutions. To make your continuing education as convenient and accessible as possible, SSM Health pays your tuition upfront, directly to the academic institution. Full-time employees are eligible for up to \$5,250 each program year; part-time employees are eligible for up to \$2,625 each program year. Executives, Directors, Physicians, and Residents/Fellows have access to the skill-based and leadership course catalog. All employees are eligible for a designated group of pipeline programs.

You may use FlexPath Funded to learn a new skill through short skill-based courses or certification programs.

To learn more, visit ssmhealth.instride.com 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 and part-time employees are eligible for up to \$2,100 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.

IMPORTANT NOTICE:

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

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 learning content.



Public Service Loan Forgiveness

The **PSLF program** is a federal program that forgives the remaining balance on certain student loans after you have made 120 qualifying monthly payments while working full-time for a qualifying employer. SSM Health may be considered a qualifying employer¹. 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.

¹Team 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.

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 Plans and MetLife Legal Plans Plus Parents. The plans cover attorney's fees for covered matters with no deductibles, copays or claim forms. Visit [Benefits Plus \(ssmhealth.corestream.com\)](https://ssmhealth.corestream.com) 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. You must be in a benefit-eligible position when

the adoption is finalized and at the time you request and receive reimbursement. For more information, view the Adoption Assistance program guidelines available at 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 be at least 18 years old, have 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 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 Vizient. Find great deals on electronics, travel, entertainment, clothes, gifts and more in one convenient location [Vizient Member Perks \(vizient.benefithub.com\)](https://vizient.benefithub.com). Additional discounts are also available through [Benefits Plus \(ssmhealth.corestream.com\)](https://ssmhealth.corestream.com).

Benefits Plus

Benefits Plus (ssmhealth.corestream.com) 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 Benefits Plus (ssmhealth.corestream.com) 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 Plans Three Plan Options		
Nationwide	Traditional pet insurance with deductibles and coinsurance that helps protect against unexpected veterinary expenses with coverage for accidents and illnesses; no network requirements – use any licensed provider.	
Wishbone Total Pet (formerly Pet Benefit Solutions)	Low cost, simple savings discount plan with no deductible, coinsurance, or maximum. Must use in-network veterinarians for covered services.	
WAGMO – New this year!	Pet Wellness Program helps offset the cost of routine pet care with reimbursement for eligible everyday wellness expenses such as checkups, vaccinations, and grooming.	

Benefits at Status Change or Separation and COBRA Resources

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.

Medicare Resources and 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, 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 or contact customer support at 833-414-1436.

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
- U.S. Department of Labor at dol.gov/ebsa/healthreform and healthcare.gov
- Paper copies of the Uniform Glossary are also available upon request

Written Translation of the Uniform Glossary

Plans and issuers are also required to provide notices in a culturally and linguistically appropriate manner. This includes providing access to written translation of the Uniform Glossary in Spanish, Tagalog, Chinese and Navajo for certain geographic areas.

HHS will provide written translation of the Uniform Glossary in the above listed languages at the following websites: cciio.cms.gov and dol.gov/ebsa/healthreform.

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 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. View information about the Children's Health Insurance Program (CHIP) [here](#).



