2026

Employee Benefits

Baptist Health

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Baptist Health is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2026 offerings for you and your family. Contact the Benefit Enrollment Center with any questions.

See **page 45** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Baptist Health. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

3 Welcome

Baptist Health appreciates the hard work and dedication you bring to our team every day. To do our part, we are committed to keeping your benefits affordable and beneficial for you and your eligible family members.

Baptist Health strives to provide benefits that:

- Meet your needs
- Are easy to understand and use
- Provide excellent value for affordable costs

To be your healthiest and help keep costs down, we ask that you take advantage of the provided wellness activities and preventive features.

This guide is designed to assist you and your family in making the best choices for your needs in 2026. It contains explanations of each benefit, contact information for benefits vendors, and costs you can expect for each benefit. Please review this guide in its entirety and keep as a resource throughout the year.

Any questions?

We're here to help. Contact the Benefit Enrollment Center at 501-202-2176 or benefits@baptist-health.org.

4 Eligibility and Enrollment

Baptist Health's benefits are designed to support your unique needs.

Eligibility

If you are a regular full-time or part-time employee who has authorized hours of a minimum of 20 hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual Open Enrollment period.

Coverage Dates

All elections made during the Open Enrollment period will be effective January 1, 2026, through December 31, 2026. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

If you are enrolling as a new employee, you become eligible for benefits on your 31st day of employment.

If you are a new employee or experience a Qualifying Life Event, you have 30 days from your hire date or the date of the life event to make elections.

Dependents

Dependents eligible for coverage include:

- Your legal spouse.
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan once proof of the ongoing disability is provided to and approved by HR. This process does require additional documentation and paperwork; please contact HR with questions.

Verification of dependent eligibility is required upon enrollment.

Passive Enrollment

This year, we are conducting a "Passive Enrollment." This means your benefits elections will automatically roll over to the next plan year. With carrier partner changes, you are strongly encouraged to review your elections even if you do not want to make changes. You **need** to take action if you:

- Participate in a Healthcare or Dependent Care Flexible Spending Account.
- Would like to change or decline your current benefits, including who from your family is covered.
- Would like to purchase additional voluntary life insurance for yourself, spouse, and/or child.

Any new elections you make or those that roll over will remain in place until the following enrollment period unless you experience a Qualifying Life Event.

Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to notify the Benefit Enrollment Center and request changes to your coverage. Your change in coverage must be consistent with your change in status.

A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)

A change in a spouse's employment status (resulting in a loss or gain of coverage)

A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

Entitlement to Medicare or Medicaid

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Death in the family (leading to change in dependents or loss of coverage)

Turning 26 and losing coverage through a parent's plan

Changes in address or location that may affect coverage (Applies to individual coverage through the Exchange.)

Eligibility for coverage through the Marketplace (Healthcare.gov)

A change in your legal marital status (marriage, divorce, or legal separation)

Reach out to Baptist Health's Benefit Enrollment Center with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

6 Ready for Open Enrollment?

Baptist Health covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, which reduces the amount you're required to pay taxes on. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay upfront for it.

Open Enrollment Action Items

Update your personal information.

Confirm your mailing address and phone number are up to date. If changes are required, make the change in Infor.

Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e. will their costs go up or down?).

Review available plans' deductibles.

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower bi-weekly premiums.

Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.

Check your networks.

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

7 Wellness

Do you make your good health a priority every day? Baptist Health is here to help with the Mobile Health Wellness Program. All medical plan enrolled employees and spouses are welcome to participate, and the program is completely confidential.

Wellness Credit

Employees and spouses enrolled in the Baptist Health medical plan are eligible to earn up to a $100 per month, or $46.15 per pay period, wellness credit for the 2027 Plan Year by completing the following activities by October 31, 2026:

- Complete an annual preventive visit **and** earn 3,000 points individually in the Mobile Health app, **OR**
- Visit with the Baptist Health Chronic Care Management Clinic **and** earn 3,000 points individually in the Mobile Health app

Green check marks will appear in the Mobile Health app when you complete the requirements, confirming you've earned the credit for the following year. Note: After your preventative or Chronic Care Management visit, it may take up to 90 days for it to be checked off in the app.

Spouses: If you and your spouse are enrolled in the Baptist Health medical plan(s), you are both required to complete the wellness-related activities to qualify for the maximum wellness credit of $200 per month, or $92.31 per pay period.

If only you OR your spouse participate and meet the requirements, you can still earn the individual wellness credit of $100 per month, or $46.15 per pay period.

- Before registering in the wellness program, your spouse's email will need to be provided in bswift. To do so, log in to bswift from MyApps or directly at www.baptist-health.bswift.com.
- Once they download the app, register, and complete the Health Risk Assessment, they can start earning points and have the same eligibility guidelines and deadline as you.

Note: Those in the IHA Internal Traveler's program are not eligible for the wellness credit.

New Hires, Newly Benefits Eligible, and Qualifying Life Events

Eligibility works differently if you fall into these groups. Here's what you need to know:

START DATE OF BENEFITS ELIGIBILITY BETWEEN	ELIGIBILITY FOR WELLNESS CREDIT	REQUIREMENTS TO RECEIVE APPLICABLE WELLNESS CREDIT(S)
September 1, 2025 – August 31, 2026	Remainder of 2026 Plan Year & 2027	**For** (the remainder of) **2026:** Download the Mobile Health app, register, and complete the Health Risk Assessment in the app within 30 days of benefit eligibility — this gets the credit for 2026. **For 2027:** Complete your wellness exam **and** earn 3,000 points by October 31, 2026.
September 1, 2026 – August 31, 2027	Eligible for 2027 Only	Complete the Health Risk Assessment **and** earn 3,000 points by October 31, 2026.

Download the Mobile Health app or visit www.mobilehealthconsumer.com to log in and get started!

Privacy Reminder: Health Risk Assessments are completely confidential. All personal information and results are protected by the Health Insurance Portability and Accountability Act (HIPAA) and will not be shared with Baptist Health.

Notice Regarding Wellness Program

The Mobile Health Wellness Program is a voluntary wellness program available to all medical-enrolled employees and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the $46.15 (individual) or $92.31 (individual + spouse) per pay period wellness credit by earning program credit by completing an annual preventive visit AND earning 3,000 points individually in the Mobile Health app, OR by completing a visit with the Baptist Health Chronic Care Management Clinic AND earning 3,000 points individually in the Mobile Health app. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the $46.15 (individual) or $92.31 (individual + spouse) per pay period wellness credit.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 501-202-2176.

The information from your HRA or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 501-202-2176.

9 Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

SWEAPConnections

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether you're enrolled in a company-sponsored medical plan or not.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and a designated number of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Baptist Health. You may access information, benefits, educational materials, and more by phone at 800-777-1797 or online at www.sweapconnections.com (Web ID: baptist).

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services as shown in the medical plan design in this guide. Through your medical coverage, choose a local, in-network provider. Or, you can access Brightside Health, which is a contracted, national telehealth and behavioral health group. This partnership between Brightside Health and Baptist Health offers members with virtual in-network mental health care — from anywhere, with life-changing, lasting results. No matter how severe your symptoms, Brightside is by your side with treatment grounded in data and tailored to your unique needs. Start getting better with precision medication, evidence-based therapy, and 1:1 support from your expert provider, who is your single point of contact from start to finish. Within just 12 weeks, 86% of Brightside members feel better. To get started with an appointment in as little as 48 hours, visit brightside.com/aetna.

See plan documents for specifics on coverage for inpatient and outpatient services.

The Big Five of Emotional Wellness

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

Practice mindfulness.
Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.

Strengthen social connections.
Reach out to a friend or family member daily — even if it's just a call or text.

Get quality sleep.
Keep a consistent sleep schedule and limit electronic use before bed.

Improve your outlook.
Treat people with kindness, including yourself.

Deal with your stress in healthy ways.
Think positively, exercise regularly, and set priorities.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Note

According to the Centers for Disease Control, nearly 22% of adults received help for mental health in 2021.

11 Medical Benefits

Medical benefits are administered through WebTPA. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind your choice is effective for the entire 2026 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

	COPAY PLAN		HSA-COMPATIBLE HDHP	
BI-WEEKLY CONTRIBUTIONS				
	FULL-TIME RATES	PART-TIME RATES	FULL-TIME RATES	PART-TIME RATES
EMPLOYEE ONLY	$111.74	$137.68	$78.66	$109.04
EMPLOYEE + SPOUSE	$305.33	$370.16	$238.54	$291.29
EMPLOYEE + CHILD(REN)	$171.04	$210.33	$158.40	$196.47
EMPLOYEE + FAMILY	$412.49	$502.51	$336.54	$412.70

Note: A $46.15 (individual) or $92.31 (individual + spouse) per pay period wellness credit is available if certain wellness program activities are completed. See Wellness page for more information.

Utilization Management

WebTPA Clinical Services will continue to be your Utilization Management Partner. Your providers will continue to call the same number on the back of your ID card to start the authorization process.

How to Find a Provider

Visit webtpa.com/baptist-health or call Customer Care at 855-318-0376 for a list of WebTPA network providers. The preferred designation identifies doctors in the Baptist/EHN network who have achieved top results in quality and cost-efficiency measures.

Note

Make sure you are verifying if your provider is in-network. There are no benefits for out-of-network providers.

Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by Baptist Health. All covered services are subject to medical necessity as determined by the plan.

	COPAY PLAN			HSA-COMPATIBLE HDHP		
	TIER 1 – BAPTIST HEALTH (FACILITY)	TIER 2 – BAPTIST/ BHPP/ EHN PROVIDERS	TIER 3 – AETNA	TIER 1 – BAPTIST HEALTH (FACILITY)	TIER 2 – BAPTIST/ BHPP/ EHN PROVIDERS	TIER 3 – AETNA
DEDUCTIBLE						
INDIVIDUAL/FAMILY	$800/$1,600			$3,400/$6,800		
DEDUCTIBLE TYPE	Embedded			Embedded		
OUT-OF-POCKET MAXIMUM						
INDIVIDUAL/FAMILY	$9,200/$18,400			$8,050/$16,100		
COPAYS/COINSURANCE						
PCP OFFICE VISIT	N/A	$25	$25	N/A	20%*	20%*
SPECIALIST OFFICE VISIT	N/A	$50 + 20%	$50 + 20%	N/A	20%*	20%*
WELL BABY CARE to 12 months (with immunizations)	N/A	No charge	No charge	N/A	No charge	No charge
ANNUAL MAMMOGRAM/ ANNUAL ROUTINE GYNECOLOGICAL VISIT	No charge	No charge	No charge	No charge	No charge	No charge
URGENT CARE	N/A	$50	$50	N/A	$50*	$50*
EMERGENCY	$300 all-inclusive copay first visit, $400 all-inclusive copay second visit, $500 all-inclusive copay third visit	$400*	$400*	First visit: $250* Second visit: $300* After second visit: $350*		
OUTPATIENT (X-RAY) DIAGNOSTIC SERVICES When performed outside of PCP or Specialist office	20%*	20%*	30%*	20%*	20%*	30%*
OUTPATIENT (LAB) DIAGNOSTIC SERVICES When performed outside of PCP or Specialist office	No charge	No charge	No charge	20%*	20%*	30%*
ADVANCED OUTPATIENT DIAGNOSTIC SERVICES CT scan, PET scan, MRI/MRA, and nuclear cardiology	$200 all-inclusive copay	20%*	30%*	20%*	20%*	30%*
INPATIENT TREATMENT	$950 all-inclusive copay	20%*	30%*	$150*	20%*	30%*
INPATIENT HOSPITAL FACILITY (Limited to 90 days max)	$150 all-inclusive copay per admission	20%*	30%*	$150 per admission*	20%*	30%*
OUTPATIENT TREATMENT	$500 all-inclusive copay	20%*	30%*	$100*	20%*	30%*
OUTPATIENT HOSPITAL SERVICES (Chemotherapy/Radiation)	20%*	20%*	30%*	20%*	20%*	30%*
AMBULANCE FOR EMERGENCY TRANSPORT TO HOSPITAL (Ground/Air)	N/A	20%*	20%*	20%*	20%*	20%*
MENTAL HEALTH/ SUBSTANCE ABUSE OUTPATIENT EVALUATION AND CONSULTATION (Office Setting)	N/A	$25	$25	20%*	20%*	20%*

*After deductible

Note: Baptist covers one mammogram per year whether screening or diagnostic

	COPAY PLAN			HSA-COMPATIBLE HDHP		
	TIER 1 – BAPTIST HEALTH (FACILITY)	TIER 2 – BAPTIST/ BHPP/ EHN PROVIDERS	TIER 3 – AETNA	TIER 1 – BAPTIST HEALTH (FACILITY)	TIER 2 – BAPTIST/ BHPP/ EHN PROVIDERS	TIER 3 – AETNA
MENTAL HEALTH/ SUBSTANCE ABUSE INPATIENT/PARTIAL HOSPITALIZATION	$150 all-inclusive copay	20%*	30%*	$100*	20%*	30%*
OUTPATIENT THERAPY (Limited to 90 aggregate visits per person per year for PT/OT/ST)**	$25	20%*	30%*	$25*	20%*	30%*
OUTPATIENT CARDIAC REHAB (Limited to 90 aggregate visits per person per year)	$25	20%*	30%*	$25*	20%*	30%*
CHIROPRACTIC SERVICES	N/A	$50	$50	N/A	$50*	$50*
DME/PROSTHESIS	N/A	20%	30%	20%*	20%*	30%*
DIABETIC MANAGEMENT SERVICES Supplies, shoes (per Medicare guidelines), and equipment	N/A	20%	30%	20%*	20%*	30%*
DIABETIC SELF-MANAGEMENT Training single visit or multiple visits (one program/lifetime)	No charge	No charge	No charge	No charge	No charge	No charge
ROUTINE EYE EXAM: One per calendar year	N/A	No charge	No charge	N/A	No charge	No charge
HSA CONTRIBUTION						
	N/A			$23.07/$46.15 per pay period		

*After deductible
**Outpatient Therapy Services allowed outside of Baptist Health Facilities (Tier 1) by other network providers for children aged 12 and younger. For ages 13 and over, only Tier 1 services are allowed.

Embedded Deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount. The same typically applies for the out-of-pocket maximum.

Note

Brand and specialty medications are especially costly and need to be taken into account when deciding between the Copay Plan and HSA-Compatible HDHP. See page 21 for more information about your pharmacy benefits, and make sure you are aware of the cost of the medications you are taking prior to electing the plan of your choosing.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit webtpa.com/baptist-health to learn more.

Note

Keep healthcare costs down by seeing the right provider for your situation.
See page 16 for more information.

15 Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:

- **Wellness visits, physicals, and standard immunizations**
- **Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes**
- **Pediatric screenings for hearing, vision, obesity, and developmental disorders**
- **Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women**
- **Iron supplements (for infants at risk for anemia)**

It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What vaccines are covered 100% under preventive care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles, and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults.

16 Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

Telemedicine ($)

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- Cold & flu symptoms
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**

- Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- Typically immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states

Primary Care Center ($)

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Managing your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Short wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Urgent Care Center ($$)

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

Costs and Time Considerations**

- Copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but urgency determines order seen and wait time

Emergency Room ($$$)

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injury

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Do Your Homework

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word “emergency” appears in the company name.

18 WebTPA Tools

WebTPA Website

- Coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review your claims activity and history.
- Print a temporary ID card or order a new ID card.
- See frequently asked questions (FAQs).
- Registered nurses are available to provide immediate assistance and advice on medical treatment.

Be Informed

Visit webtpa.com/baptist-health for instructions and helpful tips to build and customize your medical benefits.

How to Find a Preferred Provider

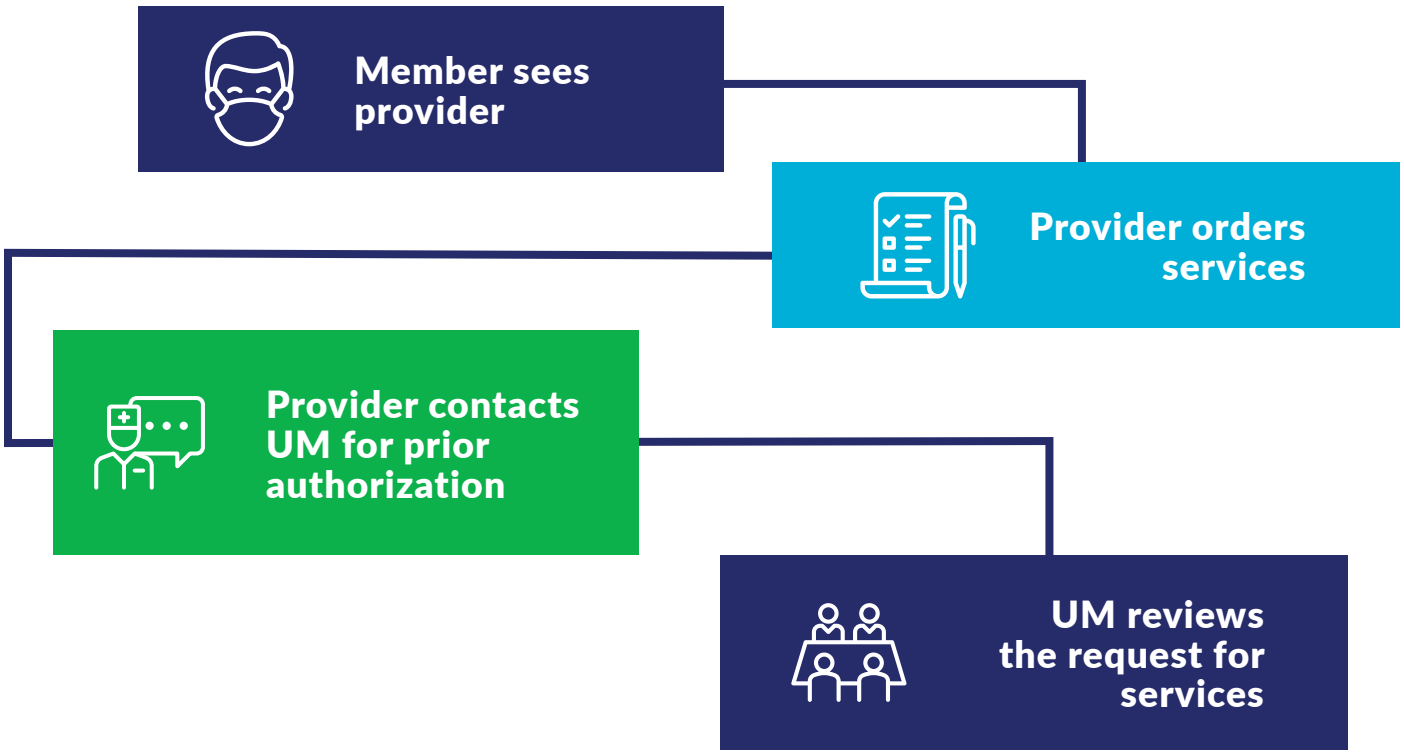
The preferred designation identifies doctors in the Baptist/EHN network who have achieved top results in quality and cost-efficiency measures. To find one of these doctors, please visit webtpa.com/baptist-health.

WebTPA Resources

Find all of your information when you need it at webtpa.com/baptist-health. Call 855-318-0376 anytime, day or night, 365 days a year, for assistance.

Utilization Management

WebTPA Clinical Services will continue to be your Utilization Management Partner. Your providers will continue to call the same number on the back of your ID card to start the authorization process.



Healthy Beginnings Maternity Management

The Healthy Beginnings program through WebTPA provides you with a personalized approach to your pregnancy through access to experienced nurses and relevant educational resources. The program emphasizes proactive communication with you and your healthcare providers to ensure you and your baby receive the best possible care. This confidential service is part of your health plan and is available to you at no charge.

Features Include:

- Support from a registered nurse with extensive maternity management experience.
- Screening and risk assessment to reduce risk factors and monitor your health status.
- Assistance throughout each stage of pregnancy, from first trimester to post delivery.
- High-Risk OB Case Management: Assistance with early identification/ intervention and help finding better opportunities for prevention and treatment.

Program Goals:

- Prevention of premature/low birth weight infants
- Fewer pregnancy-related complications
- Reduction in cesarean section rate
- Avoidance of unnecessary testing and medical costs

Starting things off on the right foot can make all the difference. Call 855-318-0376 to learn more.

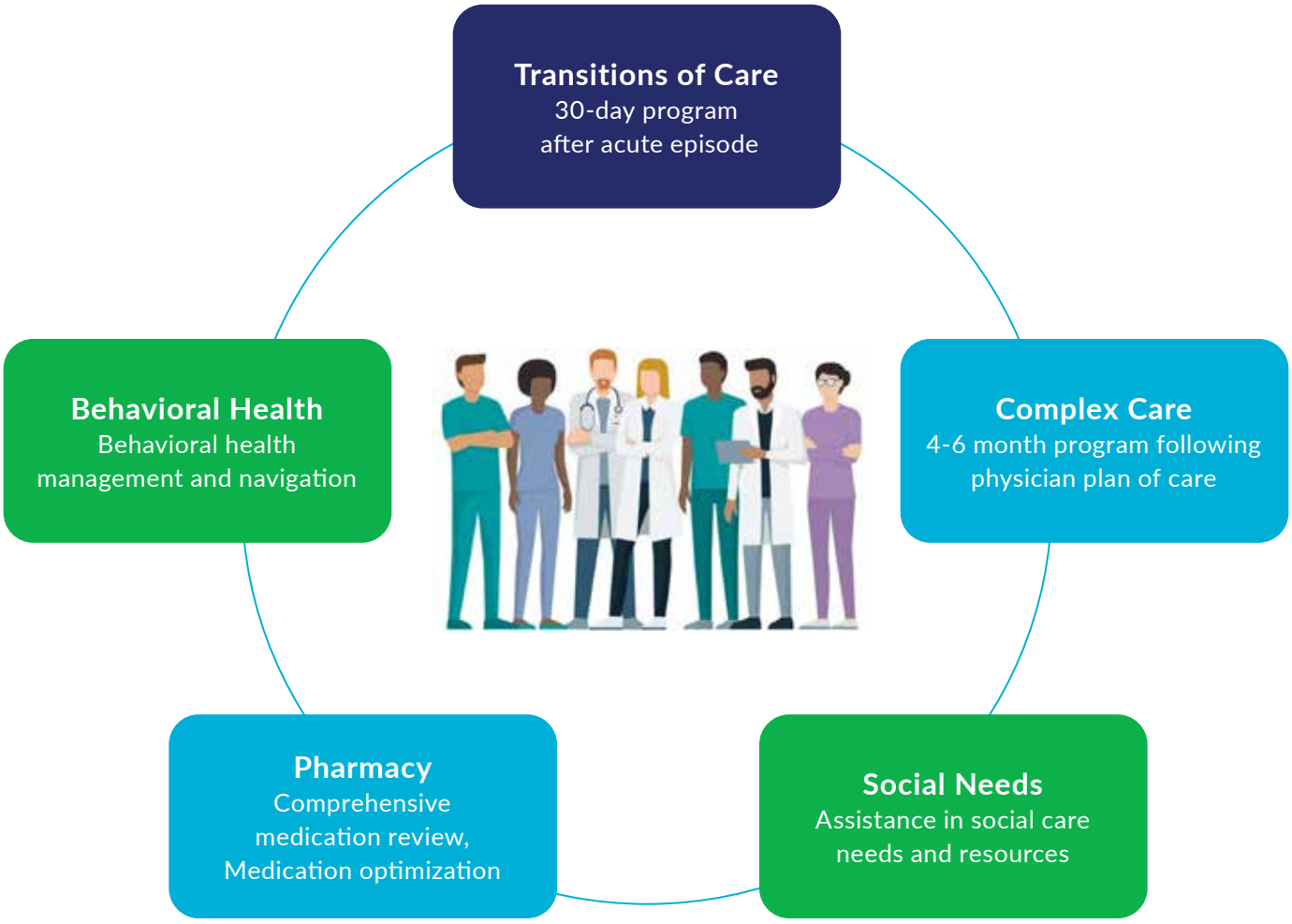
20 Comprehensive Care Management Program

Baptist Health
POPULATION HEALTH SERVICES ORGANIZATION

Baptist Health Population Health Services Organization (PHSO) is offering a Comprehensive Care Management (CCM) Program in partnership with your Primary Care Provider.

The PHSO CCM team consists of RNs, PharmDs, Pharm Techs, Quality Improvement & Patient Outreach Specialists, Behavioral Health Specialists, and Social Navigators.

Talk to your Primary Care Provider today to see if the PHSO Comprehensive Care Management Program would benefit you!



21 Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Navitus. When you visit a retail network pharmacy, show your WebTPA/Navitus member ID card to the pharmacist. This helps to ensure that your claims are processed quickly and accurately. You can find a list of network pharmacies on the member portal at navitus.com/members. Or register for the member portal at memberportal.navitus.com or download the Navitus app. If you have questions, contact Navitus Customer Care at 844-268-9789. Please note, Walgreens is excluded.

Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	COPAY PLAN	HSA-COMPATIBLE HDHP
	RETAIL RX (NAVITUS)**	RETAIL RX (NAVITUS)**
RETAIL RX (30-DAY SUPPLY)		
GENERIC	$15	$15*
BRAND	20%, max of $75	20%, max of $75*
NON-PREFERRED BRAND	30%, max of $200	30%, max of $200*
SPECIALTY	30%, max of $200 Must be filled at Baptist Health Medical Towers Drug Store	30%, max of $200* Must be filled at Baptist Health Medical Towers Drug Store

*After deductible
**Annual visit with Baptist Health Chronic Care Management Clinic required

Maintenance Medication

Maintenance medications are drugs prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. Examples of chronic conditions that may require maintenance medications are arthritis, high blood pressure, high cholesterol, and diabetes. Contraceptives are also considered a maintenance medication since they are taken regularly.

When you are first prescribed a maintenance medication, your provider should prescribe a 30-day fill to ensure that the medication has the desired effect and that no adjustments need to be made. If everything is fine, have your provider write a prescription for a 90-day supply. This is a cost-saving, convenient feature as you will pay less for each 90-day fill than if you would pay for three 30-day fills. You get a three-month supply for the cost of two months.

Keep in mind the copay would be up to $30 for generics, $20% coinsurance up to $150 for preferred brand drugs, and 30% coinsurance up to $400 for non-preferred brand drugs.

If you continue getting 30-day fills and do not have your provider write 90-day prescriptions for maintenance medication, you will pay full price.

Mail Order

Please send mail order prescriptions to Costco Pharmacy (you do not need to be a member). Using Costco Pharmacy is easy, and you can register online at pharmacy.costco.com. Please allow 10 to 14 calendar days from the day you place your order to get your drug(s).

Note

It is important to understand the cost of the medications that you are taking. Under the HSA-Compatible HDHP, you will pay the full cost of your medication prior to the deductible being met. Make sure you are aware of the cost prior to electing the plan of your choosing.

Specialty Drugs: Rx Wellness Program

Employees and dependents over 18 years old with specific specialty medications will be required to be seen by our Baptist Health Chronic Care Management Clinic in-person or virtually at least annually to fill these medications through our pharmacy benefit. To set up your appointment or for any questions regarding this benefit requirement, please call 501-202-4725.

Specialty medications filled using pharmacy benefits must be processed through Baptist Health Medical Towers Pharmacy on the Little Rock campus. They can be picked up or mailed directly to you if you live in Arkansas. Just call the pharmacy at 501-202-2460 to get started.

- Members with secondary insurance or Medicare are excluded from the clinic visit requirement.
- Please refer to the Navitus drug formulary on the member portal and see notation for "CCMSP" for medications that are required for participation in the Rx Wellness program.

To schedule an in-person or virtual visit with the Baptist Health Chronic Health Management Clinic, call 501-202-4725.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

23 Health Savings Account

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

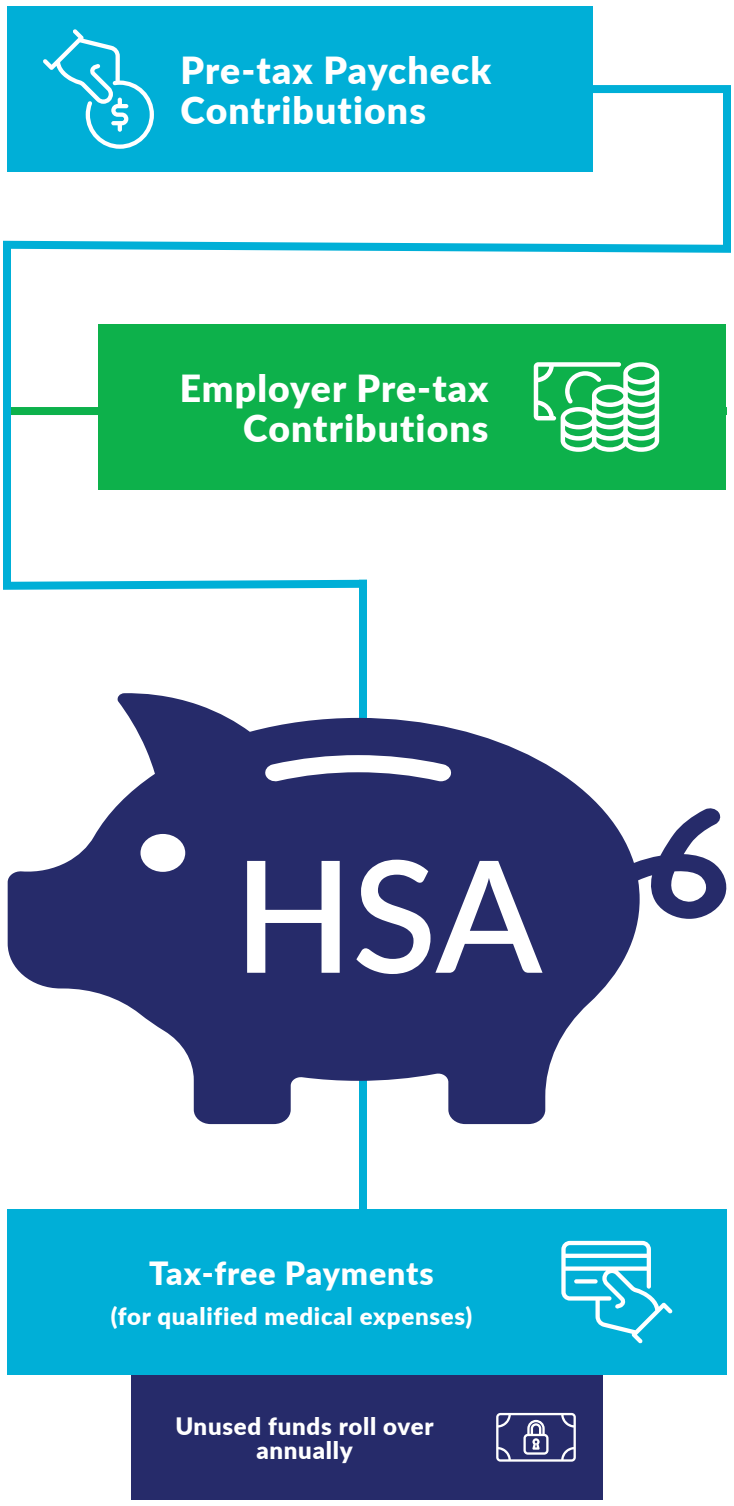
Optum Financial will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You or your spouse do not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in Baptist Health's HSA, you must elect the HDHP with Baptist Health. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Baptist Health will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Optum Financial. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$4,400
FAMILY	$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

Baptist Health provides an HSA employer contribution that will be deposited on a quarterly basis.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$23.07 per pay period
FAMILY	$46.15 per pay period

HSA contributions over the IRS annual contribution limits ($4,400 for individual coverage and $8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Baptist Health HSA is established with Optum Financial. You may be able to roll over funds from another HSA. For more enrollment information, contact the Benefit Enrollment Center or visit www.optumfinancial.com.

*State income taxes are also waived on HSA contributions in almost all states.

25 Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to $3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Limited Use Flexible Spending Account

A Limited Use Flexible Spending Account (LUFSA) works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. Visit optumfinancial.com for a current list of eligible expenses, claims filing deadlines, and other information about your account. The contribution limit is $3,300.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before- and after-school care
- Day camp
- In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact Optum Financial with reimbursement questions. If you need to submit a receipt, Optum Financial will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2026 plan year.
- Expenses incurred must be submitted for reimbursement by April 15 each year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- Up to $660 per household may be rolled over to the next plan year at the end of 2026 for Healthcare FSAs, **as long as you elect coverage for the next plan year — there has to be an active account to roll funds into.**
- You must "use it or lose it" — any unused funds will be forfeited if they exceed the rollover amount of $660.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Accounts are locked at termination, and no new claims can be submitted for dates of service past the termination date. **Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.**
- Those considered highly compensated employees (family gross earnings were $155,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

27 FSA vs HSA

Flexible Spending Accounts		Health Savings Account
Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	OWNERSHIP	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	ELIGIBILITY & ENROLLMENT	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	TAXATION	HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.
You can contribute up to $3,300 in 2026 to an FSA. This amount may be increased annually.	CONTRIBUTIONS	Both you and your employer can contribute up to $4,400 in 2026 (up to $8,750 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA contribution.
Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	PAYMENT	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
Any unclaimed funds at the end of the year are forfeited. Exceptions include an allowed rollover amount.	ROLLOVER OR GRACE PERIOD	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.	QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.
Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care) and Limited Use FSA (used to pay for eligible dental and vision expenses).	OTHER TYPES	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

28 Supplemental Health Benefits

Baptist Health offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any unexpected expenses. Accident coverage through Voya provides benefits for you and your covered family member for expenses related to an accidental injury that occurs on- or off-the-job. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

New Plan Enhancements For 2026

- Increased schedule of benefits available for current and new participants.
- Annual Health Screening Benefit: A $50 health screening benefit is payable for each covered member for completing certain wellness screenings.

POST-TAX BI-WEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	$4.84
EMPLOYEE + SPOUSE	$8.76
EMPLOYEE + CHILD(REN)	$9.44
EMPLOYEE + FAMILY	$13.37

Critical Illness Coverage

Critical Illness coverage through Voya pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Some conditions covered include:
  - Cancer
  - Heart attack
  - Stroke
  - Major organ failure
  - Kidney failure
  - Paralysis
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.
- Annual Health Screening Benefit: A $100 health screening benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test.

New Plan Enhancements For 2026

- Increased Guaranteed Issue Coverage amounts for employees and covered spouses, up to $40,000.

Hospital Indemnity Coverage

Hospital Indemnity coverage through Voya pays you cash benefits directly if you are admitted to the hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.

New Plan Enhancements for 2026

- Increased number of admissions per calendar year.*
- Enhanced newborn coverage for dependents not currently enrolled.**

POST-TAX BI-WEEKLY CONTRIBUTIONS

	LOW PLAN ($500)	HIGH PLAN ($1,000)
EMPLOYEE ONLY	$6.61	$10.47
EMPLOYEE + SPOUSE	$12.88	$20.40
EMPLOYEE + CHILD(REN)	$9.78	$15.57
EMPLOYEE + FAMILY	$16.04	$25.50

Note

This is a fixed indemnity policy, NOT health insurance.

*Please refer to policy certificate for plan guidelines on admission coverage and qualifications.
**Newborns must be added to coverage within 30 days of qualifying event to receive newborn coverage and benefits.

31 Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Baptist Health offers affordable plan options from Delta Dental for routine care and beyond.

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at deltadentalar.com.

Delta Dental offers you access to two dental networks: Delta Dental Premier and Delta Dental PPO. While both networks offer discounts and protection from balance billing, Delta Dental PPO offers deeper discounts, keeping your out-of-pocket costs even lower.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Delta Dental for 2026.

	DELTA BASIC		DELTA PLUS	
BI-WEEKLY CONTRIBUTIONS				
EMPLOYEE ONLY	$8.56		$15.36	
EMPLOYEE + SPOUSE	$20.30		$33.54	
EMPLOYEE + CHILD(REN)	$27.00		$44.14	
EMPLOYEE + FAMILY	$31.49		$51.23	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
INDIVIDUAL	$50	$50	$50	$50
ANNUAL MAXIMUM				
PER PERSON	$1,500	$1,500	$2,500	$2,500
COVERED SERVICES				
DIAGNOSTIC AND PREVENTIVE SERVICES Oral exams, full-mouth & bitewing X-rays, prophylaxis/cleaning, fluoride treatments, and sealants	100%	90%	100%	90%
BASIC RESTORATIVE SERVICES Periapical X-rays, minor restorative services including fillings, emergency palliative treatment, space maintainers, endodontic services, periodontal maintenance & services, simple extractions, stainless steel crowns	75%*	68%*	75%*	68%*
MAJOR RESTORATIVE SERVICES Prosthodontics, brush biopsy, crowns, inlays, onlays, veneers, implants, occlusal guard, non-surgical TMJ services	50%*	45%*	75%*	68%*
ORTHODONTICS For dependent children under age 19 only. 6-month waiting period.	50%	45%	75%	68%
ORTHODONTIC LIFETIME MAXIMUM	$1,500		$2,500	
TMJ LIFETIME MAXIMUM	$500		$500	

*After deductible

32 Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through EyeMed's Insight Network.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by EyeMed for 2026.

	VISION PLAN		
BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	$4.73		
EMPLOYEE + SPOUSE	$8.53		
EMPLOYEE + CHILD(REN)	$8.35		
EMPLOYEE + FAMILY	$13.91		
	IN-NETWORK (INSIGHT)	**OUT-OF-NETWORK REIMBURSEMENT**	**FREQUENCY**
EXAMS			
COPAY	$0	Up to $30	Once per plan year
LENSES			
SINGLE VISION	$0	Up to $25	Once per plan year
BIFOCAL	$0	Up to $40	
LENTICULAR TRIFOCAL	$0	Up to $55	
STANDARD PROGRESSIVE	$65	Up to $40	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
CONVENTIONAL	$0; 15% off balance over $150 allowance	Up to $120	Once per plan year
DISPOSABLE	$0; $150 allowance	Up to $120	
MEDICALLY NECESSARY	$0; Paid in full	Up to $210	
FRAMES			
COPAY	$0	N/A	Once per plan year
ALLOWANCE	20% off balance over $150 allowance ($200 allowance at PLUS Providers)	Up to $75	
OTHER SERVICES			
LASIK OR PRK FROM US LASER NETWORK	15% off retail price or 5% off promotional price	N/A	N/A

Eye360 Enhancements:

- Visit an in-network PLUS Provider and have an additional $50 added to your frame allowance.
- Use the frame and contact lens allowances in the same benefit year — worth up to an extra $150.
- Separate contact lens fit and follow-up coverage, leaving the entire allowance for materials.

33 Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Baptist Health provides full-time employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through The Hartford, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x your annual salary, not to exceed $1,100,000 when combined with Voluntary Life. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage. The Accidental Death and Dismemberment portion of the coverage could potentially payout the face amount of the policy if the death is ruled accidental. This would double the life insurance coverage. Part-time employees can purchase coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under The Hartford insurance.

In bswift, name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact the Benefit Enrollment Center or your own legal counsel with any questions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	1x annual salary
WHO PAYS	Baptist Health
MAXIMUM BENEFIT	1x annual salary (not to exceed $1,100,000 when combined with Voluntary Life)
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

Voluntary Life Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life insurance through The Hartford. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	Increments of $25,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$1,100,000 when combined with Basic Life/AD&D
EVIDENCE OF INSURABILITY (EOI) REQUIRED	New Hires: Any amount over $500,000. Current enrollees must complete EOI for all elections after new hire window.

VOLUNTARY SPOUSE/CHILD LIFE	
COVERAGE AMOUNT	Flat election: $0 / $6,000 / $8,000 / $10,000 / $12,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$12,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes

VOLUNTARY LIFE INSURANCE	
RATES/$1,000 (BI-WEEKLY)	
AGE (AS OF JANUARY 1, 2026)	EMPLOYEE
0-29	$0.060
30-34	$0.080
35-39	$0.090
40-44	$0.127
45-49	$0.198
50-54	$0.324
55-59	$0.524
60-64	$0.799
65-69	$1.270
70-74	$2.775
75 & over	$2.896

Note: Benefits subject to age reduction schedule

VOLUNTARY SPOUSE/CHILD LIFE INSURANCE	
RATES/$1,000 (BI-WEEKLY)	
Spouse/Child	$0.56

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:					
$	÷ 1,000 =	$	x Age Based Rate =	$	
Benefit Elected				Bi-weekly Premium	

Voluntary AD&D Insurance

You have the opportunity to purchase Voluntary Accidental Death & Dismemberment (AD&D) insurance for yourself, your spouse, and/or your dependent children through Zurich. You must purchase Voluntary AD&D insurance for yourself in order to purchase spouse and/or dependent children coverage.

VOLUNTARY AD&D INSURANCE	
LOSS OF LIFE	100%
TWO OR MORE MEMBERS*	100%
QUADRIPLEGIA	100%
LOSS OF SPEECH AND HEARING OF BOTH EARS	100%
PARAPLEGIA	100%
HEMIPLEGIA	100%
LOSS OF ONE MEMBER OR SPEECH OR HEARING OF BOTH EARS	50%
LOSS OF HEARING OF ONE EAR OR THUMB AND INDEX FINGER OF THE SAME HAND	25%

*Member — refers to hand, foot or eyesight
Hemiplegia — total paralysis of both upper and lower limbs on one side of the body
Paraplegia — total paralysis of both lower limbs
Quadriplegia — total paralysis of both upper and lower limbs

VOLUNTARY AD&D INSURANCE RATES		
	EMPLOYEE ONLY	EMPLOYEE + FAMILY
$250,000	$3.12	$4.62
$200,000	$2.49	$3.69
$150,000	$1.87	$2.77
$100,000	$1.25	$1.85
$50,000	$0.62	$0.92

NEW in 2026!

Lifetime Term Life Insurance

Employees also have the opportunity to purchase Lifetime Term Life Insurance through Voya. It can be purchased for you, your spouse and your child(ren) up to age 26.

Lifetime Life Insurance is designed to provide coverage for your lifetime. This group term life insurance is employee-paid and will pay a benefit to the beneficiary if you pass away while coverage is active, and it can complement traditional employer-sponsored term insurance that may be in-force. A vested term insurance benefit is available if premium has been paid for a certain period of time known as the "vesting period."

This coverage includes an acceleration of benefits rider for long-term care that makes the life benefit available to you should you have a chronic illness and need qualified long-term care. This benefit is designed to offset some of the high costs associated with long-term care.

Rates are based on age and amount selected.

Receipt of the accelerated benefit may be taxable or may adversely affect your eligibility for Medicaid or other government benefits. You should consult your personal tax advisor to assess the impact of this benefit.

Group Term Life Insurance is issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya family of companies. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. Policy provisions and product availability may vary by state.

36 Income Protection

You and your loved ones depend on your regular income. That's why Baptist Health offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Short-Term Disability is employee-paid. Long-Term Disability is employer-paid for full-time employees. Part-time employees can purchase coverage.

Voluntary Short-Term Disability (STD) Insurance

STD benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. PTO/EIB must be exhausted before STD payments begin. See your plan documents or the Benefit Enrollment Center for details.

WEEKLY MAXIMUM BENEFIT	$2,500
ELIMINATION PERIOD	14 days*
MAXIMUM BENEFIT PERIOD	24 weeks

*If approved, benefits are paid after accrued PTO/EIB are exhausted.

Basic Long-Term Disability (LTD) Insurance

LTD benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. PTO/EIB must be exhausted before LTD payments begin. See your plan documents or the Benefit Enrollment Center for details.

MONTHLY MAXIMUM BENEFIT	$10,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. If you become disabled after your Social Security Normal Retirement Age, you will still receive a benefit. The duration of the benefit will be based on your age at disability.

There is a $15,000 buy-up option available for those who make over $200,000. Contact the Benefit Enrollment Center for more information.

If you enroll in Short-Term Disability when you are first benefits eligible, there are no limitations on pre-existing conditions. However, if you enroll for this benefit at some other time, pre-existing conditions, limitations, or exclusions may apply during the first year of coverage.

37 Retirement Planning

Your Baptist Health Retirement Savings Plan "Savings Plan"

Baptist Health values you as an employee and wants to help you take every step possible to be prepared for life in retirement. Through the Savings Plan and Milliman, you can take advantage of convenient payroll contributions, choose among multiple investment options to match your goals, and access online tools and resources to help with all of your financial needs.

It's Easy and Automatic

As a new employee at Baptist Health, you're automatically enrolled in the Savings Plan at a 6% pre-tax contribution rate as soon as administratively possible after your date of hire. You may elect to increase, decrease, or stop your contributions at any time.

Your Contributions

You can save from 1% to 75% of your pay on a combined pre-tax, Roth after-tax, or after-tax basis through payroll deductions. Pre-tax and Roth after-tax contributions are subject to dollar limits set by the Internal Revenue Service. Other limits may apply to after-tax contributions for highly compensated employees.

- Pre-tax contributions come out of your pay before federal and state income taxes are withheld. You're taxed on a smaller amount of money, so you pay less in taxes today.
- Roth after-tax contributions come out of your pay after federal and state income taxes are withheld so you pay taxes today. If you leave your first Roth contribution in your account for at least 5 years and withdraw them after age 59½, you don't pay taxes on the earnings in your account (called a qualified distribution).
- After-tax contributions are deducted from your paycheck after taxes are withheld. You may withdraw these contributions at any time.

2026 IRS Saving Limits: The annual pre-tax and/or Roth after-tax saving limit is projected to be $23,500 for 2026. If you're age 50 or older in 2026, higher limits apply.

Boost Your Savings

Experts suggest saving about 10% to 15% of your pay a year (including Baptist Health's contributions) to help you reach your retirement goals.

Set a personal target to increase your contributions automatically by 1% a year until you reach a certain contribution rate. The automatic increase feature at millimanbenefits.com lets you decide when and up to how much you want to automatically increase your contribution rate. Consider increasing your contribution rate by 1% each year in the future. You need to contribute at least 8% to receive the full match.

Employer Contributions

Automatic Contributions

After each calendar year in which you are employed on December 31, Baptist Health may make a discretionary automatic contribution to your Savings Plan account of 3% of your pay received during the calendar year. If the contribution is made, Baptist Health will fund it by March 1 of each year.

Matching Contributions

For every $1 you save (combined pre-tax, Roth after-tax, and after-tax), Baptist Health contributes 50¢ on the first 8% of the pay you save. Matching contributions are calculated and deposited into your account each pay period.

Employer Contributions Are Yours After 3 Years — Vesting

Vesting means gaining ownership. You are always 100% vested in the value of your own contributions, rollover money, and any investment earnings in those accounts. You become 100% vested in the value of Baptist Health's automatic and matching contributions if you are continuously employed until the third anniversary of your hire date. Note: Graduate Medical Program Residents are not eligible for employer contributions.

Investment Options

The Savings Plan offers different ways to manage your account. You can take a hands-on approach, or you can get help. You decide what works best for you. Go to millimanbenefits.com to view the complete fund lineup, make your investment elections, and/or get more information about your options.

Simple Steps To Get Started

1	**Register Your Account:** Visit millimanbenefits.com, select Register, and follow the prompts. Note: Your email address that Baptist Health provides to Milliman, which you'll need to register, includes your employee ID. Example: UXXXXX@baptist-health.org.
2	**Decide How Much To Save:** Once you have created your account, the website will walk you through the enrollment process. » Save from 1% to 75% of total pay on a pre-tax, Roth after-tax, and/or after-tax basis. As a new employee at Baptist Health, you're automatically enrolled in the Retirement Savings Plan at a 6% pre-tax contribution rate starting on your date of hire. » Choose your investments. Decide how to invest your account among the options. » Name a beneficiary. Designate the individuals or entities you want to receive your account balance in the event of your death. If naming an individual, have your beneficiary's Social Security number and birthdate handy. » Click the SUBMIT button.
3	**Make the Most of Your Retirement Savings Plan:** On healthyfinancialoutcomes.com, find guides, videos, and live events to help you take your next best financial step.

Need Help?

Call the Benefits Service Center at 866-767-1212 or use Web Chat on millimanbenefits.com. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Central time. You can also call or meet with Tim Hill at Baptist Health. Contact Tim at tim.hill@baptist-health.org or 501-202-1787.

Download the Milliman Mobile Benefits App

Real-time access to your account when you need it, all from your personal device. Check your balance, update your elections — and more!

Account Security

Milliman takes the safety of your retirement account seriously. Registering your account is the No. 1 step you can take to protect your retirement money and avoid delays when trying to access your account or withdraw funds.

39 Financial Wellness

Baptist Health prioritizes offering additional benefits and unique resources to help you with your financial wellness, at no cost to you. From getting on track with savings, to debt pay off and managing student loans, to building a rainy day fund, these benefits will reinforce you on your path to financial security and help you reach your goals.

Visit www.bhfinancialwellness.com as a first step and for more resources!

Financial Wellness Through Aptus Financial

Baptist Health leadership is committed to your financial wellness and has partnered with Aptus Financial to offer non-conflicted financial advice as a free benefit to you. This service connects you with experienced financial planners who offer personalized advice with no strings attached.

Our program provides personalized support to:

- Help you create a budget
- Reduce debt
- Assess your retirement readiness
- Navigate the complexities of student loan forgiveness
- And more!

Empower yourself to achieve financial independence with expert support — all provided free of charge by Baptist Health. You will never be sold anything, and your personal financial details will be kept confidential.

Next Steps

Opt-in here: survey.aptusfinancial.com/financial-wellness

Aptus Financial can also be reached by calling 501-481-1450 or by emailing financialwellness@aptusfinancial.com.

Public Service Loan Forgiveness

Do you have federal student loans? By working for Baptist Health, you may be eligible for Public Service Loan Forgiveness (PSLF). Project 120 is a free benefit to analyze your loan situation, determine your eligibility for PSLF, and support you to get and stay on track for eventual loan forgiveness through the program.

Over $3 million in loans have already been forgiven for our Project 120 participants, and over 1,000 of your colleagues have joined Project 120 and are on track for loan forgiveness. All you need to do is fill out a brief survey and send us your student loan file, and we will provide you with a personalized action plan for PSLF.

Opt into Project 120 today to receive PSLF support (please note that you will need to do this from a laptop/desktop to download your student loan file): www.joinproject120.com/baptistpslfsupport

Emergency Savings Account Through SecureSave

Opening an Emergency Savings Account with SecureSave can provide you with the financial security needed to weather unexpected emergencies. This benefit is a free, FDIC-insured account with an interest rate, so your money grows. You will be able to decide how much you'd like to contribute from each paycheck, then watch the savings grow!

To get started, look for your invitation in your work email. If you cannot find the invitation, reach out to the Benefit Enrollment Center.

For other questions, contact SecureSave by visiting support.securesave.com. You can also call 206-666-4900 or email support@securesave.com.

40 Additional Benefits

Baptist Health wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Prepaid Legal Coverage

LegalEASE offers low-cost access to a national network of over 20,300 attorneys for personal legal services. It's like having your own attorney on retainer for a lot less. There are attorneys standing by to assist you with:

- Estate planning and wills
- Real-estate matters
- Auto and traffic
- Financial matters, such as debt-collection defense
- Family law, including adoption and name change

Coverage is available for $7.45 bi-weekly and covers you and your dependents. Visit legaleaseplan.com/baptist-health for more information.

Education Assistance

Financial assistance is offered to employees who wish to pursue education from an accredited institution that will lead to a college degree or technical equivalent. Class instruction may be web-based or in a classroom. The courses taken must help you upgrade your skills and knowledge and be in a field in which Baptist Health has career opportunities.

Tuition and administration fees are eligible expenses per year. A grade of A, B or C must be attained for reimbursement. Your annual tuition will not exceed $2,000 for full-time employees (60-80 authorized hours). Part-time employees (40-59 authorized hours) will receive 50% of this amount, up to $1,000 per year. Please refer to the education reimbursement policy.

Certification

Baptist Health provides reimbursement for the successful completion of certification examinations for professional growth and development in your current role. Review the Certification Examination policy in MAPS for more information.

Identity Theft Protection

LifeLock with Norton Benefit Plans helps protect your digital life by combining leading identity theft protection, device security, and more, in an always-connected world. These plans are enhanced and exclusive, with features and pricing only available through your employer.

- Parental Control
- Million Dollar Protection Package
- Cybercrime Coverage
- Norton Device Security

Required disclaimer: No one can prevent all identity theft or cybercrime.

Norton LifeLock is $5.76 per pay period for employee coverage. Family coverage is $10.14 per pay period.

Mom Life

Baptist Health offers a prenatal benefit with the employee health plan with the following program highlights:

- Individualized education and coaching
- Free access to the Mom Life 4-part digital prenatal course
- One-on-one prenatal lactation consultation
- Assistance with choosing your insurance covered breast pump
- $50 store credit at Expressly For You
- 150 points in Mobile Health app
- Guidance on returning to work after maternity leave
- Guidance on community and web based resources specific to your needs

Call 501-202-7378 to register.

Ability Assist Through The Hartford

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss or a disability, Ability Assist Counseling Services, offered by ComPsych, is your resource for professional support. These services are confidential and provided at no charge to you and your household dependents.

Up to three in-person or virtual counseling sessions per occurrence per year are available for you and your family members. This means you won't have to share visits, and you can each get unlimited telephonic wellbeing coaching, as well as financial, legal, and healthcare support services.

Ability Assist Services Include:

Emotional or Work-Life Counseling

- Job pressures
- Work/school disagreements
- Relationship/marital conflicts
- Substance use and misuse
- Stress, anxiety and depression
- Child and elder care referral services

Financial Information and Resources

- Managing a budget
- Tax questions
- Retirement
- Saving for college
- Getting out of debt

Legal Support and Resources

- Debt and bankruptcy
- Power of attorney
- Guardianship
- Divorce
- Buying a home

Ability Assist also provides these added services:

Identity Theft Support

Provides 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs.

Case workers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards, and more.

Wellbeing Coaching

Work collaboratively with certified coaches to create personalized plans that give you the tools you need to take meaningful action toward establishing and maintaining a healthy lifestyle. Some concerns that coaching can target include:

- Burnout
- Finding Motivation
- Coping with Stress
- Exercise
- Improving Sleep
- Healthy Pregnancy

Healthcare Navigation

HealthChampion is a service that supports you through all aspects of your healthcare.

It's staffed by both administrative and clinical experts who understand the nuances of any given healthcare concern. Situations may include:

- One-on-one review of your health concerns
- Preparation for upcoming doctor's visits/lab work/tests/surgeries
- Answers regarding diagnosis and treatment options
- Coordination with appropriate healthcare plan provider(s)
- An easy-to-understand explanation of your benefits, i.e. what's covered and what's not
- Cost estimation for covered/non-covered treatment
- Guidance on claims and billing issues
- Fee/payment plan negotiation

Family Source and Resources

You can call an unlimited number of times for customized, timely referral information and education literature for issues related to:

- Childcare
- Elder Care
- Education
- Moving/Relocation
- Vacation Planning
- Pet Sitting

Next Steps

Visit guidanceresources.com to connect to care or access resources for childcare, elder care, attorneys, financial planners, and hundreds of personal health topics. Reach Ability Assist by calling toll-free at 800-96-HELPS (800-964-3577).

To Register if You're a First-time User

1. Visit guidanceresources.com.
2. Click on the Register tab.
3. In the Organization Web ID field, enter HLF902.
4. In the Company Name field at the bottom of the personalization page, enter ABILI.
5. After selecting “Ability Assist program,” create your own confidential username and password.

Empathy Through The Hartford

Our Life insurance with The Hartford can help protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family. These services are confidential and provided at no charge to you and your household dependents.

With Empathy, your loved ones don't have to deal with loss on their own. They'll have access to a dedicated Care Manager throughout their loss experience, backed by compassionate people and helpful online tools that can help them tackle some of the challenges that come with loss including:

- Estate planning and probate management
- Personalized checklists
- Immediate arrangements
- Account deactivation
- Many other practical tasks

Funeral Planning

Empathy's Funeral Planning Services offers a suite of online tools to help guide you through key decisions. It allows for pre-planning and includes a step-by-step checklist, an expert care team, will preparation, and burial arrangements.

Register online at join.empathy.com/hartfordcare. Once you register, access these services by calling 229-544-2332.

Will

Whether you have a few assets or many, help protect your family's future by creating a will. Our online will preparation service is backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Register online at join.empathy.com/hartfordcare. Once you register, access these services by calling 229-544-2332.

Bereavement

Empathy provides high-quality, complimentary, on-demand support for every Group Life beneficiary anticipating or dealing with loss, so that they and their families have everything they need during this difficult time.

This includes grief support services, estate and probate services, helpful planning tools, digital app, document storage, after-loss support, and access to online content designed to assist with the grieving process.

To Access These Services

- Visit empathy.com/partner/hartford.
- Register online at join.empathy.com/hartfordcare.
- Via digital app, use Access Code: EMP-HART.
- Contact by emailing hartford@empathy.com.

For questions, call 270-681-1364.

Travel Assistance Through The Hartford

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations, and repatriations of mortal remains.
- Pre-trip information, lost luggage/document assistance, and legal referrals.

Contact

In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance. Then, contact Travel Assistance via phone at 800-243-6108 (toll-free, U.S. and Canada) or 202-828-5885 (outside U.S.) for multilingual assistance. Or, email assist@imglobal.com.

43 Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
- **Limited Use FSA –** Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical and pharmacy expenses count toward your deductible and out-of-pocket maximum.

Minimum Essential Coverage Plan – Covers 100% of the cost of certain preventive services, when delivered by a network provider. Helps cover the costs of certain medical expenses incurred due to an accident or sickness at a specified benefit amount for a limited number of days per year.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Preferred Provider Organization (PPO) Plan – A plan option in which coverage is provided to participants through a network of selected healthcare providers, such as hospitals and physicians.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to guide employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From Baptist Health About Your Prescription Drug Coverage and Medicare Under the WebTPA Medical Plans

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Baptist Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Baptist Health has determined that the prescription drug coverage offered by the WebTPA Medical Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Baptist Health coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Baptist Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Baptist Health changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227)
  TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2026
Name of Entity/Sender:	Baptist Health
Contact—Position/Office:	Human Resources — Benefits
Address:	9601 Baptist Health Drive Little Rock, AR 72205
Phone Number:	501-202-2176

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources — Benefits at 501-202-2176.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources — Benefits at 501-202-2176.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources — Benefits at 501-202-2176.

Notice Regarding Hospital Indemnity Plan

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

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

48 Important Contacts

Benefit Enrollment Center
501-202-2176
benefits@baptist-health.org

Medical
WebTPA
855-318-0376
webtpa.com/baptist-health
Group #: 2023BH

Pharmacy
Navitus
844-268-9789
memberportal.navitus.com
BIN #: 022022
PCN: ICS
RxGroup: BPT

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)
Voya
877-236-7564
presents.voya.com/EBRC/Baptist
Group #: 70732-5

Telemedicine (Mental Health)
Brightside Health
brightside.com/aetna

Wellness
Mobile Health
Download the Mobile Health app via the Google Play or Apple App Store
www.mobilehealthconsumer.com

Dental
Delta Dental
800-462-5410
deltadentalar.com
Group #: 2380, 2381

Vision
EyeMed
844-409-3402
www.eyemed.com
Group #: 1008314

Health Savings Account
Optum Financial
833-229-4437
www.optumfinancial.com

Flexible Spending Accounts
Optum Financial
833-229-4437
www.optumfinancial.com

Basic Life and AD&D, Voluntary Life, & Disability
The Hartford
800-523-2233
www.thehartford.com/employee-benefits
Policy #: 715706 (Life & Disability)
S09436 (AD&D)

Voluntary AD&D
Zurich
www.zurichna.com
800-382-2150

Lifetime Term Life Insurance
Voya
877-236-7564
presents.voya.com/EBRC/Baptist
Group #: 70732-5

Retirement
Milliman
866-767-1212
501-202-2573
MillimanBenefits.com

Employee Assistance Program
SWEAP Connections
800-777-1797
www.sweapconnections.com
Web ID: baptist

Prepaid Legal Coverage
LegalEASE
800-248-9000

Identity Theft
LifeLock
800-607-9174

Prenatal Benefit
Mom Life
501-202-7378

Financial Wellness
Aptus Financial
501-481-1450
survey.aptusfinancial.com/financial-wellness
financialwellness@aptusfinancial.com

Public Service Loan Forgiveness
www.joinproject120.com/baptistpslfsupport

Emergency Savings Account
SecureSave
206-666-4900
support.securesave.com
support@securesave.com

Baptist Health