SOUTH COUNTY HEALTH

MAYO CLINIC Care Network Member



2027 GUIDE TO **PHYSICIAN BENEFITS**







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YOUR BENEFITS

Dear South County Health Colleagues,

More than 15 years ago, South County Health set out to transform our employee benefits program with a simple belief: the exceptional care we provide to our community should also be the first choice for our employees and their families. Since then, we've worked to build a benefits program that puts SCH at the center of your health care experience. It's a commitment reflected in a message you've heard from us for years: **Your Care Starts Here.**

Today, that commitment matters more than ever. Rising health care costs leave employers with difficult choices: absorb the increases, pass more of the expense along to employees, or find a better way forward. We've worked hard to maintain comprehensive, affordable benefits, and we're determined to continue doing so.

To deliver on our vision, we need greater flexibility in how we design our medical plans and partners who will collaborate with us to make meaningful improvements. After more than 20 years with Blue Cross Blue Shield, it became clear that our existing partnership could no longer provide the flexibility and collaboration we needed. Rather than compromise our vision, we sought partners who shared it.

That decision led us to UMR/UnitedHealthcare, our new medical plan administrator, and Liviniti, our new prescription drug partner. These partnerships will help us offer more choices and better support the healthcare needs of our employees and their families.

Perhaps one of the most exciting developments is South County Health's new membership in the prestigious Mayo Clinic Care Network. Our physicians now have access to Mayo Clinic's world-renowned medical expertise and specialist consultations to collaborate on more complex healthcare situations. Combined with the breadth of services already available at SCH, this partnership gives you even more confidence in choosing South County Health first for exceptional care, close to home.

We're also expanding your medical plan choices with the introduction of the new Premier Choice Plan, offering comprehensive benefits, lower costs and the freedom to see any provider without network restrictions. Our existing PPO and High-Deductible Health Plan (HDHP) will remain available, but both are transitioning to an Exclusive Provider Organization (EPO) structure, with coverage limited to in-network providers. While each plan offers a different approach to managing healthcare expenses, all three encourage you to choose South County Health first to help maximize your savings. For those enrolled in the EPO or HDHP, the UnitedHealthcare Choice Plus Network provides access to participating providers when care is needed outside SCH. The Premier Choice Plan will allow you to go to any provider as there is no provider network involved; however, you are incentivized to use SCH (Tier 1) providers. This new plan will use a reference amount instead of a provider network to determine payment for covered care.

While our medical plans are evolving, our commitment to your overall wellbeing remains unchanged. We continue to offer a comprehensive benefits package supporting your health, financial security, career, and family.

Open Enrollment is active for 2027. Everyone must make their benefit elections by November 30, even if you want to keep similar coverage. Please review your options carefully, including the new provider networks. As we transition to UMR/UnitedHealthcare as our new plan administrator, it's important to understand how these changes may affect where you receive care. The new Premier Choice Plan has no network restrictions, giving you the flexibility to maintain relationships with your current providers.

These changes aren't a departure from our mission. They're the next step in fulfilling it — strengthening our benefits program, managing health care costs responsibly, and making exceptional care more accessible and affordable for the people who make South County Health what it is.

Sincerely,



Maggie Regan Thomas

Vice President & Chief Human Resources Officer

Our Human Resources team is glad to assist you and can be reached at 401-788-3800 or **benefits@southcountyhealth.org** for any questions or concerns about your benefits.

WHAT'S CHANGING FOR 2027?

A NEW APPROACH TO HEALTH CARE.

In 2027, with new partners, a new medical plan option, and an even greater focus on the exceptional care available right here at SCH, we're creating more opportunities for you and your family to receive high-quality care at an affordable cost.

Beginning January 1, 2027, UMR/United Healthcare will replace Blue Cross Blue Shield as our medical plan administrator. Our self-insured health plan options are evolving, with the plan now administered by UMR/ United Healthcare. Our plans continue to include two tiers of network care with the SCH Network always as Tier 1, where you'll receive the best care at greatest savings.

SCH Joins the Mayo Clinic Care Network

South County Health is now a member of the Mayo Clinic Care Network, giving SCH physicians and providers access to Mayo Clinic expertise, specialist consultations, and second opinions to support patient care. This membership brings additional medical knowledge to your care team while allowing you to continue receiving treatment close to home.

New Prescription Drug Partner: Liviniti

Liviniti will replace our current prescription drug administrator beginning January 1, 2027. Their extensive pharmacy network includes convenient pharmacies like CVS, Stop & Shop and Walmart. All Rx copays remain unchanged for 2027. Liviniti procures drugs for the lowest net cost, benefiting you and SCH. You'll receive additional information about prescription drug resources as we approach the new plan year.

ACTIVE OPEN ENROLLMENT — ACTION REQUIRED

With a new plan option available in 2027, everyone will need to make new benefit elections this year! Your current elections will not automatically carry forward, so be sure to review your options and enroll through ADP by November 30, 2026. If you do not enroll by the deadline, you and your family will not have benefits coverage beginning January 1, 2027.

Medical Plan Updates

We're proud to offer three health plans options enabling you to select the plan that best fits your needs. All plans provide great savings when you choose SCH for care, with most services available at SCH at no cost. If you access services outside of the SCH Network, you are responsible for the deductible before applicable cost-sharing begins. For services offered at SCH, choosing care outside the SCH network means responsibility for up to 100% coinsurance after the deductible, up to the Out-of-Pocket Maximum.

- **NEW! Premier Choice:**This new Plan offers comprehensive coverage with benefits similar to SCH's EPO plan but with much lower biweekly contributions (25% lower!). Members have the freedom to choose where to obtain care, informed by a Care Navigator about provider cost and quality.
- **PPO Transitions to an EPO:** Our current PPO is transitioning to an Exclusive Provider Organization (EPO) plan, providing in-network coverage through SCH (Tier 1) and the UnitedHealthcare Choice Plus Network (Tier 2). Overall plan cost and employee contributions have increased by 11% in 2027.
- **High-Deductible Health Plan (HDHP):** The HDHP remains available, providing in-network coverage through SCH (Tier 1) and the UnitedHealthcare Choice Plus Network (Tier 2). This plan offers lower employee contributions and the tax advantages of a Health Savings Account (HSA). This plan requires paying the deductible out of pocket first, even when obtaining care at SCH. SCH contributes to your HSA, helping you save for current and future medical expenses. Overall plan cost and employee contributions have increased by 11% in 2027.

Before You Enroll

Become familiar with UMR/ United Healthcare's leading national network to confirm that your current doctors and facilities participate in the UnitedHealthcare Choice Plus Network (Tier 2). Knowing where your providers fall within these networks can help you choose the right medical plan and avoid unexpected costs.

BENEFITS PROVIDED AT NO COST TO YOU

These programs are the core of your benefits package and are provided by SCH at no cost to you. You do not need to do anything to enroll in these plans — you are automatically covered based on your scheduled, committed hours.

SupportLinc Employee Assistance Program (EAP)

South County Health offers the SupportLinc Employee Assistance Program (EAP) through CuraLinc Healthcare, providing free, confidential support for you and your family whenever life gets challenging.

Available 24 hours a day, seven days a week, SupportLinc connects you with licensed clinicians for short-term counseling and assistance with stress, anxiety, burnout, relationships, and other personal concerns. Additional resources include financial and legal consultations, work-life referrals, personal coaching, and digital wellness tools such as Mindstream™, a no-cost fitness studio for your mind. Access these resources anytime to help you navigate life's challenges and support your overall wellbeing.

Online: mysupportlinc.com Phone: 888-881-5462 Group Code: southcountyhealth

Basic Term Life and AD&D

South County Health provides staff scheduled to work 20 or more hours per week with a Life Insurance plus Accidental Death and Dismemberment policy which has a benefit of 1 times annual salary to a maximum of $450,000.

Long-Term Disability

Long-Term Disability provides income to staff scheduled 30 or more hours per week in the event of a disabling injury or illness that prevents you from returning to work for a period of more than 180 days. The plan pays a benefit up to 60% of your monthly covered earnings — to a benefit maximum of $15,000 per month. However, the benefit may be reduced by other forms of benefit (e.g., workers' compensation or Social Security).

For claims assistance, contact Lincoln Financial Group at 800-423-2765. Claim forms can be downloaded at **Lincoln4Benefits.com**.

Financial Solutions

Money Management International is a not-for-profit organization specializing in providing solutions to everyday financial challenges. They offer a range of financial education and counseling services to tackle the most common setbacks consumers face today. Visit **moneymanagement.org** or call 866-889-9347 to get started.



TIME OFF BENEFITS

These benefits are intended to provide flexibility and to encourage the advanced planning and scheduling of time off as an integral part of overall health and wellbeing.

Paid Time Off (PTO)

The Basics

PTO encompasses time for vacation, holiday, and sick purposes. Paid Time Off is allowed to accrue up to one and one-quarter times your annual PTO accrual. PTO will not accrue in excess of this amount, and will be forfeited.

Eligibility

Staff scheduled to work a minimum of 20 hours per week accrue time upon hire, but may access time only after completion of the first 3 months of employment. New hires are advanced time, when necessary, for holidays during the first 3 months of employment.

PTO Accruals

Years of Service	Salaried Staff	
	ACCRUAL RATE (YOU ACCRUE THIS MUCH LEAVE PER HOUR PAID)	**ANNUALIZED** (BASED ON 2080 HOURS WORKED IN A YEAR)
Hire – 3	.1154	30 Days*
4 – 9	.1346	35 Days*
10 – 14	.1423	37 Days*
15 – 24	.1500	39 Days*
25+	.1615	42 Days*

* Assumes 8-hr days



Extended Illness Bank (EIB)

The Basics

You may access your EIB only after 5 days (40 hours) of PTO are used for approved leaves of absence.

Eligibility

Staff scheduled to work a minimum of 20 hours per week accrue time upon hire, but may access time only after completion of the first 3 months of employment.

Accruals

EIB is accrued at a rate of .0154 per hour worked, which is 4 days per year based on 8-hour days, 5 days a week (2080 hours worked in a year). The EIB is allowed to accrue up to 520 hours. EIB will not accrue in excess of this amount, and will be forfeited.

Paid Sick and Safety Time (PSST)

Staff who are not eligible for PTO and EIB are eligible for PSST to support them in seeking early, routine medical care for themselves and their family members; to protect the community's health by reducing the risk of contagion; and to assist staff who may be victims of domestic violence, sexual assault, or stalking. Staff will accrue .0285 hour of PSST for each hour worked to a maximum of 40 hours in 2027. Please see the full policy for restrictions and other details.

457(b) SUPPLEMENTAL RETIREMENT SAVINGS

TRANSAMERICA

The 457(b) Supplemental Retirement Savings Plan offers a powerful way to enhance your long-term financial well-being. We encourage you to invest in yourself and your future by participating in this plan through Transamerica.

Eligibility

You are immediately eligible to participate in the plan.

Your Contribution

You may choose to make pre-tax contributions up to the maximum allowed by law, $25,500 in 2027.

» You may increase, decrease or stop your contribution monthly.

If you have not taken full advantage of allowable contributions to the plan in the past and you are within three years of normal retirement age, it may be possible to contribute up to twice the contribution limit normally permitted, or another amount that takes into account your contributions from prior years. The plan also offers SaveXpress, a feature that allows you to elect to have your savings amount automatically increased each year.

Just visit the Transamerica website at **http://www.mytrsretire.com** or call 800-755-5801 to make changes to your contribution rate and investment options, elect SaveXpress, and learn more about making additional contributions in 2027.

Vesting and Exposure

Vesting refers to your "ownership" of your account. You are always 100% vested in your contributions to this plan. All contributions are subject to the general creditors of SCH in the event of insolvency until distributions are made.

Withdrawals

You may withdraw funds from your plan account only if one of the following events apply (conditions and restrictions may apply as defined in the plan):

» Attainment of age 70 ½
» Termination of employment*
» Death

Withdrawals and Distributions

» Distributions may not occur earlier than termination of employment, the year in which you attain age 70 ½, or for unforeseen emergencies.
» Prior to separation of employment, you may choose a lump sum, periodic payments, defer payment to a later date (but no later than 70 ½ or retirement) or transfer to another eligible 457(b) deferred compensation plan sponsored by a tax-exempt employer.
» Once distributions begin, you must continue on the payment option selected. It is irrevocable.
» Rollovers are not permitted under this plan by law.
» Participant loans are not permitted under this plan by law.

The earliest date a distribution may be taken after severance of employment is April 1st following the year of severance.

Investment Direction

You decide how your account will be invested among the available invest options. You may change your investment allocations at any time.

Beneficiary Designation

It is very important that you designate a beneficiary for your retirement account, so that your assets can be distributed to your wishes upon your death. Please contact Transamerica at 800-755-5801 or visit **http://www.mytrsretire.com.**

More Information

Transamerica provides South County Health with a dedicated on-site Participant Counselor. Please visit the HR page on the Intranet to set up a meeting to review your retirement goals and objectives. You can also call Transamerica at 800-755-5201 or visit their website at **http://www.mytrsretire.com.**

MAKING CHANGES TO YOUR BENEFITS

Open Enrollment

Each year you have the opportunity to make changes to your benefits elections for the upcoming plan year. At SCH, we conduct Open Enrollment during the month of November with those elections being effective for the following calendar year (January 1st to December 31st).

Qualified Family Status Changes

Federal regulations require that you experience a "qualified family status change" in order to make changes to your benefit enrollments outside of an Open Enrollment period. Some examples of these status changes are:

- Marriage, Divorce, Legal Separation, or Annulment
- Termination or Commencement of Employment by You or Your Spouse
- Birth or Adoption of a Child
- Change in Employment Status for You or Your Spouse that Impacts Benefits (i.e., from full-time to part-time, or from part-time to full-time)
- Death of a Spouse or Child
- Changes to Your, Your Spouse's, or Your Child's Eligibility for Benefits Elsewhere

30-Day Special Enrollment Window

You are responsible to notify HR within 30 days of any qualified family status change in order to be able to make changes to your benefits elections outside of an Open Enrollment period.

Any changes must be consistent with the nature of your family status change and must include documentation supporting the change in addition to any forms or documentation required based on the type of dependent you are enrolling and the benefits programs you are electing.



COVERAGE FOR YOUR FAMILY

Who Is Eligible for Coverage?

Anyone other than yourself who is covered on your benefits is commonly referred to as your "dependent."

You can cover the following people as dependents on your medical, dental, and vision plans:



Your Spouse

(ex-spouses and Domestic Partners are not eligible). See below for annual documentation requirement.



Your Children

(until the end of the calendar year in which they turn 26)

What Documentation Is Required and When?

You will be required to provide validation of your dependents before they can be added to your coverage. Refer to the list below to determine what documents are required for each type of dependent. Documentation should be uploaded into ADP no later than November 30th, or within 30 days of your hire/status change date if you are newly hired or newly eligible for benefits in 2027. Documents should be titled and uploaded into ADP by going to Myself > Employment > My Documents > Upload. Downloading instructions may be found in ADP.

Dependent	Documentation Needed	Notes
Spouse	Copy of marriage certificate	Must be provided and uploaded into ADP at the time of initial spousal enrollment
	Front page of your most recent Federal Tax Return (to establish continuing marital status)	Must be provided at the time of initial spousal enrollment and **annually** at Open Enrollment Please black out your financial information
	Working Spouse Medical Contribution Affidavit (if your spouse will be covered on your medical plan)	Supporting documents must accompany this form Must be provided at the time of initial spousal enrollment and **annually** at Open Enrollment
Child	Copy of birth certificate or copy of legal adoption papers	Must be provided at the time of initial enrollment of the child
Stepchild	Birth Certificate showing parents' names	Must be provided at the time of initial enrollment of the child
	Marriage Certificate	Must be provided at the time of initial enrollment of the child
	Front page of your most recent Federal Tax Return (to establish continuing marital status)	Must be provided at the time of initial spousal enrollment and **annually** at Open Enrollment Please black out your financial information
Adopted Child or Guardianship	Birth Certificate showing parents' names	Must be provided at the time of initial enrollment of the child
	Certified Placement, Adoption, or Guardianship papers	Must be provided at the time of initial enrollment of the child

MEDICAL INSURANCE

SOUTH COUNTY HEALTH

MAYO CLINIC Care Network Member

Your Care Starts Here

At South County Health, we believe the best health care starts close to home. That's why our 2027 medical benefits are designed to make it easier and more affordable for you and your family to receive high-quality care from the physicians, specialists, and facilities you know and trust.

For 2027, you have three medical plans to choose from: the new Premier Choice Plan, the Exclusive Provider Organization (EPO) Plan, and the High Deductible Health Plan (HDHP). Each offers a different approach to managing your health care expenses, but all three share one important feature: **you'll find your greatest opportunities to save when you choose South County Health first.**

Before You Receive Care

- **Start with SCH whenever possible.** You'll receive high-quality, coordinated care and the greatest opportunity to save.
- **If you need care beyond SCH**, For Premier Choice Members, use the navigator app to learn about the quality and cost of the providers before choosing, without any network limitations.

  For EPO and HDHP members, use the UnitedHealthcare Choice Plus Network provider search tools to find participating Tier 2 providers.
- **Confirm any network participation of your providers and facilies before your appointmen**t to avoid unexpected costs.

UMR

United Healthcare

Understanding Your Medical Network

The EPO and HDHP medical plans provide coverage through two levels of care. The plan you choose and where you receive care determine how much you pay.

Tier 1 – SCH Network

Your first choice for care. Your greatest opportunity to save.

The SCH Network includes South County Health physicians, specialists, and facilities. From routine checkups and diagnostic testing to specialty care and hospital procedures, choosing SCH can significantly reduce your out-of-pocket expenses.

Depending on your plan, many covered services are available at $0. HDHP members must always meet their deductible before accessing no cost care.

Tier 2 - Options For Care Beyond SCH

Premier Choice Plan: Open Network

The Premier Choice Plan provides unlimited options to access additional physicians and facilities when you need care outside SCH. Navigators guide members to best-fit providers based on quality and cost.

EPO and HDHP

UnitedHealthcare Choice Plus Network

The UnitedHealthcare Choice Plus Network provides access to additional participating physicians and facilities when you need care outside SCH. Your out-of-pocket costs depend on your medical plan, the services you receive, and whether those services are available through SCH.

All Plans

If you access services outside of the SCH Network, you are responsible for the deductible before applicable cost-sharing begins. For services offered at SCH, choosing care outside of the SCH network means responsibility for up to 100% coinsurance after the deductible, up to the Out of Pocket Maximum.

Medical Insurance – Premier Choice Plan

Premier Choice Plan Staff Cost	TIER 1 SCH NETWORK	TIER 2 OPEN NETWORK
Annual Deductible		
Individual/Family	$0	$1,500/$3,000[1]
Out-of-Pocket Maximum		
Individual/Family	$0	$4,000/$8,000[1]
Office Visits		
Personal Physician	$0	$30
Preventive Visit	$0	$0
Specialist	$0	$50
Chiropractic Visits	Not Available	$50
Routine Eye Exam (One Annual Exam)	Not Available	$50
Urgent Care	$0	$30
Emergency Services		
Emergency Room Care	$200 (waived if admitted)	$200 (waived if admitted)
Ambulance Services	$50	$50
Outpatient Services		
Outpatient Hospital & Physician Services	$0	100%*
Outpatient Surgery & Procedures[2,4,5,6,7,8]	$0	100%*
Lab Work, Diagnostic Tests & X-rays[9]	$0	100%*
Cardiology Services	Not Available	30%
Maternity Care – High Risk[3]	Not Available	30%
Maternity Care – All Other	$0	100%*
Inpatient Services		
Hospitalization & Physician Services	$0	100%*
Oncology Services (Including Chemotherapy & Radiation)	$0	100%*
Maternity Care – High Risk[3]	Not Available	30%
Maternity Care – Labor & Delivery	$0	100%*
Mental Health & Chemical Dependency Treatment Services		
Inpatient	Not Available	20%
Outpatient	Not Available	20%
Office Visits	Not Available	$30
Diabetic Services		
Eye & Foot Exams	$0	$0
Additional Services		

* If service is available at SCH, 100% coinsurance applies; otherwise 30%

Premier Choice Plan Staff Cost	TIER 1 SCH NETWORK	TIER 2 OPEN NETWORK
Physical Therapy	0%	20%
Occupational & Speech Therapy	0%t	20%
Durable Medical Equipment (DME)	Not Available	20%
Home & Hospice Care	$0	20%
Acupuncture (12 Visit Maximum)	Not Available	$30
Wellness & Disease		
Management Services	$0	$50

* If service is available at SCH, 100% coinsurance applies; otherwise 30%

Important Plan Footnotes

For services that SCH can provide, members are subject to a 100% coinsurance if they opt to receive services from a non-SCH provider. If you anticipate receiving services from a non-SCH provider or in a non-SCH location, please be aware that you will be subject to the coinsurance up to the Out of Pocket Maximum.

[1]Deductibles, coinsurance and flat dollar copayments (medical and prescription drug) apply to the plan year (calendar) maximum out of pocket expense.

[2]Deductible and coinsurance will not apply when physical therapy or occupational therapy services are provided at Ortho Rhode Island locations. Note physical therapy is the only Tier 1 service at South County Orthopedics. The South County Health Tier 1 Network consists of South County Hospital, South County Home Health, and South County Medical Group.

[3]Patients who require delivery prior to 35 weeks, newborns anticipated to require NICU care, certain genetic disorders, or poorly controlled maternal diabetes, type 1 DM, on therapeutic anti-coagulation, significant maternal cardiac disease (artificial valves, aortic stenosis etc.), molar pregnancies, abnoral placentation, or substance use not well controlled as determined by the provider.

[4]SCH performs colon, breast, and complex hernia surgery; 100% deductible for those services applies. Surgery including post-mastectomy reconstruction, tissue expander placement for reconstruction, as well as thyroid, parathyroid, bariatric, major liver, pancreatic, esophageal, rectal, and thoracic surgeries performed elsewhere are subject to a 30% coinsurance.

[5]Gyn oncology and extensive MIGS cases with endometriosis not available at SCH; a 30% coinsurance will apply.

[6]Endoscopy: SCH offers EGD, colonoscopy, ERCP, EUS, dilation, stenting and feeding tube placement. Services not available at SCH subject to a 30% coinsurance.

[7]Orthopedics: Orthopedic cancer surgery and pelvic or acetabular fracture surgery are performed elsewhere and subject to 30% coinsurance.

[8]Pediatric procedures performed at other healthcare systems are not subject to the 100% deductible; a 30% deductible will apply.
Esophageal manometry and pH/impedence testing (ie Bravo) is not provided at SCH; a 30% coinsurance will apply
Endoscopic Submucosal Dissection(ESD), POEM, and advanced biliary procedures are not performed at SCH; a 30% coinsurance will apply.

[9]X-ray, Imaging and Machine Tests excluded from SCH services where a 30% coinsurance applies includes:

Specialty marker sphere/calibration related to per-surgical planning for orthopedic procedures,
CT - Calcium Scoring, Cardiac/HeartFlow FFR-CT, Brain Perfusion, 3D colonoscopy, any gated Exams, or any outpatient < 14 years old,
MRI - Prostate, Cardiac, Any outpatient < 14 years old, Ultrasound - Level 2 Obstretical scans, Fetal echocardiograms, appendix, any outpatient < 8 years old, and Nuclear Medicine - SpecCT, VQ Scan, WBC/Therapies, Brain Death & DMSA.

Medical Insurance – EPO Plan

EPO Plan Staff Cost	TIER 1 SCH NETWORK	TIER 2 UNITED HEALTHCARE CHOICE PLUS NETWORK
Annual Deductible		
Individual/Family	$0	$1,500/$3,000[1]
Out-of-Pocket Maximum		
Individual/Family	$0	$4,000/$8,000[1]
Office Visits		
Personal Physician	$0	$30
Preventive Visit	$0	$0
Specialist	$0	$50
Chiropractic Visits	Not Available	$50
Routine Eye Exam (One Annual Exam)	Not Available	$50
Urgent Care	$0	$30
Emergency Services		
Emergency Room Care	$200 (waived if admitted)	$200 (waived if admitted)
Ambulance Services	$50	$50
Outpatient Services		
Outpatient Hospital & Physician Services	$0	100%*
Outpatient Surgery & Procedures[2,4,5,6,7,8]	$0	100%*
Lab Work, Diagnostic Tests & X-rays	$0	100%*
Cardiology Services	Not Available	30%
Maternity Care – High Risk[3]	Not Available	30%
Maternity Care – All Other	$0	100%*
Inpatient Services		
Hospitalization & Physician Services	$0	100%*
Oncology Services (Including Chemotherapy & Radiation)	$0	100%*
Maternity Care – High Risk	Not Available	30%
Maternity Care – Labor & Delivery	$0	100%*
Mental Health & Chemical Dependency Treatment Services		
Inpatient	Not Available	20%
Outpatient	Not Available	20%
Office Visits	Not Available	$30
Diabetic Services		
Eye & Foot Exams	$0	$0

* If service is available at SCH, 100% coinsurance applies; otherwise 30%

EPO Plan Staff Cost	TIER 1 SCH NETWORK	TIER 2 UNITED HEALTHCARE CHOICE PLUS NETWORK
Additional Services		
Physical Therapy	0%	20%
Occupational & Speech Therapy	0%	20%
Durable Medical Equipment (DME)	Not Available	20%
Home & Hospice Care	$0	20%
Acupuncture (12 Visit Maximum)	Not Available	$30
Wellness & Disease		
Management Services	$0	$50

* If service is available at SCH, 100% coinsurance applies; otherwise 30%

Important Plan Footnotes

For services that SCH can provide, members are subject to a 100% coinsurance if they opt to receive services from a non-SCH provider. If you anticipate receiving services from a non-SCH provider or in a non-SCH location, please be aware that you will be subject to the coinsurance up to the Out of Pocket Maximum.

[1]Deductibles, coinsurance and flat dollar copayments (medical and prescription drug) apply to the plan year (calendar) maximum out of pocket expense.

[2]Deductible and coinsurance will not apply when physical therapy or occupational therapy services are provided at Ortho Rhode Island locations. Note physical therapy is the only Tier 1 service at South County Orthopedics. The South County Health Tier 1 Network consists of South County Hospital, South County Home Health, and South County Medical Group.

[3]Patients who require delivery prior to 35 weeks, newborns anticipated to require NICU care, certain genetic disorders, or poorly controlled maternal diabetes, type 1 DM, on therapeutic anti-coagulation, significant maternal cardiac disease (artificial valves, aortic stenosis etc.), molar pregnancies, abnoral placentation, or substance use not well controlled as determined by the provider.

[4]SCH performs colon, breast, and complex hernia surgery; 100% deductible for those services applies. Surgery including post-mastectomy reconstruction, tissue expander placement for reconstruction, as well as thyroid, parathyroid, bariatric, major liver, pancreatic, esophageal, rectal, and thoracic surgeries performed elsewhere are subject to a 30% coinsurance.

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[6]Endoscopy: SCH offers EGD, colonoscopy, ERCP, EUS, dilation, stenting and feeding tube placement. Services not available at SCH subject to a 30% coinsurance.

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[9]X-ray, Imaging and Machine Tests excluded from SCH services where a 30% coinsurance applies includes:

Specialty marker sphere/calibration related to per-surgical planning for orthopedic procedures,
CT - Calcium Scoring, Cardiac/HeartFlow FFR-CT, Brain Perfusion, 3D colonoscopy, any gated Exams, or any outpatient < 14 years old,
MRI - Prostate, Cardiac, Any outpatient < 14 years old, Ultrasound - Level 2 Obstretical scans, Fetal echocardiograms, appendix, any outpatient < 8 years old, and Nuclear Medicine - SpecCT, VQ Scan, WBC/Therapies, Brain Death & DMSA.

Medical Insurance – High Deductible Health Plan (HDHP)

HDHP Staff Cost	TIER 1 SCH NETWORK	TIER 2 UNITEDHEALTHCARE CHOICE PLUS NETWORK
Annual Deductible		
Individual/Family	$1,750/$3,500	$3,500/$7,000
Out-of-Pocket Maximum		
Individual/Family	$4,000/$8,000	$4,000/$8,000
Office Visits		
Personal Physician	$0*	30%*
Preventive Visit	$0*	30%*
Specialist	$0*	30%*
Chiropractic Visits	Not Available	30%*
Routine Eye Exam (One Annual Exam)	Not Available	30%*
Urgent Care	$0*	30%*
Emergency Services		
Emergency Room Care	$200* (waived if admitted)	$200* (waived if admitted)
Ambulance Services	$50*	$50*
Outpatient Services		
Outpatient Hospital & Physician Services	$0*	100%*[1]
Outpatient Surgery & Procedures[2,4,5,6,7,8]	$0*	100%*[1]
Lab Work, Diagnostic Tests & X-rays[9]	$0*	100%*[1]
Cardiology Services	Not Available	30%*
Maternity Care – High Risk[3]	Not Available	30%*
Maternity Care – All Other	$0*	100%*[1]
Inpatient Services		
Hospitalization & Physician Services	$0*	100%*[1]
Oncology Services (Including Chemotherapy & Radiation)	$0*	100%*[1]
Maternity Care – High Risk	Not Available	30%*
Maternity Care – Labor & Delivery	$0*	100%*[1]
Mental Health & Chemical Dependency Treatment Services		
Inpatient	Not Available	20%*
Outpatient	Not Available	20%*
Office Visits	Not Available	$30*
Diabetic Services		
Eye & Foot Exams	$0*	$0*

* After Deductible
[1] If service is available at SCH, 100% coinsurance applies; otherwise 30%

HDHP Staff Cost	TIER 1 SCH NETWORK	TIER 2 UNITEDHEALTHCARE CHOICE PLUS NETWORK
Additional Services		
Physical Therapy	0%* per visit	20%*
Occupational & Speech Therapy	0%* per visit	20%*
Durable Medical Equipment (DME)	Not Available	20%*
Home & Hospice Care	$0*	20%*
Acupuncture (12 Visit Maximum)	Not Available	$30
Wellness & Disease		
Management Services	$0	$50

* After Deductibe

Important Plan Footnotes

For services that SCH can provide, members are subject to a 100% coinsurance if they opt to receive services from a non-SCH provider. If you anticipate receiving services from a non-SCH provider or in a non-SCH location, please be aware that you will be subject to the coinsurance up to the Out of Pocket Maximum.

Deductibles, coinsurance and flat dollar copayments (medical and prescription drug) apply to the plan year (calendar) maximum out of pocket expense.

- **A HDHP requires member to pay the full deductible before copay or coinsurance amounts apply.**

[1]If service is not available at SCH

[2]Deductible and coinsurance will not apply when physical therapy or occupational therapy services are provided at Ortho Rhode Island locations. Note physical therapy is the only Tier 1 service at South County Orthopedics. The South County Health Tier 1 Network consists of South County Hospital, South County Home Health, and South County Medical Group.

[3]Patients who require delivery prior to 35 weeks, newborns anticipated to require NICU care, certain genetic disorders, or poorly controlled maternal diabetes, type 1 DM, on therapeutic anti-coagulation, significant maternal cardiac disease (artificial valves, aortic stenosis etc.), molar pregnancies, abnoral placentation, or substance use not well controlled as determined by the provider.

[4]SCH performs colon, breast, and complex hernia surgery; 100% deductible for those services applies. Surgery including post-mastectomy reconstruction, tissue expander placement for reconstruction, as well as thyroid, parathyroid, bariatric, major liver, pancreatic, esophageal, rectal, and thoracic surgeries performed elsewhere are subject to a 30% coinsurance.

[5]Gyn oncology and extensive MIGS cases with endometriosis not available at SCH; a 30% coinsurance will apply.

[6]Endoscopy: SCH offers EGD, colonoscopy, ERCP, EUS, dilation, stenting and feeding tube placement. Services not available at SCH subject to a 30% coinsurance.

[7]Orthopedics: Orthopedic cancer surgery and pelvic or acetabular fracture surgery are performed elsewhere and subject to 30% coinsurance.

[8]Pediatric procedures performed at other healthcare systems are not subject to the 100% deductible; a 30% deductible will apply.
Esophageal manometry and pH/impedence testing (ie Bravo) is not provided at SCH; a 30% coinsurance will apply
Endoscopic Submucosal Dissection(ESD), POEM, and advanced biliary procedures are not performed at SCH; a 30% coinsurance will apply.

[9]X-ray, Imaging and Machine Tests excluded from SCH services where a 30% coinsurance applies includes:

Specialty marker sphere/calibration related to per-surgical planning for orthopedic procedures,
CT - Calcium Scoring, Cardiac/HeartFlow FFR-CT, Brain Perfusion, 3D colonoscopy, any gated Exams, or any outpatient < 14 years old,
MRI - Prostate, Cardiac, Any outpatient < 14 years old, Ultrasound - Level 2 Obstretical scans, Fetal echocardiograms, appendix, any outpatient < 8 years old, and Nuclear Medicine - SpecCT, VQ Scan, WBC/Therapies, Brain Death & DMSA.

MEDICAL INSURANCE COSTS

Your bi-weekly medical insurance contributions are based on the medical plan you select, your coverage level, and your rate of pay. Review the charts below to compare costs for the Premier Choice, EPO, and HDHP medical plans. An additional contribution may apply if you cover a spouse who has access to medical insurance through their employer.

Full-Time Staff (36–40 hours per week)		
BENEFIT PLAN	$48.08 to $96.15 per hour ($100,000 to $199,999 per year based on 40 hours per week)	$96.16+ per hour ($200,000 and over per year based on 40 hours per week)
Premier Choice Plan Rate		
Single Plan	$70.42	$92.49
Two Person Plan	$140.87	$184.99
Family Plan	$162.52	$216.57
EPO Plan Rate		
Single Plan	$93.90	$123.32
Two Person Plan	$187.82	$246.66
Family Plan	$216.69	$288.76
HDHP Plan Rate		
Single Plan	$69.76	$98.88
Two Person Plan	$139.57	$197.77
Family Plan	$147.55	$218.60
Working Spouse Medical Contribution (in addition to rate listed above)		
Two Person or Family Plan Levels	$115.38 per paycheck ($250 per month)	$138.46 per paycheck ($300 per month)

Part-Time Staff (20–35 hours per week)		
BENEFIT PLAN	$48.08 to $96.15 per hour ($100,000 to $199,999 per year based on 40 hours per week)	$96.16+ per hour ($200,000 and over per year based on 40 hours per week)
Premier Choice Plan Rate		
Single Plan	$132.90	$181.55
Two Person Plan	$253.50	$354.65
Family Plan	$295.92	$414.73
EPO Plan Rate		
Single Plan	$177.20	$242.07
Two Person Plan	$337.99	$472.86
Family Plan	$394.56	$552.98
HDHP Plan Rate		
Single Plan	$152.68	$217.02
Two Person Plan	$291.22	$423.93
Family Plan	$328.56	$484.44
Working Spouse Medical Contribution		
Two Person or Family Plan Levels	$115.38 per paycheck ($250 per month)	$138.46 per paycheck ($300 per month)

Does the Working Spouse Medical Contribution Apply to Me?

If you answered "Yes" to all 3 questions, then the Working Spouse Medical Contribution rate will apply to you and you must elect the Working Spouse Medical Contribution. See page 10 for documentation requirements.

1. Do you have a spouse who is covered under your South County Health medical plan?
2. Is your spouse currently employed outside of South County Health?
3. Does your spouse have access to Medical Insurance through their employer?

HEALTH SAVINGS ACCOUNT (HSA)

FloresHR

New for 2027! As part of our transition to new medical plan partners, your Health Savings Account (HSA) will transition to a new account through FloresHR. Existing HSA balances will be transferred automatically, and you'll receive additional information about accessing your new account as the transition progresses.

If you enroll in South County Health's High Deductible Health Plan (HDHP), you can take advantage of a Health Savings Account (HSA) to help pay for eligible health care expenses while saving for the future.

An HSA is a personal savings account that allows you to set aside money on a pre-tax basis for qualified medical, dental, vision, and prescription drug expenses. You can use your HSA funds to pay for eligible expenses today or let your balance grow to help cover health care costs in the future.

Best of all, South County Health contributes to your HSA, giving you a head start on saving for your health care needs.

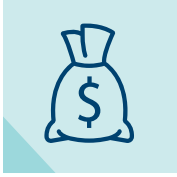
South County Health Contribution

To help you save for your health expenses, South County Health will contribute $350 for an individual or $700 annually for an employee with covered dependents, paid in quarterly installments, into the employee's HSA.



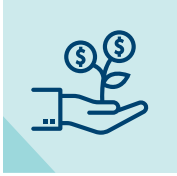
Tax-Free Contributions

Anything you contribute to your HSA is tax-free. In 2027, the maximum contribution as set by the IRS for an individual account is $4,500 and the maximum contribution for family coverage is $9,000. If you are age 55 or older, you can make an additional "catch-up" contribution of $1,000. **Note:** The SCH contribution counts towards the maximum contribution.



Portable

The HSA is your account and it is also your responsibility to maintain the account; i.e., it is up to you to define what expenses are qualified. When you leave South County Health or retire, you take the money with you. If you are on Medicare or go to another employer that does not have a qualified HDHP, you can continue to use your HSA money to pay for copays and qualified medical expenses, but you won't be able to continue to make contributions to your HSA.



Funds Roll Over

From year to year, you do not lose the funds remaining in your HSA or the interest it has earned. You can take the money out anytime tax-free as long as it is to pay for qualified medical expenses. Qualified medical expenses are those that would generally qualify for the medical and dental expenses income tax deduction as outlined in IRS Publication 969 – Health Savings Accounts and Other Tax-Favored Health Plans.

HSA Eligibility Rules

To open and continue to contribute to your HSA, you must meet the following eligibility criteria:

1. You must be covered by South County Health's HDHP.
2. You cannot be covered by another health plan (including Medicare Parts A or B, TRICARE, or your spouse's medical plan).
3. You cannot be claimed as a dependent on another individual's tax return.
4. You cannot be covered by an HSA and a Health Care Flexible Spending Account or Health Reimbursement Arrangement at the same time. This applies to South County Health's plan as well as a spouse's plan.
5. Per IRS rules you cannot contribute to an HSA six months prior to enrolling in Medicare.

Note: If you enroll in the HDHP, you are eligible to contribute to an HSA, which offers similar tax advantages to a Health Care FSA. Because both accounts are designed to help pay for qualified medical expenses with pre-tax dollars, rules set by the IRS do not allow you to participate in both at the same time. The HSA is intended to be paired exclusively with a qualified HDHP, allowing you to save and invest funds for future health care costs.

For a complete list of eligible expenses, go to **www.irs.gov/publications/p969/.** If you take money out for other purposes, you'll have to pay income taxes on the withdrawal plus a penalty. Once you reach age 65, you can withdraw for any purpose without penalty.



PRESCRIPTION DRUG COVERAGE

LIVINITI

Beginning January 1, 2027, Liviniti will administer prescription drug benefits for employees enrolled in a SCH medical plan. While coverage remains integrated with your medical benefits, some medications may have different requirements or dispensing options. Review your coverage and confirm your pharmacy participates in Liviniti's network, which includes CVS, Stop & Shop and Walmart.

Note: If you enroll in the High Deductible Health Plan (HDHP), prescription drug costs are generally subject to your deductible before the plan begins sharing costs. Certain preventive medications may be covered before you meet your deductible. Refer to your 2027 plan documents for details.

30- Day Non-Maintenance Medications*

Non-maintenance medications are generally prescribed for short-term conditions, such as infections or injuries. These prescriptions can typically be filled at a participating retail pharmacy within the Liviniti network.

Your out-of-pocket costs will depend on your medical plan, the medication's coverage tier, and any applicable deductible or copay. Visit Liviniti's member resources to confirm participating pharmacies and review your prescription drug coverage.

	Premier Choice Plan	EPO	HDHP
Generic	$15.00	$15.00	$15.00 after deductible
High-Cost Generic	$30.00	$30.00	$30.00 after deductible
Brand Preferred	$50.00	$50.00	$50.00 after deductible
Brand Non-Preferred	$80.00	$80.00	$80.00 after deductible
Specialty Preferred	$125.00	$125.00	$125.00 after deductible
Specialty Non-Preferred	$250.00	$250.00	$250.00 after deductible

* To determine which medications fall into each drug category, visit **liviniti.com/members** to review the Liviniti prescription drug formulary or contact Liviniti Member Services at 800-710-9341 for assistance.



Maintenance Medications

Maintenance medications are prescriptions taken regularly for more than three months to manage ongoing health conditions such as high cholesterol, high blood pressure, diabetes, asthma, depression, or anxiety.

Liviniti administers South County Health's prescription drug benefits beginning January 1, 2027. If you take maintenance medications, it's important to understand the requirements for filling your prescriptions, including when you may need to transition from a 30-day supply to a 90-day supply through a participating retail pharmacy or home delivery service.

How It Works

For maintenance medications, you may be able to fill an initial prescription at a participating retail pharmacy before transitioning to a 90-day supply. Depending on your prescription drug benefits, you may be required to use home delivery or an approved retail pharmacy for ongoing refills.

Moving to a 90-day supply can help you manage medications more conveniently and may reduce your prescription costs. Your copay or coinsurance will depend on your medical plan, the medication prescribed, and the pharmacy you use.

If you are enrolled in the High Deductible Health Plan (HDHP), your deductible generally applies to prescription drug costs, although certain preventive medications may be covered before you meet your deductible.

Manufacturer Copay Assistance

If you take a covered high-cost medication, you may be eligible for financial assistance through a drug manufacturer's copay assistance program. These programs can help reduce your out-of-pocket prescription costs.

If you are enrolled in the HDHP and are not currently using an available manufacturer copay assistance program, you may receive additional information about available assistance. For questions about your medication coverage or available copay assistance programs, contact Liviniti Member Services at 800-710-9341 or visit **liviniti.com/members**.

	30-Day Supply Regular Retail Copay*	90-Day Supply Retail Pharmacy	90-Day Supply Mail-Order Pharmacy	30-Day Supply Increased Copay**
Generic	$15.00	$45.00	$37.50	$25.00
High-Cost Generic	$30.00	$90.00	$75.00	$40.00
Brand Preferred	$50.00	$150.00	$125.00	$60.00
Brand Non-Preferred	$125.00	$375.00	$200.00	$100.00

The deductible will apply to the HDHP

* Applies to non-maintenance medications and the first two fills of a new maintenance medication.

** Applies to 30-day refills of maintenance medication on the third refill and thereafter.

How Do I Switch to a 90-Day Supply at a Retail Pharmacy?

If your prescription is eligible for a 90-day retail supply, ask your doctor to update your prescription or have your pharmacist contact your doctor to request the change. Contact Liviniti Member Services at 800-710-9341 to confirm which pharmacies participate and whether your medication qualifies.

Specialty Medication Copay Assistance

Specialty medications are often used to treat complex or chronic health conditions and can be expensive. Manufacturer copay assistance programs may help eligible employees reduce their out-of-pocket costs for these medications.

If you currently take a specialty medication or participate in a copay assistance program, review your coverage before January 1, 2027, to understand whether any changes to your pharmacy, medication authorization, or assistance program are required.

For information about specialty medication coverage and available copay assistance programs, visit **liviniti.com/members** or call 800-710-9341.

DENTAL INSURANCE

DELTA DENTAL®

South County Health will continue to partner with Delta Dental of Rhode Island, offering you the choice between the same two dental plans, Dental Plan A and Dental Plan B.

You can save money by visiting in-network dental providers. Please visit **deltadentalri.com** and click "Find a Dentist" to confirm if your dentist is in-network with Delta Dental.

About Your Dental Insurance

Both dental plans cover three categories of dental expenses:

- Preventive and diagnostic care (routine exams and cleanings, fluoride treatments, X-rays)
- Basic treatment (extractions, fillings, root canals)
- Major treatment (crowns, periodontics)

The chart below shows how much the plan pays for certain dental services. With Delta Dental of Rhode Island, you will still be covered at dentists outside the Delta Dental network. When you go out of network, the dentist may bill you for charges over the "usual-and-customary" charge for a particular service.

For more information, contact Delta Dental of Rhode Island member services at 1-800-843-3582.

The Benefits



Excellent Network Access

You'll receive the greatest value when you receive dental care from a participating dentist. You can choose from over 450,000 dental locations in the Delta Dental PPO Plus Premier network.



Lower Out-of-Pocket Costs

Because Delta Dental network dentists often accept discounted fees for service, you will normally pay less when you visit a participating dentist.



No Balance Billing

Participating dentists agree to accept their reduced fees as payment in full and will not bill you for the difference.

Service	Dental Plan A	Dental Plan B
Annual Deductible (Individual/Family)	$25/$75	$50/$150
Calendar Year Maximum	$1,250	$1,000
Basic Preventive/Diagnostic Services		
Exams, Cleanings, X-rays	100%	100%
Space Maintainers	100%	80%
Minor Restorative		
Simple Extractions	100%	100%*
Fillings	100%	80%*
Denture Repairs	100%	80%*
Root Canal Therapy, Oral Surgery	100%	80%*
Major Restorative		
Periodontics	50%	50%
Crowns & Inlays/Onlays	100%	55%*
Prosthodontics		
Bridges & Dentures	50%	Not Covered
Orthodontics		
Orthodontia	50% for adults and dependent children up to $1,000 lifetime maximum	Not Covered

* After deductible

This provides a general summary of your Dental Insurance benefit options; it is not a contract. For details about your coverage, including any limitations or exclusions not noted here, call the Delta Dental Customer Service Department at 1-800-843-3582.

Staff Schedule	Dental Plan A Rates		Dental Plan B Rates	
Full-Time Staff (Per Bi-Weekly Paycheck)	Single Plan	$8.82	Single Plan	$6.00
	Two Person Plan	$18.47	Two Person Plan	$11.93
	Family Plan	$25.53	Family Plan	$16.71
Part-Time Staff (Per Bi-Weekly Paycheck)	Single Plan	$11.73	Single Plan	$7.98
	Two Person Plan	$24.57	Two Person Plan	$15.88
	Family Plan	$33.96	Family Plan	$22.24



VISION SERVICE PLAN

vsp vision care

South County Health will continue to partner with VSP to provide your vision coverage in 2027.

Once Enrolled, Getting Started in Your Vision Care Is Simple

- **Find the right VSP doctor for you.** You'll find plenty to choose from at **vsp.com** or by calling 800-877-7195.
- **Already have a VSP doctor?** Make an appointment today and tell them you're a VSP member.
- Check out your coverage and savings. Visit **vsp.com** to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! Your VSP doctor and VSP will handle the rest — no ID cards or claim forms to complete.

Learn About Your LightCare Benefit!

If you are enrolled in the VSP vision plan, you will have the opportunity to get non-prescription eyewear including sunglasses and blue light glasses using your VSP frame and lens benefit. Contact the VSP member services team with any questions.

Item	VSP In-Network Benefit	
	IN-NETWORK	OUT-OF-NETWORK
Eye Exam with Dilation as Necessary	$10 copay	$50
Frames	$200 allowance and 20% discount on amount over the allowance	$70
Standard Plastic Lenses **Single Vision** **Bifocal** **Trifocal**	 $25 copay $25 copay $25 copay	 $50 $75 $100
Lens Options **(Scratch resistance, anti-reflective & progressive)**	30% discount, added to base price of lens	$75
Contact Lenses (allowance covers materials only) **Conventional or Disposables in lieu of Glasses Lenses**	$140 allowance, 15% off usual and customary for professional services	$105 (elective), $210 (necessary)
LASIK & PRK Vision Correction	15% – 20% off retail price	N/A
Frequency: **Exams** **Frames** **Standard Plastic Lenses (SPL)** **Contact Lenses (in lieu of SPL)**	 Once every 12 months Once every 24 months Once every 12 months Once every 12 months	N/A

Please refer to the table below and the VSP Member Benefit Summary for additional details on your coverage.

Per Paycheck Rates	
Single Plan	$3.37
Two Person Plan	$4.89
Family Plan	$8.78

FLEXIBLE SPENDING ACCOUNTS

sentinelgroup

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars for eligible health care and dependent care expenses. South County Health offers two options: Health Care and Dependent Care FSAs. You must elect your FSA during Open Enrollment each year unless you experience a qualifying life event.

Health Care FSA Eligibility: Available to employees enrolled in the EPO or Premier Choice Plan, but not those enrolled in the HDHP with an HSA. If you have unused 2026 Health Care FSA funds and enroll in the HDHP for 2027, you may use those funds through March 15, 2027, and begin contributing to your HSA on April 1, 2027.

Health Care FSA	Dependent Care FSA
Eligible Expenses	
Use pre-tax dollars for eligible medical, dental, vision, and prescription expenses not covered by insurance. Examples include copays, coinsurance, deductibles, eyeglasses, contacts, and orthodontia. Expenses for your spouse and eligible dependents may also qualify.	Use pre-tax dollars for eligible care expenses that allow you (and your spouse, if applicable) to work. Examples include daycare for children under age 13, before- and after-school programs, summer day camps, and care for qualifying disabled dependents.
How Much You Can Contribute	
The maximum contribution is set each year by the IRS. The maximum for 2027 is $3,500 per year. This is subject to change by the IRS.	The maximum contribution is set by the IRS. The South County Health maximum for 2027 is $5,000 per year for a Single or Joint tax return, or $2,500 per year Married Filing Separately. This is subject to change by the IRS.
Cash Flow	
Your full annual election is available at the beginning of the plan year. Use your debit card for eligible expenses or submit claims for reimbursement. Keep your receipts for verification.	As funds are deducted from your paycheck they are credited to your Dependent Care FSA. You can submit claims and receive reimbursement only up to the amount you have available in the account at any time throughout the year.

Use It; Don't Lose It!

By IRS regulation, if you do not incur expenses equal to the amount of contributions withheld through the 2½ month grace period, March 15, 2028, remaining funds will be forfeited.

SUPPLEMENTAL LIFE INSURANCE

Lincoln Financial®

Employee Coverage – Staff scheduled to work 20 or more hours per week are able to purchase Life and Accidental Death and Dismemberment Insurance above and beyond the Basic Life Insurance provided by SCH. Coverage can be purchased in increments from 1 times annual salary up to 5 times annual salary to a maximum of $500,000. The guaranteed issue amount is $300,000. Also, an increase of up to $100,000 is allowed per 12-month period due to either salary increase or annual increase elected during Open Enrollment.

Spouse Coverage – You must purchase Supplemental Life Insurance for yourself, in order to purchase Life and AD&D Insurance coverage on your Spouse. Coverage can be purchased in increments of $5,000 up to a maximum of the lesser of 100% of your insured amount or $100,000. The guaranteed issue amount is $25,000.

Child Coverage – You must purchase Supplemental Life Insurance for yourself, in order to purchase Life Insurance coverage on your Children. You have the option to purchase a benefit of $2,500 or $5,000 per child.

How to Calculate Your Supplemental Life Insurance Cost

1. Take the amount of coverage you want and divide it by 1,000. This will give you the number of units of insurance you are considering.
   Coverage: _____ / 1,000 = Number of Units
2. Take the number of units and multiply it by the rate listed for the applicable age range and benefit type.
   # of Units: _____ * Rate: _____ = Bi-Weekly Cost

Evidence of Insurability

If the Supplemental Life Insurance election you are making exceeds the guaranteed issue amount, you will be required to complete an Evidence of Insurability process. You will be contacted by the Benefits Staff with instructions on how to provide information needed for Lincoln Financial Group's review. Lincoln Financial Group will notify you directly if they require more information. Your amount of coverage will be the guaranteed issue amount until Lincoln Financial Group approves the additional amount. If approved, your coverage will be increased on a go-forward basis. Any future increases are contingent upon approval.

Supplemental Life

Age Range (based on age of person insured)	Employee Life and AD&D Bi-Weekly Rate per $1,000	Spouse Life and AD&D Bi-Weekly Rate per $1,000
<20	$0.0300	$0.0360
20 – 24	$0.0300	$0.0360
25 – 29	$0.0346	$0.0397
30 – 34	$0.0438	$0.0457
35 – 39	$0.0498	$0.0586
40 – 44	$0.0702	$0.0789
45 – 49	$0.0974	$0.1195
50 – 54	$0.1486	$0.1855
55 – 59	$0.2197	$0.2852
60 – 64	$0.3226	$0.4989
65 – 69	$0.5931	$0.8718
70 – 74	$0.9577	$1.5517
75 +	$1.9408	$2.9838
Child(ren) Life and AD&D	**$2,500 Benefit**	**$5,000 Benefit**
Bi-Weekly	$0.150	$0.300

Call 800-423-2765 and mention Company ID: 1110631 to speak with Lincoln Financial customer service representative about any questions.

Important reminders about Evidence of Insurability:

It is required if the amount of Supplemental Life increases after the initial enrollment by more than $100,000 due to salary or benefit increases, or an increase is requested, and any amount of coverage has been previously declined. For spouses, it is required for any increases requested during the annual enrollment period. For children, it is never required.

SUPPLEMENTAL BENEFITS

VOYA FINANCIAL™

Critical Illness Insurance

South County Health offers Critical Illness coverage through Voya for staff scheduled to work 20 or more hours per week. Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date.[1] You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs, or any of your regular household expenses. Benefits are paid directly to you. Coverage is available at $10,000 and $20,000 Employee Coverage levels with spouse and family receiving 50% of the coverage amount. Critical Illness Insurance is a limited benefit policy. This is not Health Insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

[1] See the brochure or certificate of coverage for a complete list of covered conditions, along with complete provisions, exclusions, and limitations.

Critical Illness Coverage Bi-Weekly Rates				
Age	$10,000 Employee/Family		$20,000 Employee/Family	
< 25	$1.87	$3.60	$3.16	$6.05
25 – 29	$2.10	$3.95	$3.62	$6.74
30 – 34	$2.56	$4.64	$4.55	$8.13
35 – 39	$3.35	$5.82	$6.12	$10.49
40 – 44	$6.35	$10.32	$12.12	$19.49
45 – 49	$9.90	$15.65	$19.22	$30.14
50 – 54	$11.42	$17.93	$22.27	$34.71
55 – 59	$13.08	$20.42	$25.59	$39.69
60 – 64	$16.18	$25.07	$31.78	$48.98
65 – 69	$16.32	$25.28	$32.05	$49.39
70 +	$23.38	$35.87	$46.18	$70.58

Employee + Spouse and Employee + Child rates are also available. Voya brochure can be found on Intranet/HR/Benefits for a complete set of rates.



Hospital Indemnity Insurance

South County Health offers Hospital Indemnity coverage through Voya. Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility on or after your coverage effective date.[1] You can use this money for any purpose you like, including: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs, or any of your regular household expenses. Benefits are paid directly to you. Hospital Indemnity Insurance is a limited benefit policy. This is not Health Insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

[1] See the product brochure or certificate of coverage for the definition of covered facilities, along with complete provisions, exclusions, and limitations.

Hospital Indemnity Coverage: Bi-Weekly Rates	Low	High
Employee	$8.80	$17.60
Employee + Spouse	$15.06	$30.12
Employee + Child	$13.56	$27.12
Family	$19.82	$39.64

Sample Payment Amounts

Service	Low	High
Hospital Admission	$1,100	$2,200
Hospital Confinement	$100/day	$200/day
Intensive Care Unit	$200/day	$400/day
Rehabilitation Facility	$50/day	$100/day

Accident Insurance

South County Health offers Accident Insurance through Voya for staff scheduled to work 20 or more hours per week. Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident on or after your coverage effective date.1 You can use this money however you like, including: deductibles, child care, housecleaning, groceries, or utilities. Benefits are paid directly to you. Employees may elect the High or Low plan depending on their needs. Accident Insurance is a limited benefit policy. This is not Health Insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

[1] See the product brochure or certificate of coverage for a list of covered accidents, along with complete provisions, exclusions, and limitations.

Accident Insurance Bi-Weekly Rates	Low	High
Employee	$1.45	$2.72
Employee + Spouse	$3.14	$5.64
Employee + Child	$3.13	$5.82
Family	$4.83	$8.75



Sample Payment Amounts

Accident-Related Treatment	Low	High
Emergency Room Treatment	$150	$225
X-ray	$30	$45
Physical or Occupational Therapy (up to six per accident)	$30	$45
Stitches (for lacerations, up to 2")	$40	$60
Follow-Up Doctor Treatment	$60	$90
Hospital Admission	$1,000	$1,250
Hospital Confinement (per day, up to 365 days)	$200	$300

Please call the Voya Employee Benefit Customer Service Team at 877-236-7564 if you have any additional questions before you enroll and use Group Number 71832-7. **Note:** Coverage for your child(ren) ends on the last day of the month during which they turn 26 for all Voya supplemental benefits.

ADDITIONAL BENEFITS

Norton LifeLock – Identity Theft Protection

SCH partners with Norton LifeLock to offer identity theft and device protection for you and your family. Norton LifeLock Benefit Plans help prevent fraud, block scams, monitor activity, and strengthen your financial wellbeing. This coverage is 100% voluntary and is an employee-paid benefit. For more information, visit **www.Norton.com/BenefitPremier.**

This plan is available to staff scheduled to work 20 or more hours per week at a bi-weekly rate of $3.69 for employee-only coverage, and $6.91 for family coverage.

Pet Insurance

Pet Insurance is available through Nationwide to staff scheduled to work 20 or more hours per week and can cover dogs, cats, birds, rabbits, ferrets, and other exotic pets (subject to underwriting). You can visit any licensed veterinarian worldwide and be covered for thousands of problems and conditions relating to accidents, poisonings, and illnesses (including cancer). The policy helps pay for lab fees, treatments, prescriptions, surgery, and more, depending on numerous factors including type of animal, age, plan design, etc. To find out more about this exciting coverage, please visit **petinsurance.com** or call 800-872-7387.

Farmers Auto and Home Group Insurance

No one wants to pay more than they need to for Auto or Homeowners Insurance. As a staff member of SCH, you could keep more money in your wallet by taking advantage of up to a 15% staff member discount. Plus, your savings could grow even bigger with additional discounts. Let us help you see how high your savings could be: Call 800-438-6381 to get started today. Reminder! Farmers also offers Renters Insurance at a discounted rate.

Legal Services Plan

Offered through ARAG, the plan provides access to qualified legal help and information at a significant savings. Paid-in-full coverage for a variety of attorney services includes (but is not limited to) real estate matters, wills and trusts, consumer protection, divorce (contested and uncontested), and child custody/support. A 25% discount is provided on attorney fees for non-covered matters. For further details, talk with a representative at 800-247-4184, or go online to **araglegal.com/myinfo** and use Access Code: 18195sch.

This plan is available to staff scheduled to work 20 or more hours per week at a bi-weekly rate of $8.42.

CAREER DEVELOPMENT BENEFITS

Tuition Reimbursement

Up to four courses annually are eligible for reimbursement. Staff working 20 or more hours per week and per diem staff scheduled to work 20 or more hours per week on a rolling 12-month basis are eligible. **Please note:** This benefit requires continued employment for a one-year period from the date of reimbursement. Pass/fail classes are eligible for the tuition reimbursement program. Refer to HR Policies on the Intranet for more information.

The tuition reimbursement amount has a maximum benefit of $3,400 per fiscal year for full-time staff (prorated for part-time and per diem staff), and the national certification benefit maximum for RNs is $1,700 per fiscal year for full-time staff (prorated for part-time and per diem staff)!

National Certification

The $250 National Certification bonus recognizes professional excellence. Multiple certification recognitions are available for those changing specialties or professions over their SCH career. Reimbursement for preparatory courses and materials for the initial certification attainment is available through tuition reimbursement.

Scholarship

The Scholarship Health Program provides five $1,000 scholarships annually during Employee Week as selected by the Wellness Council. Applications can be found in HR.









RISLA College and Student Loan Assistance

South County Health (SCH) understands that applying and paying for higher education, including how to manage existing student loans, is a stressful process. That is why SCH has partnered with RISLA to provide you with exclusive benefits and discounts, including:

- RISLA's College Planning Center will provide free assistance to you and your family on applying to college, critiquing college admission essays, help completing the FAFSA and CSS Profile financial aid forms, scholarship searches, and more.
- Provide low-cost education loans for Undergraduate and Graduate students
- Nursing Rewards Program
- SCH employees receive a special .25% interest rate reduction if they refinance their existing educations loans with RISLA. Must enter "SCH" as your employer and enroll in autopay (ACH) to qualify for the extra .25% rate reduction.
- Information on Public Service Loan Forgiveness
- Financial Literacy Education

Visit **risla.com/sch** to view all the partnership benefits that SCH staff has access to (see benefits listed above), or contact 1-888-897-4752 for information on loan options.

CollegeBound Saver

CollegeBound Saver, Rhode Island's 529 College Savings Plan, is a way for families to save for future educational expenses. You can save money for anyone, even yourself, if you are looking to complete a degree or continuing your own education. CollegeBound Saver provides an easy way to contribute, and your savings may also be eligible for a state tax deduction. You can use the money in your 529 to pay for many different qualified expenses — visit our website at **ri529savings.com** to learn more or to open an account. You can also email us at **RI529@ascensus.com** to set up a group webinar or a one-on-one session if you just need a little extra help. Our Client Service Team is also available at 877-517-4829 (Monday–Friday, 8 a.m. to 8 p.m. ET).

Educational Discount Programs

Southern New Hampshire University (SNHU) offers staff and their immediate family members a 10% tuition reduction. Students must identify themselves as SCH employees when completing their admission form to receive the reduction. Offerings are subject to change, and there may be limitations on program availability and eligibility for reductions. Visit **snhu.edu** or call 800-668-1249 for more information.

CASUAL BENEFITS

OTC Pharmacy Discount

Visit the SCH Pharmacy Department on the Intranet to find the OTC (over-the-counter) drug order form with instructions, to save money on over-the-counter medications.

TicketsatWork

Tickets to the hottest theatre, family, and sporting events nationwide. Account: SCH. **ticketsatwork.com/tickets**

Discounts at Local Businesses

Show your South County Health ID to receive discounts at these area merchants:

- **Anytime Fitness –** $38.99 a month for a 24-month membership
- **Applebee's (South County Commons) –** 10% off
- **AQUA Salon and Spa –** 10% discount
- **BellaFoto Studios: Phone: 860-287-3815 –** 15% off all portrait sessions and packages
- **Bend Studio –** $20 for 2 weeks unlimited yoga intro offer
- **Boon Street Market –** 20% off food and drink with badge
- **CANE Child Development Center –** 10% off
- **Color House –** Contractors' discount given (reference #782-8000)
- **CrossFit South Kingstown –** 15% off monthly membership
- **Java Madness –** 15% discount
- **Sherwin-Williams –** 20% off paint supplies and 35% off paint
- **So Co Cycle** – 10% off 10 pack of classes

Discounts are subject to change. To see full list, please go to the Intranet > Human Resources > Casual Benefits.



CONTACT INFORMATION

Coverage	Contact	Phone	Website / Email
Medical Insurance	UMR/UnitedHealthcare	800-826-9781	**umr.com**
Prescription Drug Coverage	Liviniti	800-710-9341	**liviniti.com/members**
Health Savings Account (HSA)	FloresHR	800-532-3327	**floreshr.com**
Health Reimbursement Account (HRA)	Sentinel	888-762-6088	**sentinelgroup.com**
Critical Illness Insurance Hospital Indemnity Insurance Accident Insurance	Voya	877-236-7564 Group Number: 71832-7	**voya.com**
Dental Insurance	Delta Dental of Rhode Island	800-843-3582	**deltadentalri.com**
Vision Insurance	VSP	800-877-7195	**vsp.com**
Flexible Spending Accounts (FSA)	Sentinel	888-762-6088	**sentinelgroup.com**
Life & AD&D Insurance	Lincoln Financial Group	800-423-2765 Basic Life and AD&D: GP-LADEP-FLI001 Optional Life and AD&D: GP-LFVO-FLI001	**LincolnFinancial.com**
Long-Term Disability	Lincoln Financial Group	800-423-2765	**LincolnFinancial.com**
403(b) Retirement Plan	Transamerica	800-755-5801	**my.trsretire.com**
Employee Assistance Program	SupportLinc	888-881-5462 Group Code: southcountyhealth	**mysupportlinc.com**
Identity Theft Protection	Norton LifeLock	800-607-9174	**mynorton.com**
Pet Insurance	Nationwide	800-872-7387	**petinsurance.com**
Auto, Home & Renters Insurance	Farmers	800-438-6381	**farmers.com**
Legal Services Plan	ARAG	800-247-4184	**araglegal.com/myinfo**
Financial Counseling	Money Management International	866-889-9347	**moneymanagement.org**
College & Student Loan Assistance	RISLA	888-897-4752	**risla.com/sch**
529 College Savings	CollegeBound Saver	877-517-4829	**ri529savings.com**
Employee Discounts	TicketsatWork	800-331-6483	**ticketsatwork.com/tickets**
Human Resources/Benefits	South County Health	401-788-3800	**Benefits@southcountyhealth.org**

REQUIRED NOTICES

Medicare Part D Notice

Important Notice from South County Health about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with South County 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. South County Health has determined that the prescription drug coverage offered by Livinity, 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 South County Health coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Livinity is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your South County Health prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 South County 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 below 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 South County 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 **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 800-MEDICARE (800-633-4227). TTY users should call 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 **socialsecurity.gov**, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage 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:	October 1, 2026
Name of Entity/Sender:	South County Health
Contact-Position/Office:	Human Resources/Benefits
Address:	100 Kenyon Ave Wakefield, RI 02879
Phone Number:	(401) 788-3800

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. Therefore, the following deductibles and coinsurance apply:

- Premier Choice Plan: Inpatient hospital stays are subject to deductible and coinsurance:
  - In Network deductible (individual / family): Not applicable
  - In Network coinsurance: Not applicable
  - Out of Network deductible (individual / family): $1,500 / $3,000
  - Out of Network coinsurance: 30%
- EPO Plan: Inpatient hospital stays are covered as follows:
  - In Network: $200 copay per day, up to a maximum of $400 per Inpatient Stay
  - Out of Network: Not applicable
  - Out of Network deductible (individual / family): Not applicable
  - Out of Network coinsurance: Not applicable
- HDHP Plan: Inpatient hospital stays are covered as follows:
  - In Network: covered 100%
  - Out of Network: Not applicable
  - Out of Network deductible (individual / family): Not applicable
  - Out of Network coinsurance: Not applicable

If you would like more information on WHCRA benefits, call your plan administrator Human Resources/Benefits, at (401) 788-3800.

Newborns and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator Human Resources/Benefits at (401) 788-3800.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in South County Health health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in South County Health health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in South County Health health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for South County Health describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting your plan administrator Human Resources/Benefits, at 401-788-3800.

Michelle's Law

The South County Health plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school—or change in school enrollment status (for example, switching from full-time to part-time status)—starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify your plan administrator Human Resources/Benefits (401) 788-3800. as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: **http://myalhipp.com/**
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: **http://myakhipp.com/**
Phone: 1-866-251-4861
Email: **CustomerService@MyAKHIPP.com**
Medicaid Eligibility:
https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

Website: **http://myarhipp.com/**
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: **https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/**
Phone: 916-445-8322 Fax: 916-440-5676
Email: **hipp@dhcs.ca.gov**

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: **https://hcpf.colorado.gov/chp**
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: **https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html**
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: **https://medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp**
Phone: 678-564-1162, Press 1
GA CHIPRA Website: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
Phone: 678-564-1162, Press 2

ILLINOIS – Medicaid

Medicaid Premium Assistance Information
Medicaid application website: **https://abe.illinois.gov**
HIPP Hotline: 217-524-8268
HIPP Email: **mhfs.boc.hipp@illinois.gov**

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: **https://www.in.gov/medicaid/**
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: **Iowa Medicaid | Health & Human Services**
Medicaid Phone: 1-800-338-8366
Hawki Website: **Hawki - Healthy and Well Kids in Iowa | Health & Human Services**
Hawki Phone: 1-800-257-8563
HIPP Website: **Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)**
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: **https://www.kancare.ks.gov/**
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: **https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx**
Phone: 1-855-459-6328
Email: **KIHIPP.PROGRAM@ky.gov**
KCHIP Website: **https://kynect.ky.gov**
Phone: 1-877-524-4718
Kentucky Medicaid Website:
https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Louisiana Medicaid Website: **www.ldh.la.gov/healthy-louisiana**
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid Email: **healthy@la.gov**
Louisiana Health Insurance Premium Program (LaHIPP) Website: **https://www.ldh.la.gov/lahipp**
LaHIPP Phone: 1-877-697-6703
LaHIPP Email: **La.HIPP@la.gov**
LaHIPP Fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid

Enrollment Website: **www.mymaineconnection.gov/benefits/s/?language=en_US**
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: **https://www.maine.gov/dhhs/ofi/applications-forms**
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: **https://www.mass.gov/masshealth/pa**
Phone: 1-800-862-4840 TTY: 711
Email: **masspremassistance@accenture.com**

MINNESOTA – Medicaid

Website: **https://mn.gov/dhs/health-care-coverage/**
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: **https://dss.mo.gov/healthcare**
Phone: 573-751-2005

MONTANA – Medicaid

Website: **http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP**
Phone: 1-800-694-3084
Email: **HHSHIPPProgram@mt.gov**

NEBRASKA – Medicaid

Website: **http://ACCESSNebraska.ne.gov**
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: **http://dhcfp.nv.gov**
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: **https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program**
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: **DHHS.ThirdPartyLiabi@dhhs.nh.gov**

NEW JERSEY – Medicaid and CHIP

Medicaid Website: **https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/**
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: **http://www.njfamilycare.org/index.html**
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: **https://www.health.ny.gov/health_care/medicaid/**
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: **https://medicaid.ncdhhs.gov/**
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: **https://www.hhs.nd.gov/healthcare**
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: **https://www.insureoklahoma.org**
Phone: 1-888-365-3742

OREGON – Medicaid

Website: **http://healthcare.oregon.gov/Pages/index.aspx**
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: **https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html**
Phone: 1-800-692-7462
CHIP Website: **Children's Health Insurance Program (CHIP) (pa.gov)**
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: **http://www.eohhs.ri.gov/**
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: **https://www.scdhhs.gov**
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: **http://dss.sd.gov**
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: **Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services**
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
Website: **https://medicaid.utah.gov/upp/**
Email: **upp@utah.gov**
Phone: 1-888-222-2542
Adult Expansion Website: **medicaid.utah.gov/expansion/**
Utah Medicaid Buyout Program Website: **medicaid.utah.gov/buyout-program/**
CHIP Website: **https://chip.utah.gov/**

VERMONT – Medicaid

Website: **Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access**
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: **https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select**
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: **https://www.hca.wa.gov/**
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: **https://bms.wv.gov/**
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: **https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm**
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: **https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/**
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

SOUTH COUNTY HEALTH

MAYO CLINIC Care Network Member







