

# FAITH REGIONAL HEALTH SERVICES



## 2025 Benefit Enrollment

It's Time To Talk  
About Your Benefits



# ENROLLMENT



Go to the **FRHS Intranet Benefits page**. There, you will find detailed information about the plans available to you and instructions for enrolling.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## WELCOME

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

### Eligibility

You are eligible for benefits if you work 24 hours per week /48 hours per pay period. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

### When Coverage Begins

- **New Hires:** You must complete the enrollment process within 21 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:**  
Changes made during Open Enrollment are effective January 1, 2025.

### Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

### Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.



# MEDICAL



We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## **First Choice Third Party Administrator (TPA)**

First Choice is the TPA for the Faith Regional Health Services Medical plan. First Choice provides enrolled participants with customer service, online service, ID cards, and support while using the medical plan.

## **Preferred Provider Organization (PPO)**

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network. The calendar-year deductible must be met before certain services are covered. If you receive care in Tier 1 or Tier 2 of the medical plan, your costs will be less.

## **HDHP with HSA**

Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).



# MEDICAL



## Here’s how the HDHP plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, each covered family member is only required to meet the Individual Deductible within the Family Deductible before the plan starts to pay expenses for that individual.
- **Coinsurance:** Once you’ve met the plan’s annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan’s annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, each covered family member is only required to meet the out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, FRHS will contribute \$37.50 per pay period (\$75 Month) to your HSA if you enroll in employee-only or family coverage. In order to qualify, you must open your HSA account with Elkhorn Valley Bank and contribute a minimum of \$20 per pay period. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details. Please note, if you plan to retire in 2025, please consult your tax advisor regarding your participation in the HSA.**

**Important:** Your contributions, in addition to the company’s contributions, may not exceed the annual IRS limits listed below.

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the company. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents’ doctor’s visits, prescriptions, braces, glasses— even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

| HSA Annual Contribution Limit | 2025    |
|-------------------------------|---------|
| Employee Only                 | \$4,300 |
| Family (employee + 1 or more) | \$8,550 |
| Catch-up (age 55+)            | \$1,000 |



# MEDICAL



## Provider Network

As medical and pharmacy costs rise, Faith Regional Health Services continues to explore ways to contain cost and continue to provide benefits that are valuable to employees and their families. In 2023, Faith Regional along with several other rural Nebraska Hospitals created an alliance called the Midwest Network Alliance (MNA). Are part of the MNA, Faith Regional employees will have access to other hospitals across the state who agree to help contain healthcare costs.



**An explanation of the providers in each Tier is included below:**

**Tier 1:** Tier 1 providers (doctors, hospitals, etc.) are those that are included in the Faith Regional Health Services System.

**Tier 2:** Tier 2 hospitals are part of a newly formed network called the Midwest Network Alliance (MNA). The following hospitals are in Tier 2:

|                     |                             |
|---------------------|-----------------------------|
| Bryan LGH           | Mary Lanning                |
| Great Plains Health | Nebraska Medicine           |
| Nebraska Methodist  | Columbus Community Hospital |

**\*Tier 2 includes physicians that are affiliated with the Tier 2 hospitals. Please refer to the First Choice provider finder for specific information.**

**Tier 3:** For employees who live in Nebraska and Iowa, the network is called Midlands Choice. For employees who may live outside of Nebraska or Iowa or have dependents that reside outside of the area, the network is called First Health.

**Tier 4:** Tier 4 is out-of-network. Choosing out-of-network providers will result in the highest cost for you and your family.

|                     | Tier 1                                | Tier 2   | Tier 3  | Tier 4         |
|---------------------|---------------------------------------|--|---|----------------|
| <b>Network Name</b> | Faith Regional Health Services (FRHS) | Midwest Network Alliance (MNA)<br><b>*Children's Hospital is included in Tier 2 for Faith Regional</b> | <b><u>Nebraska and Iowa:</u></b> Midlands Choice<br><br><b><u>Outside of Nebraska and Iowa:</u></b> First Choice Health | Out-of-Network |



# PPO Plan



Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

|  | Tier 1                                | Tier 2                         | Tier 3   | Tier 4                   |
|--|---------------------------------------|--------------------------------|--|--------------------------|
| <b>Network Name</b>  | Faith Regional Health Services (FRHS) | Midwest Network Alliance (MNA) | <u>Nebraska and Iowa:</u><br>Midlands Choice<br><u>Outside of Nebraska and Iowa:</u><br>First Health | Out-of-Network           |
| <b>Individual Deductible</b>   | \$750                                 | \$3,000                        | \$5,000  | \$8,000                  |
| <b>Family Deductible</b>   | \$1,500                               | \$6,500                        | \$10,000   | \$16,000                 |
| <b>Individual Out-of-Pocket</b>  | \$2,500                               | \$6,500                        | \$9,200  | \$16,000                 |
| <b>Family Out-of-Pocket</b>  | \$5,000                               | \$12,000                       | \$18,400   | \$32,000                 |
| <b>Coinsurance</b>   | 10%                                   | 20%                            | 30%  | 50%                      |
| <b>Emergency Room</b>  | \$150 Copay, then 10%                 | \$150 Copay, then 10%          | \$150 Copay, then 10%  | \$150 Copay, then 10%    |
| <b>Inpatient Care &amp; Outpatient</b>                                     | Deductible / Coinsurance              | Deductible / Coinsurance       | Deductible / Coinsurance   | Deductible / Coinsurance |
| <b>Physician Office Services</b>   | \$30 Copay, then 100%                 | \$60 Copay, then 100%          | \$75 Copay, then 100%  | 50%                      |
| <b>Tier 1, 2 and 3 Cross Accumulate – Tier 4 does not Cross Accumulate</b> |                                       |                                |  |                          |

| <b>PPO Prescription Plan</b>  |            |                       |                           |                  |
|---|------------|-----------------------|---------------------------|------------------|
|   | Generic    | Brand Name, Formulary | Brand Name, Non Formulary | Specialty        |
| <b>Faith Regional Pillbox (0-34 day supply)</b>                                     | \$10 Copay | \$35 Copay            | \$50 Copay                | 20% of Drug Cost |
| <b>Retail (0 – 34 day supply)</b>   | \$25 Copay | \$60 Copay            | \$80 Copay                | 20% of Drug Cost |
| <b>Faith Regional Pillbox (35-102 day supply)</b>                                   | \$20 Copay | \$70 Copay            | \$100 Copay               | Not Covered      |
| Preventive / Maintenance Medications purchased at the Pillbox are the lowest copay. |            |                       |                           |                  |

**Note:** Copays are NOT applied to the deductible

| <b>PPO Plan 2025 Costs Per Pay Period</b> |           |           |
|---|-----------|-----------|
|   | Part Time | Full Time |
| Employee Only                             | \$184.96  | \$113.04  |
| Employee + Spouse                         | \$575.00  | \$450.00  |
| Employee + Child(ren)                     | \$550.00  | \$437.50  |
| Family                                    | \$650.94  | \$511.78  |

If you/your spouse are a tobacco user, an additional 50% Tobacco Surcharge will apply.



# HDHP Plan



Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

|  | Tier 1                                | Tier 2                         | Tier 3  | Tier 4                   |
|--|---------------------------------------|--------------------------------|---|--------------------------|
| <b>Network Name</b>  | Faith Regional Health Services (FRHS) | Midwest Network Alliance (MNA) | <u>Nebraska and Iowa:</u><br>Midlands Choice<br><u>Outside of Nebraska and Iowa:</u> First Health | Out-of-Network           |
| <b>Individual Deductible</b>   | \$1,650                               | \$4,500                        | \$6,000   | \$8,000                  |
| <b>Family Deductible</b>   | \$3,300                               | \$9,500                        | \$12,000  | \$16,000                 |
| <b>Individual Out-of-Pocket</b>  | \$2,500                               | \$6,500                        | \$8,300   | \$16,600                 |
| <b>Family Out-of-Pocket</b>  | \$5,000                               | \$12,000                       | \$16,600  | \$32,000                 |
| <b>Coinsurance</b>   | 10%                                   | 20%                            | 30%   | 50%                      |
| <b>Emergency Room</b>  | Deductible / Coinsurance              | Deductible / Coinsurance       | Deductible / Coinsurance  | Deductible / Coinsurance |
| <b>Inpatient Care &amp; Outpatient Care</b>                                | Deductible / Coinsurance              | Deductible / Coinsurance       | Deductible / Coinsurance  | Deductible / Coinsurance |
| <b>Physician Office Services</b>   | Deductible / Coinsurance              | Deductible / Coinsurance       | Deductible / Coinsurance  | Deductible / Coinsurance |
| <b>Tier 1, 2 and 3 Cross Accumulate – Tier 4 does not Cross Accumulate</b> |                                       |                                |   |                          |
| <b>HDHP Prescription Plan</b>  |                                       |                                |   |                          |
|  | Generic                               | Brand Name, Formulary          | Brand Name, Non Formulary   | Specialty                |
| <b>Faith Regional Pillbox (0-34 day supply)</b>                            | Deductible / Coinsurance              | Deductible / Coinsurance       | Deductible / Coinsurance  | Deductible / Coinsurance |
| <b>Retail (0 – 34 day supply)</b>  | Deductible / Coinsurance              | Deductible / Coinsurance       | Deductible / Coinsurance  | Deductible / Coinsurance |
| <b>Faith Regional Pillbox (35-102 day supply)</b>                          | Deductible / Coinsurance              | Deductible / Coinsurance       | Deductible / Coinsurance  | Deductible / Coinsurance |

Preventive Medications as defined by the Affordable Care Act (ACA) are covered at 100%.

| <b>HDHP 2025 Costs Per Pay Period</b> |           |           |                             |
|---------------------------------------|-----------|-----------|-----------------------------|
|                                       | Part Time | Full Time | Employer (HSA) Contribution |
| Employee Only                         | \$93.51   | \$59.22   | \$37.50                     |
| Employee + Spouse                     | \$270.00  | \$175.00  | \$37.50                     |
| Employee + Child(ren)                 | \$250.00  | \$152.50  | \$37.50                     |
| Family                                | \$305.81  | \$193.19  | \$37.50                     |

If you/your spouse are a tobacco user, an additional 50% Tobacco Surcharge will apply.



# PRESCRIPTIONS



## The Pill Box

Reasons to use The Pill Box Pharmacy:

- Convenient- located within the hospital
- After hours pickup can be arranged
- Payroll deduction allowed
- Mail out prescriptions
- Friendly staff willing to help find resources for expensive medications
- Short wait times
- Medications on preventative drug list are covered 100% on the HD plan
- PPO plan receives three month supply for two month copay
- 15% off Over the Counter items
- Ability to order over the counter items if not stocked
- Auto refills and text notification when refills are ready
- Ability to re-order prescriptions through the Refill Quick App
- Money spent at Faith, stays at Faith



# In-network behavioral health support through virtual counseling and psychiatry



Many First Choice Health members can now access Talkspace through their medical plan.

Talkspace offers private and convenient mental health support on your schedule. Engage in counseling and therapy from the convenience of your device (iOS, Android, web).

All care is delivered virtually by a behavioral health clinician or medical professional. Talkspace's network includes thousands of licensed, insured, and verified therapists who can treat a variety of needs.

## The Talkspace difference

### Our network stands out

Our diverse network includes full-time licensed providers in every state and represents over 184 areas of specialty.

## Ready to get started?

- Register to confirm benefit availability. You can register on a web browser at [talkspace.com/firstchoicehealth](https://talkspace.com/firstchoicehealth)
- Register and search using your First Choice Health medical plan so services are appropriately applied under your medical plan
- Complete our QuickMatch™ provider finder tool to be matched with a dedicated clinician based on your preferences
- Schedule a live session or send a message right away
- Make your payment  
If you have questions regarding your mental health benefits or coverage, please refer to the information on the back of your insurance card for support contact information.



SCAN ME

## Our unique member experience

### Personalized matching

Our QuickMatch™ experience uses a brief questionnaire and algorithm to match you with the best available provider based on your location and needs.

### Convenient access

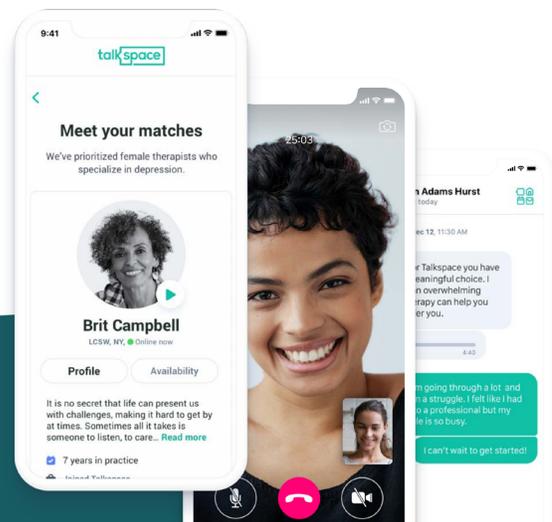
Get matched with a licensed provider and begin communicating. Providers typically respond once per day during their set business hours.

### Ease of communication

Send private messages or book live sessions at a time that works for you. Message and live session modalities can be text, voice, or video.

### Self-guided exercises

Meditation, journaling, and in-app exercises are available for individuals, couples, and families to use anytime, anywhere.



# Baby Steps Maternity Program



 **Are you or a family member pregnant?**

**We're here to help!**

Even if you aren't a first-time mom, First Choice Health is here to help in achieving the absolute best outcomes for both mothers and babies. The Baby Steps Maternity Program has been created to build strong partnerships between mothers, their families, and their healthcare teams. Through regular conversations with our nurses, you'll receive support, resources, and learn ways to minimize risks to you and your baby.



Prenatal  
Education



Nutritional  
Education



Holistic  
Approach



Licensed  
Medical Staff



Maternity & Well  
Baby Benefits

**Call (800) 808-0450 or email [cmsupport@fchn.com](mailto:cmsupport@fchn.com)**

Ask for a First Choice Health Case Manager



# DENTAL



We are proud to offer you a dental plan.

## Ameritas PPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

Following is a high-level overview of the coverage available.



| Key Dental Benefits  | Ameritas PPO                |                             |
|--|-----------------------------|-----------------------------|
|  | In-Network                  | Out-of-Network <sup>1</sup> |
| <b>DEDUCTIBLE</b> (per calendar year)  |                             |                             |
| <b>Individual / Family</b>   | \$50 / \$50                 |                             |
| <b>BENEFIT MAXIMUM</b> (per calendar year; preventive, basic, and major services combined) |                             |                             |
| <b>Per Individual</b>  | \$1,250                     |                             |
| <b>COVERED SERVICES</b>  |                             |                             |
| <b>Preventive Services</b>   | No charge                   | 20%                         |
| <b>Basic Services</b>  | 20%*                        | 40%*                        |
| <b>Major Services</b>  | 50%*                        |                             |
| <b>Orthodontia</b> (Child & Adult)   | 50%* (\$1,250 Lifetime Max) |                             |

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

<sup>1</sup> If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Late Entry Rule: If the employee/dependent is not enrolled when first eligible, they will be subject to only "Preventative Services" for the first 12 months.

| 2025 Dental Costs Per Pay Period |         |
|----------------------------------|---------|
| Single                           | \$0.00  |
| Employee + Spouse                | \$14.70 |
| Employee + Child(ren)            | \$23.85 |
| Employee + Family                | \$38.20 |



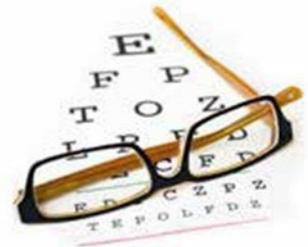
# VISION



We are proud to offer you a vision plan.

The Ameritas – VSP vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Ameritas – VSP network.

Following is a high-level overview of the coverage available.



| Key Vision Benefits  | In-Network      | Out-of-Network Reimbursement               |
|--|-----------------|--|
| <b>Exam</b> (once every calendar year)   | \$10 copay      | Up to \$52                                 |
| <b>Lenses</b> (once every calendar year)<br>Single Vision<br>Bifocal<br><br>Trifocal | \$25 copay      | Up to \$55<br>Up to \$75<br><br>Up to \$95 |
| <b>Frames</b> (once every calendar year)   | \$180 allowance | Up to \$45                                 |
| <b>Contact Lenses</b><br>(once every calendar year; in lieu of glasses)              | \$180 allowance | Up to \$105                                |

| 2025 Vision Costs Per Pay Period |         |
|----------------------------------|---------|
| Single                           | \$5.80  |
| Employee + Spouse                | \$12.05 |
| Employee + Child(ren)            | \$9.80  |
| Employee + Family                | \$16.15 |



# ADDITIONAL BENEFITS



Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our additional benefits through Allstate are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Plan includes a fixed wellness benefit of \$25 per visit for preventive services.

- Medical Routine Physical
- Dental Cleaning
- Vision Exam

**Single Coverage:** Maximum of two visits per year (\$50)

**Family coverage:** Maximum of four visits per year (\$100)

| Coverage Tier         | Employee Contribution (Semi-Monthly) |
|-----------------------|--------------------------------------|
| Employee Only         | \$4.57                               |
| Employee + Spouse     | \$7.91                               |
| Employee + Child(ren) | \$11.66                              |
| Family                | \$15.52                              |

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more. Covered dependent maximum coverage is ½ of the employee maximum benefit.

Plan includes one annual wellness benefit of \$50 per visit/ covered person for wellness exams, 24 covered exams, examples include:

- Mammogram, Lipid Panel, Pap Smear and more

<sup>1</sup> MetLife Accident and Critical Illness Impact Study, October 2013

| Age Brackets | Attained Age Uni-Tobacco \$10k (Semi-Monthly Rates) |                  | Attained Age Uni-Tobacco \$20k (Semi-Monthly Rates) |                  | Attained Age Uni-Tobacco \$30k (Semi-Monthly Rates) |                  |
|--------------|---|------------------|---|------------------|---|------------------|
|              | EE/EE + Child                                       | EE + SP / Family | EE/EE + Child                                       | EE + SP / Family | EE/EE + Child                                       | EE + SP / Family |
| 18-24        | \$1.38  | \$2.40           | \$2.11  | \$3.47           | \$2.81  | \$4.57           |
| 25-29        | \$1.74  | \$2.94           | \$2.80  | \$4.53           | \$3.85  | \$6.12           |
| 30-34        | \$2.37  | \$3.91           | \$4.04  | \$6.40           | \$5.70  | \$8.89           |
| 35-39        | \$3.47  | \$5.58           | \$6.16  | \$9.62           | \$8.86  | \$13.66          |
| 40-44        | \$4.80  | \$7.61           | \$8.76  | \$13.56          | \$12.72   | \$19.50          |
| 45-49        | \$6.74  | \$10.59          | \$12.57   | \$19.31          | \$18.38   | \$28.04          |
| 50-54        | \$9.39  | \$14.61          | \$17.71   | \$27.08          | \$26.02   | \$39.58          |
| 55-59        | \$12.48   | \$19.32          | \$23.75   | \$36.22          | \$35.01   | \$53.13          |
| 60-64        | \$17.77   | \$27.38          | \$34.11   | \$51.87          | \$50.44   | \$76.39          |
| 65-69        | \$24.90   | \$38.22          | \$48.04   | \$72.94          | \$71.19   | \$107.67         |
| 70-74        | \$33.92   | \$51.94          | \$65.74   | \$99.66          | \$97.56   | \$147.39         |
| 75-79        | \$42.88   | \$65.47          | \$83.48   | \$126.34         | \$124.06  | \$187.24         |
| 80+          | \$60.19   | \$91.47          | \$118.00  | \$178.18         | \$175.80  | \$264.90         |



# FLEXIBLE SPENDING ACCOUNTS



We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Wex, Inc. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

### Limited-Purpose FSA (for HSA participants)

If you enroll in the HDHP medical plan, you may only participate in a limited-purpose FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

### Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre- school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/ herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## FSA Rules

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

FSA use-it or lose-it rules apply. Unused funds will not be returned to you or carried over to the following year. FSA claims must be filed within 90 days of the end of the Plan Year.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.



# LIFE AND AD&D



**Life insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Employer Paid - Basic Life/AD&D

This benefit is provided at NO COST to you through Mutual of Omaha.

|                       |           |
|-----------------------|-----------|
| <b>Benefit Amount</b> | 1x salary |
|-----------------------|-----------|

## Employee Paid Life/AD&D

If you determine you need more than the basic coverage, you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

Employees electing supplemental life insurance coverage after initial eligibility period will require Evidence of Insurability and will not be effective unless approved by Mutual of Omaha.

|            | Benefit Option  | Guaranteed Issue* |
|------------|---|-------------------|
| Employee   | Up to a maximum of \$500,000  | \$150,000         |
| Spouse     | Up to a maximum of \$250,000<br>Spouse amount cannot exceed more than 50% of employee | \$30,000          |
| Child(ren) | Birth to age 26: \$10,000   | \$10,000          |

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI that once approved by the insurance carrier, the additional coverage (over the guaranteed amount) will be effective the 1st of the month following approval. Each year during our Annual Open Enrollment you will have the option to increase your life insurance by one increment (\$10,000 for employee/\$5,000 for spouse) up to the guaranteed issue amount without providing Evidence of Insurability.

| Employee Age Bands | Semi-Monthly Rate Per \$10,000 | Spouse Age Bands (Based on Spouse Age) | Semi-Monthly Rate Per \$5,000 |
|--------------------|--------------------------------|--|-------------------------------|
| <20                | \$0.200                        | <20                                    | \$0.100                       |
| 20-24              | \$0.200                        | 20-24                                  | \$0.100                       |
| 25-29              | \$0.200                        | 25-29                                  | \$0.100                       |
| 30-34              | \$0.250                        | 30-34                                  | \$0.125                       |
| 35-39              | \$0.350                        | 35-39                                  | \$0.175                       |
| 40-44              | \$0.500                        | 40-44                                  | \$0.250                       |
| 45-49              | \$0.700                        | 45-49                                  | \$0.350                       |
| 50-54              | \$1.110                        | 50-54                                  | \$0.550                       |
| 55-59              | \$1.700                        | 55-59                                  | \$0.850                       |
| 60-64              | \$2.600                        | 60-64                                  | \$1.300                       |
| 65-69              | \$4.600                        | 65-69                                  | \$2.300                       |
| 70-74              | \$9.000                        | 70-74                                  | \$4.500                       |
| 75+                | \$9.000                        | 75+                                    | \$4.500                       |
| Child Life         |                                | Semi-Monthly Rate \$10,000             |                               |
| Birth up to age 26 |                                | \$0.66                                 |                               |



# DISABILITY INSURANCE



Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. Employees electing short-term disability coverage after the initial eligibility period will be subject to pre-existing condition limitations.

Each year during our Annual Open Enrollment you will have the option to elect short-term disability without providing an evidence of insurability. \* Pre-existing condition limitations will still apply.

$$\begin{array}{ccccccc}
 \$ & & /52 \text{ (Weeks)} \times .60 & & /10X & \$ & = \\
 \hline
 \text{Annual Salary} & & & & \text{Covered Weekly Benefit} & & \text{Rate} & & \text{Per Pay Period}
 \end{array}$$

|   |   |
|---|---|
| <b>Benefit Percentage</b>               | 60%   |
| <b>Weekly Benefit Maximum</b>           | \$1,000   |
| <b>When Benefits Begin</b>              | On 1st day of disability for accidents / 8th day of disability for illnesses  |
| <b>Maximum Benefit Duration</b>         | 13 weeks  |
| <b>Pre-Existing Condition Exclusion</b> | You may not be eligible for STD benefits if you have received treatment for a condition (including pregnancy) within 3 months prior to your effective date under this policy until you have been covered under the policy for 6 months. |
| <b>Maternity Benefits</b>               | Normal Delivery Max Benefit: six (6) weeks – one (1) week elimination period = five (5) weeks of paid benefits  |
|   | C-Section Delivery Max Benefit: eight (8) weeks – one (1) week elimination period = seven (7) weeks of paid benefits  |



# DISABILITY INSURANCE (Cont.)



Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. Employees electing long-term disability coverage after the initial eligibility period will be subject to pre-existing condition limitations.

$$\frac{\$ \text{ Annual Salary}}{12 \text{ (Months)}} = \frac{\text{Covered Weekly Benefit}}{100X} \times \$ \text{ Rate} = \text{Per Pay Period}$$

|   |   |
|---|---|
| <b>Benefit Percentage</b>               | 60%   |
| <b>Monthly Benefit Maximum</b>          | \$6,000   |
| <b>When Benefits Begin</b>              | After 90th day of disability  |
| <b>Maximum Benefit Duration</b>         | Social Security Retirement Age  |
| <b>Pre-Existing Condition Exclusion</b> | You may not be eligible for LTD benefits if you have received treatment for a condition within 12 months prior to your effective date under this policy until you have been covered under the policy for 12 months. |

| Short-Term Disability |                                    | Long-Term Disability |                             |
|-----------------------|------------------------------------|----------------------|-----------------------------|
| Attained Age          | Semi-Monthly Rate Per \$10 benefit | Attained Age         | Semi-Monthly Rate per \$100 |
| <30                   | \$0.530                            | <20                  | \$0.095                     |
| 30-34                 | \$0.490                            | 20-24                | \$0.095                     |
| 35-39                 | \$0.450                            | 25-29                | \$0.095                     |
| 40-44                 | \$0.390                            | 30-34                | \$0.135                     |
| 45-49                 | \$0.380                            | 35-39                | \$0.185                     |
| 50-54                 | \$0.420                            | 40-44                | \$0.255                     |
| 55-59                 | \$0.475                            | 45-49                | \$0.380                     |
| 60-64                 | \$0.550                            | 50-54                | \$0.570                     |
| 65-69                 | \$0.630                            | 55-59                | \$0.675                     |
| 70-74                 | \$0.695                            | 60-64                | \$0.700                     |
| 75+                   | \$0.695                            | 65-69                | \$0.700                     |
|                       |                                    | 70-74                | \$0.700                     |
|                       |                                    | 75+                  | \$0.700                     |



# MetLife Legal Coverage



For a monthly fee you, your spouse and dependents can get legal paid assistance for some of the most frequently needed personal legal matters – with no waiting periods, no deductible and no claim forms, when using a network attorney for a covered matter. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.\*

|  |  |  |   |
|--|--|--|---|
| <b>Money Matters</b>                             | <ul style="list-style-type: none"> <li>• Debt collection defense</li> <li>• Identify management services</li> <li>• Identify theft defense</li> </ul>  | <ul style="list-style-type: none"> <li>• Negotiations with creditors</li> <li>• Personal bankruptcy</li> <li>• Promissory notes</li> </ul>   | <ul style="list-style-type: none"> <li>• Tax Audit Representation</li> <li>• Tax collection defense</li> </ul>  |
| <b>Home &amp; Real Estate</b>                    | <ul style="list-style-type: none"> <li>• Boundary and title disputes</li> <li>• Deeds</li> <li>• Eviction defense</li> <li>• Foreclosure</li> </ul>  | <ul style="list-style-type: none"> <li>• Home equity loans</li> <li>• Mortgages</li> <li>• Property tax assessments</li> <li>• Refinancing of homes</li> </ul>   | <ul style="list-style-type: none"> <li>• Sales or purchase of home</li> <li>• Security deposit assistance</li> <li>• Tenant negotiations</li> <li>• Zoning applications</li> </ul>                |
| <b>Estate Planning</b>                           | <ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> </ul>  | <ul style="list-style-type: none"> <li>• Power of Attorney (Healthcare, Financial, Children, Immigration)</li> </ul>   | <ul style="list-style-type: none"> <li>• Revocable and Irrevocable Trusts</li> <li>• Simple Wills</li> </ul>  |
| <b>Family &amp; Personal</b>                     | <ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand Letters</li> <li>• Garnishment Defense</li> <li>• Guardianship</li> <li>• Immigration Assistance</li> </ul> | <ul style="list-style-type: none"> <li>• Juvenile Court Defense, including criminal matters</li> <li>• Name Change</li> <li>• Parental responsibility matters</li> <li>• Personal property protection</li> </ul> | <ul style="list-style-type: none"> <li>• Prenuptial agreement</li> <li>• Protection from domestic violence</li> <li>• Review of any personal legal document</li> <li>• School hearings</li> </ul> |
| <b>Civil Lawsuit</b>                             | <ul style="list-style-type: none"> <li>• Administrative hearings</li> <li>• Civil litigation defense</li> </ul>  | <ul style="list-style-type: none"> <li>• Disputes over consumer goods and services</li> <li>• Incompetency Defense</li> </ul>  | <ul style="list-style-type: none"> <li>• Pet liabilities</li> <li>• Small claims assistance</li> </ul>  |
| <b>Elder-Care Issues</b>                         | <ul style="list-style-type: none"> <li>• Consultation and document review for your parents:</li> <li>• Deeds</li> <li>• Leases</li> </ul>  | <ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Notes</li> <li>• Nursing Home Agreements</li> </ul>   | <ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Prescription Plans</li> <li>• Wills</li> </ul>   |
| <b>Vehicle &amp; Driving</b>                     | <ul style="list-style-type: none"> <li>• Defense of traffic tickets</li> <li>• Driving privileges restoration</li> </ul>   | <ul style="list-style-type: none"> <li>• License suspension due to DUI</li> </ul>  | <ul style="list-style-type: none"> <li>• Repossession</li> </ul>  |
| <b>2025 Employee Contribution (Semi-Monthly)</b> |  |  |   |
| <b>\$9.00</b>                                    |  |  |   |



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## Emotional Wellbeing and Work-Life Balance

SupportLinc offers expert guidance to help address and resolve everyday issues



### In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



### Financial expertise

Planning and consultation with a licensed financial counselor.



### Legal consultation

By phone or in-person with a local attorney.



### Short-term counseling

Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance use.



### Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



### Confidentiality

SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.



### Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

### Convenient, on-the-go support

- **Textcoach®**  
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**  
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**  
Moderated group therapy sessions on an anonymous, chat-based platform





# RETIREMENT BENEFITS



| Features                        | Provisions  |
|---------------------------------|---|
| Type of Retirement Plan         | Sections 401(a), 403(b), and 457(b) of the Internal Revenue Code  |
| Eligibility                     | All employees are enrolled at a 5% contribution.  |
| Employer Matching Program       | Employees are eligible for the matching program after six months of service.  |
| Employer-Matching Contributions | Faith Regional Health Services matches your contribution when you save as follows:<br>3% after 6 months through 5 years of service<br>4% after 5 years through 10 years of service<br>5% after 10 years of service<br>(The maximum salary to be matched for 2025 is *\$280,000)         |
| Employee Voluntary*             | Maximum voluntary contribution is 100% of your earnings or *\$23,000 for 2025, whichever is less  |
| Age 50 Catch-up*                | Employees age 50 or older can contribute an additional *\$7,500 for 2025  |
| Contributions                   | You are always 100% vested in your contributions plus earnings  |
| Employer Match Vesting          | Contributions made to the plan on your behalf plus earnings are subject to the following vesting schedule (based on calendar year in which you worked 1,000 hours):<br>Less than 3 years of service – 0% not eligible for Employer Matching<br>3 or more years of service – 100% Vested |
| Change To Your Contribution     | You can change your contribution at any time online at <a href="https://frhsretire.voya.com">https://frhsretire.voya.com</a>  |
| Normal Retirement Date          | First of the month following the participant's 65th birthday  |
| Early Retirement Date           | Attainment of age 55 with 3 years of service and termination of employment  |



# EMPLOYEE PAYMENT PLAN BENEFIT



**Employees can now enjoy a 24-month payment plan for Faith Regional healthcare services!**

***Q: Is this extended payment plan option for care provided to the employee only or also family?***

A: Employee's immediate family members are also included with this benefit. Immediate family includes spouse and dependent children under the age of 19.

***Q: Do I have to be on Faith Regional's health insurance to receive this extended payment plan option?***

A: No, all employees can enjoy this option regardless of health insurance.

***Q: Can a 24-month payment plan be set up for any bills or just certain charges?*** A: The payment plan can be used for any charges specific to FRHS or FRPS. St. Joe's and Pharmacy charges are not included.

***Q: How do I set up a 24-month payment plan?***

A: Contact our Patient Financial Services department at (402) 844-8052.

***Q: What do I do if I already have a 24-month payment plan set up but then I need care for something else and get another bill for that?***

A: You will need to contact the Patient Financial Services department at (402) 844-8052 again to have them add that new balance to your existing payment plan.

***Q: What happens if I change employment and no longer work at Faith Regional?*** A: If you have over 12 months left on your payment plan, it would drop down to a one-year payment plan. If you have less than 12 months on your payment plan, you will continue to pay out the rest of your plan as scheduled.





# CONTACT INFORMATION



| Coverage                          | Carrier         | Phone #      | Website/Email   |
|-----------------------------------|-----------------|--------------|---|
| Medical                           | First Choice    | 833-542-2606 | <a href="http://www.fch.com">www.fch.com</a>  |
| Prescription Benefit Plan         | EmpiRx          | 877-361-4376 | <a href="http://www.empirx.com">www.empirx.com</a>  |
| Additional Benefits               | Allstate        | 877-810-2920 | <a href="http://www.allstate.com">www.allstate.com</a>  |
|                                   | MetLife         | 800-821-6400 | <a href="http://www.legalplans.com">www.legalplans.com</a>  |
| Dental                            | Ameritas        | 800-487-5553 | <a href="http://www.ameritasgroup.com">www.ameritasgroup.com</a>                                    |
| Vision                            | Ameritas – VSP  | 800-877-7195 | <a href="http://www.vsp.com">www.vsp.com</a>  |
| Flexible Spending Accounts (FSAs) | Wex, Inc.       | 866-451-3399 | <a href="https://www.wexinc.com/discovery-benefits/">https://www.wexinc.com/discovery-benefits/</a> |
| Life/AD&D                         | Mutual of Omaha | 800-369-3809 | Email: <a href="mailto:Omaha.Service@mutualofomaha.com">Omaha.Service@mutualofomaha.com</a>         |
| Disability                        | Mutual of Omaha | 800-369-3809 | Email: <a href="mailto:Omaha.Service@mutualofomaha.com">Omaha.Service@mutualofomaha.com</a>         |
| Employee Assistance Program (EAP) | CuraLinc        | 888-881-5462 | <a href="http://www.supportlinc.com">www.supportlinc.com</a>  |
| Retirement Plan                   | Voya            | 888-227-1274 | <a href="http://Frhsretire.voya.com">Frhsretire.voya.com</a>  |

### Benefits Website

All Benefit Information can be accessed anytime by selecting Human Resources on the left side of the FRHS Intranet, then select Human Resources Homepage & finally select FRHS Benefits.

### Questions?

If you have additional questions, you may also

contact: Human Resources 402-644-7296

Option #0

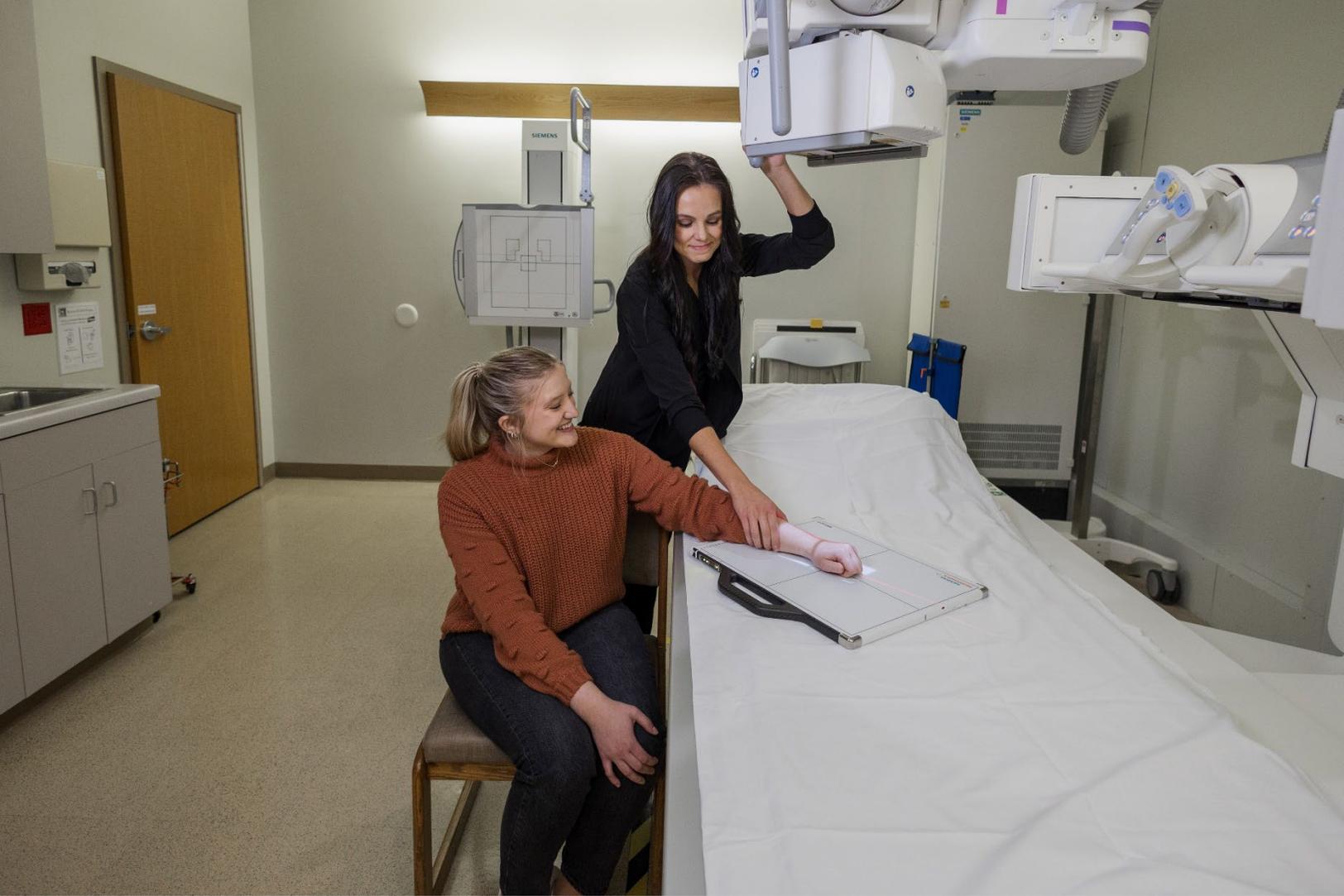
[benefit-list@frhs.org](mailto:benefit-list@frhs.org)





# NOTES





*This benefit summary prepared by*



Insurance | Risk Management | Consulting