



Employee Benefits

2026

Table of Contents

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

| | |
|----|---|
| 3 | Important Documents and Forms |
| 4 | Welcome |
| 5 | Benefits by Status |
| 6 | Eligibility |
| 10 | Ready for Annual Enrollment? |
| 11 | Wellness |
| 14 | Mental Health |
| 16 | Medical Benefits |
| 17 | Healthy Rewards |
| 23 | Menopause Support – Midi Health |
| 24 | Teladoc Health Chronic Condition Management Program |
| 25 | Pharmacy Benefits |
| 26 | Health Savings Account |
| 28 | Flexible Spending Accounts |
| 30 | FSA vs HSA |
| 31 | Dental Benefits |
| 32 | Vision Benefits |
| 33 | Survivor Benefits |
| 36 | Universal Life Insurance |
| 37 | Supplemental Health Benefits |
| 40 | Income Protection |
| 42 | Additional Benefits |
| 44 | Retirement Planning |
| 45 | Cash Time Off (CTO) & Extended Illness Bank (EIB) |
| 46 | Discounts & Special Offers |
| 47 | When Does My Coverage End? |
| 48 | COBRA |
| 49 | Glossary |
| 51 | Required Notices |
| 53 | Important Contacts |



See page 51 for important information concerning Medicare Part D coverage.

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

Important Documents and Forms

Visit Hendrick.Health/employeebenefits to access the following (please note: some documents may be housed on the Human Resources page on the Hendrick Hub).

Documents

- » Benefits Guide
- » Hendrick Cafeteria Plan
- » Benefits Fact Sheets
- » Plan Documents
- » Summary of Benefits and Coverage
- » Benefit Plan Summaries
- » And more!

Forms

- » Qualifying Life Event Form
- » Evidence of Insurability (EOI)
- » Accident Claim Form
- » Critical Illness Claim Form
- » Critical Illness Health Assessment Claim Form
- » Hospital Indemnity Claim Form
- » FSA Reimbursement Request
- » Beneficiary Designation
- » And more!

Scan with your smartphone to access the Hendrick Benefits website anytime.





Welcome

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

Hendrick Health strives to provide benefits that:

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

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

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

What's Changing This Year?

- » Medical Plan – Premium and plan design
- » Chronic Condition Management Program – New program through Teladoc Health
- » Dental Plan – New carrier with plan enhancements from Delta Dental
- » Health Savings Account – Annual contribution limit increases and company paid increase for family coverage
- » Employee Assistance Program (EAP) - New program through Headspace EAP

Any Questions?

We're here to help. Contact Human Resources Benefits at 325-670-3163 or Benefits@hendrickhealth.org (in your phone message or email, please share your name and employee number).



Benefits by Status

We know benefits matter and what you're eligible for depends on your employment status. This page makes it easy to see what's available to you.

Check out the chart below for a quick comparison:

| BENEFIT COMPARISON | | | | | |
|---|-----------|--------------|--------------------------|-----------|-----------|
| BENEFIT TYPE | FULL-TIME | ACA ELIGIBLE | PART-TIME W/ BENEFITS | PART-TIME | TEMPORARY |
| EMPLOYEE ASSISTANCE PROGRAM | X | X | X | X | X |
| MEDICAL, INCLUDES MIDI HEALTH & TELADOC HEALTH | X | X | X | | X* |
| TOBACCO SURCHARGE | X | X | X | | X |
| DENTAL | X | | X | | |
| VISION | X | | X | | |
| HEALTH SAVINGS | X | | X | | |
| COMPANY PAID HEALTH SAVINGS | X | | X | | |
| FLEXIBLE SPENDING (FSA/LUFSA/ DCFSA) | X | | X | | |
| COMPANY PAID LIFE & AD&D | X | | | | |
| LIFE (EMPLOYEE, SPOUSE & CHILD) | X | | X | | |
| DISABILITY (STD & LTD) | X | | X | | |
| ACCIDENT | X | | X | | |
| CRITICAL ILLNESS | X | | X | | |
| HOSPITAL INDEMNITY | X | | X | | |
| IDENTITY THEFT | X | | X | | |
| LEGAL | X | | X | | |
| FMLA | X | X | X | X | X |
| LOA | X | X | X | X | X |
| CTO | X | | X | | |
| EIB | X | | | | |
| RETIREMENT | X | X | X | X | X |
| RETIREMENT COMPANY MATCH | X | | | | |
| STUDENT LOAN REIMBURSEMENT | X | | | | |
| PAY AS YOU GO EDUCATIONAL FINANCIAL ASSISTANCE | X | X | X | X | |
| JURY DUTY PAY | X | | | | |
| BEREAVEMENT | X | | | | |
| GUARDIAN ANGEL ASSISTANCE | X | X | X | X | X |
| MISSION SUPPORT | X | | | | |
| ADOPTION SUPPORT | X | | | | |
| ORGAN AND BONE MARROW DONATION SUPPORT | X | | | | |
| PROCARE | X | X | X | X | X |

*Ask HR Benefits for details on plan offering.

This is a summary and is intended for the general employee population.

For detailed information, including additional eligibility requirements, please refer to plan documents and PolicyStat.

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

Eligibility

If you are a full-time or part-time benefits-eligible employee with Hendrick, you are eligible to participate in the Medical, Dental, Vision, Life, Disability, Accident, and Critical Illness, as well as the Health Savings Account (HSA), Flexible Spending Account (FSA), Dependent Care Flexible Spending Account, and additional benefits.

All employees are eligible to participate in the 401(k)/403(b) Retirement programs and the Employee Assistance Program (EAP).

Employees who have worked an average of 30 or more hours a week during Hendrick's defined measurement periods are eligible to participate in the Medical Plan.

Temporary employees should refer to the temporary employee policy for benefits eligibility.

When Does Coverage Begin?

The elections you make are effective:

- » **New Hire** - the first of the month following 30 days of employment
- » **Annual Enrollment** - January 1, 2026
- » **Status Change** - the first of the month following your enrollment, assuming you have been employed at least 30 days
- » **Qualifying Life Event (QLE)** - the first of the month following submission of the QLE form, assuming you have been employed at least 30 days (exception: birth and adoption will be effective the date of event, assuming you have been employed at least 30 days)

Due to IRS regulations, once you have made your elections, you cannot change your cafeteria plan benefits until the next enrollment period, unless you have a Qualifying Life Event (see page 9 for more information).

Preparing to Enroll

Hendrick provides its employees with the best coverage possible. As a committed partner in your health, Hendrick will be absorbing a significant amount of the costs. Your share of the contributions for Medical, Dental, Vision, HSA, and FSA benefits are deducted on a pre-tax basis, which lessens your tax liability.

Please note that employee contributions for medical, dental, and vision coverage vary depending on the level of coverage you select. In general, the more coverage you have, the higher your contribution will be.

Keep in mind that you may select any combination of coverage and categories. For example, you could select medical coverage for you and your family, but select dental and vision coverage only for yourself. The only requirement is that you (the employee) must select coverage for yourself in order for your dependents to have coverage.

You have the option to select coverage from the following categories:

- » Employee Only
- » Employee + Spouse
- » Employee + Child(ren)
- » Employee + Family (Spouse and Child(ren))

Please be prepared to provide dependent dates of birth and Social Security numbers. You cannot enroll your dependent(s) without this information.



Active Enrollment

This is an **ACTIVE** enrollment! Every eligible employee needs to make elections in order to receive benefits. Current benefits elections may not roll over. Any elections you make will remain in place until the following enrollment period unless you experience a Qualifying Life Event.

New Hire

You have 31 days from your date of hire to enroll in coverage. Coverage is effective the first of the month following 30 days of employment.

Annual Enrollment

Annual Enrollment is mandatory for all benefits eligible employees and must be completed between October 28, 2025, and November 7, 2025. Coverage is effective January 1, 2026.

Status Change to Benefits Eligible

When you experience a status change, moving into a benefits-eligible status, you have 31 days from the date of your status change to enroll in coverage. Coverage is effective the first of the month following your enrollment, assuming you have been employed for at least 30 days.

You will be notified about enrollment options after your status change has been processed through Human Resources.

How to Enroll in Benefits

To complete your benefits enrollment, visit www.electbenefits.com/HendrickHealth or call the Hendrick Benefits Enrollment Center, BCI, toll-free at 877-540-6761, Monday – Friday, 8:00 a.m. – 5:00 p.m.

Eligible Dependents

Dependents eligible for coverage on the Hendrick Health benefit plans include:

- » Spouse (includes legal, informal or common law spouse — must represent as “being married”).
- » Dependent children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse).
- » Dependent children, regardless of age provided he or she is incapable of self-support due to a mental or physical disability, who are fully dependent on you for support as indicated on your federal tax return and is approved by your Medical Plan to continue coverage past age 26.

Verification of dependent eligibility is required upon enrollment.

Dependent Verification Requirements

If you add dependents to your medical, dental, or vision plan, you are required to submit documentation that verifies the dependent meets the plan eligibility requirements. **Dependent documentation must be received within 60 days from your hire date, status change date, or following the Annual Enrollment deadline.** If not received by the deadline, your dependents will be removed from your plans and cannot be added to your benefits until the next Annual Enrollment period or Qualifying Life Event occurs.

Ways to Submit Documentation

- » Scan and upload (preferred)
 - Scan and upload the documentation to Hendrick.Health/employeebenefits.
- » Fax
 - Fax documentation to 325-670-2540
 - On the first page, include:
 - Your name
 - Employee number
 - Reason for submission
 - Maintain your fax confirmation page to ensure your fax went through successfully.

Legal Spouse*

Government-Issued Marriage Certificate **AND** one of the following if you have been married longer than 12 months:

- » Federal tax return issued within last 2 years (This document must show the filing year, both names, last 4 of both SSNs, and signatures. You may mark out all other information.)
- » Proof of joint ownership issued within last 6 months (This document must be one of the following: mortgage statement, residential lease, credit card statement, property tax statement, or bank statement.)

Informal or Common-Law Spouse*

Notarized Affidavit of Marriage or Declaration of Informal Marriage **AND** one of the following if you have been married longer than 12 months:

- » Federal tax return issued within last 2 years (This document must show the filing year, both names, last 4 of both SSNs, and signatures. You may mark out all other information.)
- » Proof of joint ownership issued within last 6 months (This document must be one of the following: mortgage statement, residential lease, credit card statement, property tax statement, or bank statement.)

*If you have been married for less than 12 months, a marriage certificate, notarized affidavit of marriage, or declaration of informal marriage is the only document required.

Child Under 26 Years of Age

Natural Child or Legally Adopted Child

Government-issued birth certificate or signed court order.

Stepchild

Government-issued birth certificate **AND** proof of spouse relationship as detailed above.

Child for Whom You Have Legal Guardianship

Signed court order **AND** employee's current tax return claiming the child as their dependent. (You may mark out financial information and first five digits of any Social Security numbers.)

Foster Child

Signed letter from social service agent confirming the child has been placed under your care **AND** employee's current tax return claiming the child as their dependent. (You may mark out financial information and first five digits of any Social Security numbers.)

Child Over 26 Years of Age

Disabled Child

In addition to the above proof for child, disabled child's Social Security Administration income statement OR disabled dependent documentation that shows total incapacity prior to age 26 **AND** employee's current tax return claiming the child as their disabled dependent. (You may mark out financial information and first five digits of any Social Security numbers.)



Now's the Time to Enroll!

What Are Qualifying Life Events?

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

When a QLE occurs, you have **31 days** to request changes to your coverage, unless entitled to additional time under a federal policy or program. Your change in coverage must be consistent with your QLE.

Coverage is effective the first of the month following the submission of the QLE form (exception: birth and adoption will be effective the date of event), assuming you have been employed at least 30 days.

To make changes to your coverage, **you must notify Human Resources by providing a completed QLE form and supporting documentation.**

The QLE form can be found on Hendrick.Health/employeebenefits.

- » A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- » A change in your legal marital status (marriage or divorce)
- » A change in a spouse's employment status (resulting in a loss or gain of coverage)



- » Entitlement to Medicare or Medicaid
- » Eligibility for coverage through the Marketplace ([Healthcare.gov](https://www.healthcare.gov))
- » Changes in address or location that may affect coverage
- » Turning 26 and losing coverage through a parent's plan

- » Death in the family (leading to change in dependents or loss of coverage)
- » Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Ready for Annual Enrollment?

Hendrick Health covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, which reduces your taxable income and increases your take-home pay. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Annual Enrollment Action Items



Update your personal information.

Confirm your mailing address, phone number, and emergency contact are up to date.



Double-check covered medications.

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



Review available plans' deductibles.

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



Consider your HSA or FSA.

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



Check your networks.

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



Enroll in coverage.

Refer to pages 6-7 on when and how to enroll in coverage.



Complete the dependent verification process, if applicable.

Refer to pages 7-8.



Review your enrollment confirmation.

You will be mailed a Benefits Confirmation once your benefits enrollment is processed through BCI. If you notice an error, you have 3 days to notify Human Resources Benefits by emailing Benefits@hendrickhealth.org.



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

Why Wellness?

We are healthcare professionals. We take care of people. We advocate for our patients' wellness and disease prevention. Not only do our patients entrust us with their care, but so do their families. Therefore, we owe it to them and to ourselves to be at our best.

We at Hendrick want to educate and help you experience a healthier lifestyle. We want you to live better and feel better. We want you to be healthy, and we want to help. Our Wellness Program is designed to help you adopt healthy, long-term lifestyle and behavior changes that reduce health risks. Throughout the year, we will offer health activity challenges and educational programs. You will also have access to health professionals to support you in managing and improving your health.

The five key areas of focus for the Hendrick Wellness plan year are: Blood Pressure, Fasting Glucose, Waist Circumference or BMI, Triglycerides, and HDL Cholesterol. Discounts on insurance premiums beginning in the following benefit plan year will be based on these five metabolic syndrome factors as well as nicotine use.

Employees and spouses can receive discounts on medical insurance premiums by meeting the following criteria:

1. Complete the annual biometric screening with your primary care physician (PCP). (PCP forms are due to Employee Wellness by September 30 to be eligible for discounts in the following benefit plan year).
2. Meet the goal number in 3 out of 5 metabolic syndrome factors or make a 7.5% improvement in 3 out of 5 metabolic syndrome factors.
 - *Employee discounts are based on this criteria.*
 - *Spouse discounts are participation based only.*

Fit to Skip

If you meet the goal in all 5 metabolic syndrome factors during your annual biometric screening, you may qualify for an exemption for a future annual biometric screening through a Fit to Skip reward. Employees eligible are notified by Employee Wellness.

Pregnancy Exemption

Employees or spouses who are pregnant or delivered during the wellness plan year may have their OB/GYN complete a Pregnancy Exemption Form. The Pregnancy Exemption Form can be found in the ManageWell portal or at Human Resources, Employee Wellness. Exemption forms are due to Employee Wellness by September 30 to be eligible for discounts in the following benefit plan year.

Complete Annual Biometric Screening

New employees and employees who experience a status change, moving into a benefits eligible status on or after July 1, 2026, will automatically receive wellness discount(s) through December 31, 2026. To be eligible for wellness discounts in the following year, you and your spouse, if applicable, must complete the annual biometric screening.

- » **Blood Pressure** – less than or equal to 130/85 (or reduced by 7.5% if currently at risk)
- » **Fasting Glucose** – less than or equal to 110 (or reduced by 7.5% if currently at risk)
- » **Waist Circumference** – less than or equal to 35" in females, 40" in males (or BMI is less than or equal to 24.9 (or reduced by 7.5% if currently at risk)
- » **Triglycerides** – less than or equal to 150 (or reduced by 7.5% if currently at risk)
- » **HDL Cholesterol** – greater than or equal to 50 for females and 40 for males (or reduced by 7.5% if currently at risk)
- » **Non-nicotine User** – Employees will be asked to disclose if they use nicotine during the wellness screening

Sign in to Your Managewell Portal

Log in to your Managewell portal to get information on the latest Wellness happenings at Hendrick!

To sign up, go to www.managewell.com and enter in your Unique ID number (HENDRICK followed by your employee number — example HENDRICK12345) and your date of birth.

Once your account is registered, your spouse may also sign up. Your spouse should use your (employee) Unique ID followed by your (employee) date of birth. Your spouse will then be asked to confirm their identity (example; “John Smith is my significant other”).

Any Questions?

We're here to help. Contact Human Resources Employee Wellness at Wellness@hendrickhealth.org or 325-670-7777.

Note

According to the CDC, cigarette smoking causes more than 480,000 deaths each year in the United States.



Notice Regarding Wellness Program

Hendrick Wellness Program is a voluntary wellness program available to all employees and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the \$20 (HSA) and \$40 (Copay) discount per pay period by earning program credit by completing annual biometric screening with PCP and meet goal number 3 of 5 metabolic syndrome factors or 7.5% improvement in 3 of 5 metabolic syndrome factors. Individuals who choose to avoid the \$30 per pay period tobacco surcharge may complete self attestation or completing a physician affidavit or an approved tobacco cessation program. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations, only participants who do so may qualify for the \$20 (HSA) and \$40 (Copay) discounts per pay period.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 325-670-7777.

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

Protections From Disclosure of Medical Information

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 325-670-7777.

Mental Health

Life gets busy — juggling work, family and everything in between can leave you feeling stretched thin. Just like you take care of your body, your mind deserves the same attention. Whether you're looking for support with stress, work-life balance, or just a little extra calm in your day, Headspace EAP can help.



Employee Assistance Program - Headspace EAP Coming January 1, 2026

We're here for you when you need help. Headspace EAP helps you and your family manage stress, bounce back from challenges, navigate tough emotions, and strengthen your overall wellbeing. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan. All services provided are confidential and will not be shared with Hendrick Health.

Headspace is your go-to mental health app. This gives you quick access to:

- » A Library of Guided Meditations and Mindfulness Exercises: Build resilience, learn new skills, and manage stress in the moment.
- » Sleep Support: Tools and courses designed to improve sleep quality and relaxation.
- » Unlimited One-on-One Mental Health Coaching: Talk through your wellbeing goals and receive live guidance through challenging everyday moments.
- » Expert-Led Programs: Move through guided programs at your own pace focused on navigating stress, sleeping better, or managing anxiety. You can take assessments to see your real results.
- » Virtual & In-Person Therapy: Get matched with a clinician based on your personal preferences with appointments available as soon as 1 day. You have 6 sessions fully covered per issue, per year.
- » Work & Life Resources: Call our dedicated EAP phone line to get assistance with elder or childcare, legal services, financial support, in-person therapy, and more.

Once you have exhausted your 6 sessions with Headspace EAP, if you are enrolled in our UMR health plan, you can continue care with your selected clinician. Headspace EAP is integrated with UMR for easy claim filing.

Visit <https://work.headspace.com/hendrick/member-enroll> or scan QR code to access your benefits.



The Big Five of Emotional Wellness

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

Practice mindfulness.

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

Strengthen social connections.

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

Get quality sleep.

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

Improve your outlook.

Treat people with kindness, including yourself.

Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.

Note

According to the National Institute of Mental Health, it is estimated that more than one in five U.S. adults live with a mental illness.

Other Mental Health Resources

No matter your problem or role, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline Dial 988 to be connected with 24/7/365 emotional support.

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



Crisis Text Line Text "HOME" to 741741

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



War Vet Call Center Veterans and their families can call 877-WAR-VETS

(877-927-8387) to talk about their military experience and/or readjustment to civilian life.

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

Medical Benefits

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

Medical Premiums

Your premium depends on your salary range, category of coverage, and whether you and your spouse (if enrolled) meet wellness requirements. The rate table shows two options only; with all discounts applied or with none. Rates shown below do not reflect the tobacco surcharge, if applicable. See next page for more information about discounts and the tobacco surcharge.

HSA - COMPATIBLE PLAN

COPAY PLAN

| BIWEEKLY CONTRIBUTIONS | | | | | |
|------------------------|-----------------------|------------------------|------------------------------|------------------------|------------------------------|
| SALARY RANGE | CATEGORY | W/O WELLNESS DISCOUNTS | WITH FULL WELLNESS DISCOUNTS | W/O WELLNESS DISCOUNTS | WITH FULL WELLNESS DISCOUNTS |
| UP TO \$20.00/HR | EMPLOYEE ONLY | \$46 | \$26 | \$88 | \$48 |
| | EMPLOYEE + SPOUSE | \$212 | \$172 | \$305 | \$225 |
| | EMPLOYEE + CHILD(REN) | \$153 | \$133 | \$212 | \$172 |
| | EMPLOYEE + FAMILY | \$261 | \$221 | \$366 | \$286 |
| \$20.01 TO \$40.00/HR | EMPLOYEE ONLY | \$48 | \$28 | \$91 | \$51 |
| | EMPLOYEE + SPOUSE | \$225 | \$185 | \$322 | \$242 |
| | EMPLOYEE + CHILD(REN) | \$166 | \$146 | \$228 | \$188 |
| | EMPLOYEE + FAMILY | \$282 | \$242 | \$392 | \$312 |
| \$40.01/HR AND UP | EMPLOYEE ONLY | \$52 | \$32 | \$95 | \$55 |
| | EMPLOYEE + SPOUSE | \$259 | \$219 | \$367 | \$287 |
| | EMPLOYEE + CHILD(REN) | \$191 | \$171 | \$261 | \$221 |
| | EMPLOYEE + FAMILY | \$322 | \$282 | \$443 | \$363 |

How to Find a Provider

To see the current list of UMR network providers online, go to www.umar.com and search for United Healthcare Choice Plus Network. If you do not have internet access, please call UMR Plan Advisor Customer Service at 800-207-3172 for assistance. To view your member portal to access your ID cards, Explanation of Benefits, etc., visit www.umar.com.

Note

To get the most value out of your medical plan, be sure to visit in-network providers whenever possible.



Healthy Rewards

Healthy Awards for Healthy Lifestyles

We want to help you achieve your best health! Take advantage of the Hendrick sponsored Wellness Program to receive discounts on your medical insurance premium and live a tobacco-free lifestyle to get the best premium rate possible. See below for details.

Wellness Discounts

HSA-Compatible Plan:

- » \$20 employee biweekly
- » \$20 spouse biweekly

Copay Plan:

- » \$40 employee biweekly
- » \$40 spouse biweekly

You and your enrolled spouse are eligible for Wellness Discounts in 2026 if you:

- » Completed your Annual Biometric Screening and met the requirements explained on page 12.
- » Were hired on or become newly benefits eligible through a status change on or after July 1, 2025.

Tobacco Surcharge

HSA-Compatible Plan & Copay Plan:

- » \$30 employee biweekly
- » \$30 spouse biweekly

You and your enrolled spouse (if applicable) must attest to your tobacco use during benefits enrollment. Employees and enrolled spouses (if applicable) who do not attest to tobacco use will be defaulted to a tobacco-user and pay higher premiums. Tobacco use includes, but is not limited to, cigarettes, vaping, cigars, pipes, hookah, chewing tobacco, and dip.

You and your enrolled spouse will not incur a tobacco surcharge if you meet one of the requirements below:

- » You and/or your spouse have not used tobacco products within the last 12 months.
- » You and/or your spouse have completed the Tobacco Cessation/Physician Affidavit form within the last 12 months. See below for more information on reasonable alternatives.
- » You and/or your spouse will have the option of completing a physician affidavit or an approved tobacco cessation program throughout the new plan year. Once complete, your premium will be reduced beginning on the first of the month following submission of the Tobacco Cessation/Physician Affidavit form to Human Resources. See below for more information on reasonable alternatives.

Reasonable Alternatives

If you and/or your spouse are unable to meet the standards for tobacco use, you may be able to receive the same lesser rate as those who live tobacco free. Contact Employee Wellness at wellness@hendrickhealth.org or 325-670-7777 and ask about the Tobacco Cessation program and Physician Affidavit options.

Questions About the Tobacco Surcharge?

Visit Hendrick.Health/employeebenefits.



Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by UMR. All covered services are subject to medical necessity as determined by the plan. Preventive services are covered at 100%. You and your dependents have access to an HSA-Compatible Plan and Copay Plan which has two tiers of coverage. For the best cost savings to you and your family, the preferred tier is Hendrick Health. For detailed plan information, please refer to your plan document and the Summary of Benefits and Coverage (SBC).

| | HSA - COMPATIBLE PLAN | | COPAY PLAN | |
|---|--|--------------------------------|--|--------------------------------|
| | HENDRICK HEALTH "PREFERRED" | UNITED HEALTHCARE "ALLOWED" | HENDRICK HEALTH "PREFERRED" | UNITED HEALTHCARE "ALLOWED" |
| ANNUAL DEDUCTIBLE | | | | |
| INDIVIDUAL | \$3,400 | \$3,900 | \$1,500 | \$2,000 |
| FAMILY | \$6,800 | \$7,800 | \$3,000 | \$4,000 |
| COINSURANCE (EMPLOYEE PAYS) | 10%* | 30%* | 20%* | 40%* |
| ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE) | | | | |
| INDIVIDUAL | \$5,000 | \$8,500 | \$6,200 | \$10,000 |
| FAMILY | \$10,000 | \$17,000 | \$12,400 | \$20,000 |
| DOCTOR'S OFFICE VISITS | | | | |
| PRIMARY CARE PHYSICIANS (PCP) | 10%* | 30%* | \$30 copay | \$60 copay |
| SPECIALIST | | | \$65 copay | \$130 copay |
| URGENT CARE | | | \$50 copay | \$100 copay |
| LAB & X-RAY SERVICES | | | | |
| | 10%* | 30%* | X-ray: 20%*, except select services \$250 copay Labs: Covered at 100% if provided at Hendrick Health | 40%* |
| BARIATRIC SURGERY | | | | |
| SURGERY | Subject to separate \$3,400 deductible | Not covered | Subject to separate \$3,400 deductible | Not covered |
| OUT-OF-POCKET MAXIMUM | \$3,400 | Not covered | \$3,400 | Not covered |
| EMERGENCY SERVICES | | | | |
| EMERGENCY ROOM | 10%* | 30%* | \$250 copay | 40%* |
| PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY | | | | |
| 90 COMBINED VISITS/YEAR | 10%* | 30%* | 20% | 40%* |
| HENDRICK HSA CONTRIBUTION | | | | |
| | \$500 Employee / \$1,000 Family (contributions are provided on a biweekly schedule) | | N/A | |

*After deductible

Our Plans Are Self-Funded

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying fixed premiums to an insurance carrier as with fully insured plans, Hendrick Health pays fixed administrative fees to use the carrier's network and pays members' claims from its general assets. This gives Hendrick Health more control over the plan we select for ours. Together, the Company and employees share the cost of healthcare.

Healthcare Cost Transparency

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

How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How Does a Copay Plan Work?

- » You'll pay more in premiums, but perhaps less at the time of service.
- » In-network services are paid with copays or coinsurance.
- » In-network providers are contracted with the insurance company to provide services at a discounted fee.
- » Out-of-network services are not covered.

How Does an HSA-Compatible Plan Work?

- » You'll pay less in premiums. (Think less money from your paycheck.)
- » You'll pay for the full cost of non-preventive services until you reach your deductible.
- » You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- » If you expect to mostly use preventive care (which is covered), this plan could be for you.
- » You may seek care from in-network providers only.
- » In-network providers are contracted with the insurance company to provide services at a discounted fee.
- » Out-of-network services are not covered.



Out-of-Pocket Costs

These are the types of payments you're responsible for:

Copay

The fixed amount you pay for healthcare services at the time you receive them.

Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

Out-of-Pocket Maximum

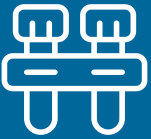
The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

Preventive Care

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



Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for infants at risk for anemia)

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

What Vaccines Are Covered 100% Under Preventive Care?

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

Where to Go for Care

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



Primary Care Center (\$)

When to Use

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

Types of Care*

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

Costs and Time Considerations**

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



Urgent Care Center (\$\$)

When to Use

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

Types of Care*

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

Costs and Time Considerations**

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



Emergency Room (\$\$\$)

When to Use

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

Types of Care*

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

Costs and Time Considerations**

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

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Menopause Support – Midi Health

Midi is a program specializing in treatments for all aspects of perimenopause and menopause. Midi has a full staff available for virtual visits to discuss symptoms and possible treatments to treat issues related to menopause that you may be experiencing.

How Midi Works*

1. Register, enter your UMR medical insurance information, select your symptoms, and book your visit at www.joinmidi.com.
2. Meet with your specialist for a virtual visit, covered by your insurance.
3. Any labs, screenings, and prescriptions needed will be ordered.
4. Follow up with your specialist to fine-tune your care plan.
5. Receive continued care for needed screens, chronic issues, and medication refills.

Along with virtual care, there are online resources, articles, and engagement programs. Register today at www.joinmidi.com.

*Must be enrolled in a UMR health plan through Hendrick to use this service.



Teladoc Health Chronic Condition Management Program

We're excited to introduce a new health benefit through Teladoc Health that supports members living with or at risk for chronic conditions. This comprehensive program includes support for diabetes management, diabetes prevention, and hypertension management.

Diabetes Management

Take control of your health with tools designed to simplify and support your diabetes journey:

- » Smart Glucose Monitor: A connected cellular meter that provides real-time feedback and effortless data collection.
- » Unlimited Testing Supplies: Strips and lancets are included to remove barriers to regular monitoring.
- » Connected App: Track your blood sugar, food, activity, and receive personalized health insights.
- » Expert Coaching: Access 1:1 support from certified coaches for guidance on nutrition, lifestyle changes, and more.
- » Real-time support when you're out of range.
- » Health Summary Reports: Easily share your progress with your doctor.

Diabetes Prevention

If you're at risk for type 2 diabetes, this program helps you build lasting healthy habits:

- » Smart Scale: Automatically syncs with the app to track your weight trends.
- » CDC-Approved Curriculum: Learn how to eat healthier, stay active, and manage stress.
- » Expert Coaching: Personalized advice and encouragement to help you reach your goals.

Hypertension Management

Manage your blood pressure with personalized tools and support:

- » Connected Blood Pressure Monitor: Empower yourself with easy, at-home monitoring.
- » Lifestyle Tracking: Log food and activity to understand your habits.
- » Expert Coaching & Medication Support: Stay on track with guidance tailored to your needs.
- » Health Nudges™: Timely reminders and tips to help you stay engaged.

All components are integrated through the Teladoc Health app, giving you a seamless experience to monitor progress, connect with coaches, and stay motivated.

Register Now!

Getting started is easy:

Visit the enrollment website

Go to TeladocHealth.com/Smile and answer a few short questions about your health to see if you're eligible.

Set up your account

Download the Teladoc Health app and log in to complete your enrollment and access program tools.

Enroll by phone, if preferred

You can also sign up by calling Teladoc Health Member Support at 800-835-2362.

What happens next:

You'll receive a Welcome Kit in the mail with connected health devices that align with your condition.

You can begin tracking your readings right away using the Teladoc app or member website.

Your care team will support you with personalized insights, coaching, and ongoing monitoring.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

You will only have one ID card for both medical care and prescriptions. You may find information on your benefits coverage and search for network pharmacies by logging on to www.navitus.com or calling the Navitus Customer Care number on your ID card.

Your cost is determined by the tier assigned to the prescription drug product. All products on the list are assigned as Select Generics, General Generics and some Select Brands, Preferred Brand and Non-Preferred Generics, Non-Preferred Brand and Non-Preferred Branded Generics, and Specialty.

| | HSA - COMPATIBLE PLAN | | COPAY PLAN | |
|----------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|
| | HENDRICK HEALTH "PREFERRED" | UNITED HEALTHCARE "ALLOWED" | HENDRICK HEALTH "PREFERRED" | UNITED HEALTHCARE "ALLOWED" |
| RX DEDUCTIBLE | Medical deductible applies | | \$50 per insured | |
| RETAIL RX (30-DAY SUPPLY) | | | | |
| GENERIC | 10%* | 30%* | \$10* | \$20* |
| PREFERRED | 10%* | 30%* | \$23* | \$40* |
| NON-PREFERRED | 10%* | 30%* | \$40* | \$65* |
| SPECIALTY DRUGS | 10%* - \$3,400 out-of-pocket maximum | 30%* - \$3,900 out-of-pocket maximum | 15% - \$3,000 out-of-pocket maximum | 15% - \$3,000 out-of-pocket maximum |

*After deductible

Generic Drugs

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

Lowering Medication Costs

How do prescription discount programs work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.

GoodRx is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80% on generics. **Optum Perks** also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data. Another discount option is the **Amazon Prime Rx Savings** discount card, which is included with an Amazon Prime membership and is administered by Inside Rx. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies. **Cost Plus Drug Company** is a web-based pharmacy that claims to keep costs low by buying directly from the manufacturer. It currently only offers a certain selection of medications and accepts a handful of prescription insurance providers, but it may be worth checking the price difference between Cost Plus and your regular pharmacy.

Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) with WEX is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in the HSA-Compatible Plan to participate.

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

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

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

Eligibility

You are eligible to contribute to an HSA if:

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



You Own Your HSA

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

How to Enroll

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

HSAs and Taxes

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

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

Note

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

HSA Funding Limits

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

2026 ANNUAL HSA FUNDING LIMITS

| | |
|----------------------------------|---------|
| EMPLOYEE | \$4,400 |
| FAMILY | \$8,750 |
| CATCH-UP CONTRIBUTION (AGES 55+) | \$1,000 |

Hendrick Health provides an HSA employer contribution that will be deposited each pay period into your HSA account.

2026 ANNUAL EMPLOYER HSA CONTRIBUTION

| | |
|----------|---------|
| EMPLOYEE | \$500 |
| FAMILY | \$1,000 |

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

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

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

The Hendrick Health HSA is established with WEX. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.wexinc.com.

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

Flexible Spending Accounts

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

Healthcare Flexible Spending Account

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

Limited Use Flexible Spending Account

A WEX Limited Use FSA works with an HSA and allows you to contribute up to **\$3,300** annually for qualified dental and vision expenses with pretax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.



Dependent Care Flexible Spending Account

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

- » With the Dependent Care FSA, you can set aside up to **\$7,500** to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

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

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

Due to IRS rules, contributions to the Dependent Care FSA for Highly Compensated Employees (HCEs) may be reduced. This happens when required nondiscrimination testing shows that HCEs are contributing more than other employees. If that occurs, elected contributions may be lowered mid-year, and any unused funds will be returned to you through payroll.



Using the Account

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

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

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

General Rules

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

- » Expenses must occur during the 2026 plan year.
- » Funds cannot be transferred between FSAs.
- » You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- » You must “use it or lose it” — any unused funds will be forfeited.
- » Up to **\$660** may be rolled over to the next plan year at the end of 2026 for Healthcare FSAs.
- » You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- » Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- » Those considered highly compensated employees (family gross earnings were \$160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

WEX Debit Card: Important Documentation Information

To substantiate your claim with your Flexible Spending Account through WEX, save your receipts. The IRS requires documentation for medical expenses. Your receipt for a transaction must contain the following required information:

- » Date service was received or purchase made
- » Description of service or item purchased
- » Dollar amount (after insurance, if applicable)
- » Prescription drug number or name

Please mail, fax, or email the documentation to WEX using the contact information in the back of this Guide or upload through WEX benefits mobile app. Include a copy of the request for documentation or a completed Debit Card Substantiation Form along with copies of itemized receipts, bills/statements, or EOBs.

Note: debit card transactions and documentation are processed based on a Central Standard Time (CST) zone. The Debit Card Substantiation Form can be found at www.wexinc.com.

Automated emails will be sent 1 day, 31 days, 61 days, and 91 days after your card transaction. Reminders will cease once documentation is received.

If documentation has not been received and processed within 201 days after the card transaction, your benefits debit card will be inactivated and placed in a temporary hold status. You will be asked to pay back the plan or offset the eligible amount with documentation for eligible out-of-pocket expenses incurred within the same plan year. Your benefits debit card will be reactivated as soon as the appropriate documentation is received.

Access your benefits on the go 24/7 with the WEX benefits mobile app. Download the app for free on Apple and Android smartphones and tablets.

Apple: <https://apps.apple.com/us/app/benefits-by-wex/id400760695>

Android: <https://play.google.com/store/apps/details?id=com.lighthouse1.mobilebenefits.dbi>

FSA vs HSA

FLEXIBLE SPENDING ACCOUNTS

Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.

You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.

FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.

You can contribute up to \$3,300 in 2026 to an FSA. This amount may be increased annually by the IRS.

Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.

Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.

Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care), Limited Use FSA (used to pay for eligible dental and vision expenses), and Commuter Accounts (to cover parking and mass transit fees).



OWNERSHIP



ELIGIBILITY & ENROLLMENT



TAXATION



CONTRIBUTIONS



PAYMENT



ROLLOVER OR GRACE PERIOD



QUALIFIED EXPENSES



OTHER TYPES

HEALTH SAVINGS ACCOUNT

You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.

You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.

HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.

Both you and your employer can contribute up to \$4,400 in 2026 (up to \$8,750 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.

Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.

HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.

There is only one type of HSA.

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



Dental Benefits

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

Stay in Network

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

Dental Premiums

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

Dental Plan Summary

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

| | HIGH PLAN | LOW PLAN |
|---|-----------------------------|----------------------------|
| BIWEEKLY CONTRIBUTIONS | | |
| EMPLOYEE ONLY | \$22.79 | \$16.25 |
| EMPLOYEE + SPOUSE | \$33.98 | \$24.09 |
| EMPLOYEE + CHILD(REN) | \$39.80 | \$28.21 |
| EMPLOYEE + FAMILY | \$53.30 | \$37.78 |
| | HIGH PLAN IN-NETWORK | LOW PLAN IN-NETWORK |
| ANNUAL DEDUCTIBLE | | |
| INDIVIDUAL | \$50 | \$50 |
| FAMILY | \$150 | \$150 |
| ANNUAL MAXIMUM | | |
| PER PERSON | \$2,000 | \$1,250 |
| COVERED SERVICES | | |
| PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Full-Mouth X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays | 100% | 100% |
| BASIC SERVICES Fillings, Periodontics, Simple & Surgical Extractions, General Anesthesia, Oral Surgery | 20%* | 20%* |
| MAJOR SERVICES Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Crowns, Dentures, Bridges | 50%* | 50%* |
| ORTHODONTICS Adults & Dependent Children to age 26 | 50%* | Not covered |
| ORTHODONTIC LIFETIME MAXIMUM | \$2,000 | Not covered |

*After deductible



Vision Benefits

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

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium. To find a vision provider, please call Superior Vision at 833-393-5433 or visit www.metlife.com/vision and search under the Superior National plan type.

Vision Plan Summary

This chart summarizes the vision coverage provided by Superior Vision for 2026.

SUPERIOR VISION PLAN

| BIWEEKLY CONTRIBUTIONS | | | |
|---|-------------------------|-----------------------------------|-----------------------|
| EMPLOYEE ONLY | | \$3.41 | |
| EMPLOYEE + SPOUSE | | \$6.76 | |
| EMPLOYEE + CHILD(REN) | | \$6.63 | |
| EMPLOYEE + FAMILY | | \$10.08 | |
| | | IN-NETWORK | OUT-OF-NETWORK |
| | | | FREQUENCY |
| EXAMS | | | |
| | COPAY | \$10 | Up to \$50 allowance |
| | | | 1 per plan year |
| LENSES | | | |
| | SINGLE VISION | 100% covered | Up to \$50 allowance |
| | BIFOCAL | 100% covered | Up to \$70 allowance |
| | TRIFOCAL | 100% covered | Up to \$90 allowance |
| | LENTICULAR | 100% covered | Up to \$90 allowance |
| | | | 1 per plan year |
| CONTACTS (IN LIEU OF LENSES AND FRAMES) | | | |
| | FITTING AND EVALUATION* | \$25 copay | N/A |
| | ELECTIVE | Up to \$150 allowance after copay | Up to \$100 allowance |
| | MEDICALLY NECESSARY | 100% covered | \$210 allowance |
| | | | 1 per plan year |
| FRAMES | | | |
| | COPAY | \$10 copay | N/A |
| | ALLOWANCE | Up to \$170 allowance | Up to \$81 allowance |
| | | | 1 per plan year |

*Fitting and Evaluation fee applied to contact lens allowance.

Survivor Benefits

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

Basic Life and Accidental Death & Dismemberment Insurance

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

Your Basic Life and AD&D insurance benefit is 1.5x annual base salary, up to \$500,000 (subject to reduction at age 70). If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

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

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



Voluntary Life and AD&D Insurance

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

| BASIC EMPLOYEE LIFE/AD&D | |
|---|--|
| COVERAGE AMOUNT | 1.5x annual base salary, up to \$500,000 (subject to reduction at age 70) |
| WHO PAYS | Hendrick Health |
| BENEFITS PAYABLE | If you die while covered under the Plan |
| MAXIMUM BENEFIT | \$500,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | No |
| VOLUNTARY EMPLOYEE LIFE | |
| COVERAGE AMOUNT | Increments of \$10,000 |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | If you die while covered under the Plan |
| MAXIMUM BENEFIT | \$500,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Elections over \$150,000 at Initial Enrollment or for new or increased coverage at Annual Enrollment |
| VOLUNTARY SPOUSE LIFE | |
| COVERAGE AMOUNT | Increments of \$5,000 |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | If your dependent dies while covered under the Plan |
| MAXIMUM BENEFIT | \$500,000 or 100% of employee amount |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Elections over \$25,000 at Initial Enrollment or for new or increased coverage at Annual Enrollment |
| VOLUNTARY CHILD LIFE | |
| COVERAGE AMOUNT | 14 days - 6 months: \$500; 6 months - 26 years: \$10,000 |
| WHO PAYS | Employee |
| BENEFITS PAYABLE | If your dependent dies while covered under the Plan |
| MAXIMUM BENEFIT | \$10,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | None |

| VOLUNTARY LIFE INSURANCE | | | |
|--------------------------------|---------------------------------|--------------------------------|-----------------------------|
| RATES/\$1,000 (BIWEEKLY) | | | |
| AGE (AS OF JANUARY 1, 2026) | EMPLOYEE & SPOUSE NON-SMOKER | AGE (AS OF JANUARY 1, 2026) | EMPLOYEE & SPOUSE SMOKER |
| Younger than 30 | \$0.034 | Younger than 30 | \$0.061 |
| 30-34 | \$0.040 | 30-34 | \$0.084 |
| 35-39 | \$0.052 | 35-39 | \$0.119 |
| 40-44 | \$0.073 | 40-44 | \$0.183 |
| 45-49 | \$0.119 | 45-49 | \$0.299 |
| 50-54 | \$0.200 | 50-54 | \$0.483 |
| 55-59 | \$0.307 | 55-59 | \$0.675 |
| 60-64 | \$0.415 | 60-64 | \$0.830 |
| 65-69 | \$0.818 | 65-69 | \$1.464 |
| 70-74* | \$1.523 | 70-74* | \$2.434 |
| 75+* | \$2.928 | 75+* | \$3.924 |

*Benefits subject to age reduction schedule

| VOLUNTARY CHILD LIFE INSURANCE | |
|--------------------------------|--|
| PREMIUM RATES - \$ | |
| \$0.92 biweekly | |

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

| | | | | |
|-----------------|-----------|----|--------------------|------------------|
| \$ | ÷ 1,000 = | \$ | × Age Based Rate = | \$ |
| Benefit Elected | | | | Biweekly Premium |

Universal Life Insurance

In addition to Basic and Supplemental Life insurance, you have the opportunity to purchase Trustmark LifeEvents®, Universal Life insurance. This benefit provides permanent Life insurance to help shield your family from financial hardship.

Living Benefits

Living benefits make it easy to advance part of your death benefit to help pay for home health care, assisted living, nursing home, and adult day care services should you ever need them.

The LifeEvents Advantage

LifeEvents is designed to match your needs throughout your lifetime.

It pays a:

- » Higher Death Benefit during working years when expenses are high and your family needs maximum protection. Then, at age 70 when financial needs are typically lower, the death benefit reduces to one-third.
- » Consistent Level of Living Benefits throughout retirement when you are most likely to need long-term care services.

Your benefits can be paid as:

- » A Death Benefit (reduces to 1/3 at age 70),
- » Living Benefits, for long-term care, or
- » A combination of both

Coverage is portable — you can take your coverage with you if you change employment status.

Additional Features Benefit Description - Built-in Living Benefits

Long-Term Care Benefit¹

Pays a monthly benefit equal to 4% of your death benefit for up to 25 months after 90 days of confinement. The Long-Term Care benefit accelerates the death benefit and proportionately reduces it.

Benefit Restoration Insurance Rider²

Restores the death benefit that is reduced by the Long-Term Care benefit, so your family receives the full death benefit amount when they need it most.

¹The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify, you must meet conditions of eligibility for benefits. Pre-existing condition limitation may apply. Living Benefits may not be available in all states or may be named differently. Please consult your policy for complete details.

²Additional Term Life Insurance Rider in TX

Plan Form IUL.205 is underwritten by Trustmark Insurance Company, Lake Forest, Illinois.



Supplemental Health Benefits

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

Accident Coverage

Accident insurance through Lincoln Financial Group provides you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. This plan complements your health insurance by providing benefits to help cover direct or indirect costs that can arise with a serious or minor injury that occurs off the job. You may end up paying out of your own pocket for things like deductibles, copays, transportation, over-the-counter medicine, daycare or sitters, and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Highlights

- » You will receive a cash benefit for covered injuries and related services for accidents that occur outside of work.
- » Benefits are paid on a schedule of benefits regardless of any other coverage you have, and you may spend it any way you choose.
- » Accident coverage is especially helpful for families with young children and those who are active.

BRIEF SUMMARY OF BENEFITS

| | |
|------------------------------------|---------------------------------------|
| INITIAL CARE (UC/PCP) | \$50 |
| HOSPITAL ADMISSION/ CONFINEMENT | \$1,000 Admission / \$200 Confinement |
| ICU ADMISSION/CONFINEMENT | \$1,500 Admission / \$400 Confinement |
| OPEN FRACTURES/DISLOCATIONS | \$100 - \$3,500 |
| EMERGENCY CARE/TREATMENT | \$100 |
| AMBULANCE (AIR/GROUND) | \$750 Air / \$150 Ground |

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BIWEEKLY CONTRIBUTIONS

| | |
|-----------------------|--------|
| EMPLOYEE ONLY | \$4.07 |
| EMPLOYEE + SPOUSE | \$6.65 |
| EMPLOYEE + CHILD(REN) | \$7.14 |
| EMPLOYEE + FAMILY | \$9.70 |



Critical Illness Coverage

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but critical illness coverage helps offer financial protection in the event you are diagnosed. Critical illness insurance through Lincoln Financial Group pays you cash to use in any way you need if you are diagnosed with a covered condition.

Highlights

- » Critical illness provides you a lump-sum benefit upon diagnosis of a covered illness.
- » You have the choice of \$30,000 in guaranteed issue coverage. Spouses can be covered at 50% and children at 25% of your elected amount.
- » Rates are age-banded. Please refer to the benefit summary for a full rate table.
- » Multiple benefits are payable for different conditions or for new diagnoses of previously paid conditions — so long as you meet the time limit between conditions.
- » Coverage is portable. You can take your coverage with you if you change employment status. (See your certificate for details.)
- » A \$50 wellness benefit is payable each year for enrollees and their covered dependents for receiving a qualifying preventive screening.

PLAN BENEFITS*

| | |
|-------------------------------------|------|
| BENIGN BRAIN TUMOR | 25% |
| CANCER (INVASIVE) | 100% |
| CANCER (NON-INVASIVE) | 25% |
| HEART ATTACK | 100% |
| MAJOR ORGAN FAILURE (OR TRANSPLANT) | 100% |
| END STAGE RENAL FAILURE | 100% |
| STROKE | 100% |

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CLAIMS EXAMPLE

Tom elected \$30,000 Critical Illness benefit and has a heart attack while the coverage is in place. He would receive a one-time cash payment of \$30,000. Then, 6 months later, Tom experienced a stroke. He would receive another \$30,000 payout.

| | |
|------------------------------|-----------------|
| TOTAL BENEFIT PAYOUT: | \$60,000 |
|------------------------------|-----------------|





Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable — expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through Lincoln Financial Group pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU).

Highlights

- » Hospital indemnity pays a cash benefit for hospital admissions due to a covered accident, illness, or pregnancy.
- » Popular with those planning to have children, who are older or have conditions that subject them to a higher risk of hospitalization, and/or are covered by an HDHP.
- » Pre-existing conditions are waived!
- » Benefits are payable for both admissions and additional days spent in the hospital.
- » If admitted to a hospital or ICU within 90 days after being discharged from a preceding stay for the same or related cause, the subsequent admission will be considered part of the first admission.
- » If both hospital and ICU admission or hospital and ICU confinement become payable the same day, only the larger of the two benefits will be paid. If the amount of the benefits is the same, only one will be paid.

BRIEF SUMMARY OF BENEFITS*

| | |
|--------------------------|---|
| HOSPITAL ADMISSION | \$1,000 per day for 1 day per calendar year |
| HOSPITAL CONFINEMENT | \$200 per day for 30 days starting the 2nd day of confinement |
| HOSPITAL ICU ADMISSION | \$2,000 per day for 1 day per calendar year |
| HOSPITAL ICU CONFINEMENT | \$400 per day for 30 days starting the 2nd day of confinement |

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BIWEEKLY CONTRIBUTIONS

| | |
|-----------------------|---------|
| EMPLOYEE ONLY | \$6.71 |
| EMPLOYEE + SPOUSE | \$14.54 |
| EMPLOYEE + CHILD(REN) | \$10.44 |
| EMPLOYEE + FAMILY | \$19.06 |

Income Protection

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

Voluntary Short-Term Disability (STD) Insurance

STD benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

| | |
|------------------------|----------|
| WEEKLY MAXIMUM BENEFIT | \$1,000 |
| ELIMINATION PERIOD | 14 days |
| MAXIMUM BENEFIT PERIOD | 13 weeks |

Voluntary Long-Term Disability (LTD) Insurance

LTD benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

| | |
|-------------------------|--|
| MONTHLY MAXIMUM BENEFIT | \$3,000 |
| ELIMINATION PERIOD | 90 days |
| MAXIMUM BENEFIT PERIOD | Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. |



VOLUNTARY STD/LTD

AGE (AS OF JANUARY 1, 2026)

| AGE RANGE | STD | LTD |
|-----------|---------|---------|
| Under 25 | \$0.309 | \$0.052 |
| 25-29 | \$0.346 | \$0.094 |
| 30-34 | \$0.249 | \$0.120 |
| 35-39 | \$0.231 | \$0.177 |
| 40-44 | \$0.212 | \$0.293 |
| 45-49 | \$0.226 | \$0.379 |
| 50-54 | \$0.245 | \$0.607 |
| 55-59 | \$0.309 | \$0.761 |
| 60-64 | \$0.402 | \$0.825 |
| 65-69 | \$0.429 | \$0.825 |

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:

| | | | | | | | | |
|---------------|--------|---------------|-------|----------------|--------|--------|--------|------------------|
| \$ | ÷ 52 = | \$ | x 60% | \$ | x Rate | \$ | ÷ \$10 | \$ |
| Annual Salary | | Weekly Income | | Weekly Benefit | | Amount | | Biweekly Premium |

TO CALCULATE HOW MUCH YOUR LTD COVERAGE WILL COST:

| | | | | | | |
|---------------|--------|-------------------------|--------|--------|---------|------------------|
| \$ | ÷ 12 = | \$ | x Rate | \$ | ÷ \$100 | \$ |
| Annual Salary | | Monthly Covered Payroll | | Amount | | Biweekly Premium |

Additional Benefits

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

Legal Benefits

ARAG Legal Center offers an enhanced group legal benefit because there are times when you may need legal advice or assistance but may not know where to turn to for reliable, affordable help. By offering a group legal plan, you have the opportunity to protect yourself and your eligible dependents by enrolling in UltimateAdvisor — a pre-paid legal plan — for biweekly rate of \$8.08.

Listed below are just some of the services available:

- » Online Document Preparation
- » Telephone Legal Advice
- » Online Education Center
- » Standard and Complex Will Preparation
- » Small Claims Assistance
- » Purchase and Sale of Your Primary/Secondary Residence
- » Traffic Violation Defense (excludes DWI)
- » Bankruptcy
- » Financial Education and Counseling
- » ID Theft Protection
- » Uncontested Divorce
- » Contested Divorce (30 hours)
- » Consumer Protection Including Debt Collection
- » Eviction Defense
- » Property Protection
- » Neighbor Disputes
- » Guardianship
- » Tenant Matters (tenant only)
- » Juvenile Court Defense
- » Name Change
- » Prenuptial Agreements
- » Defense of Civil Damage Claims (excluding motorized vehicle)

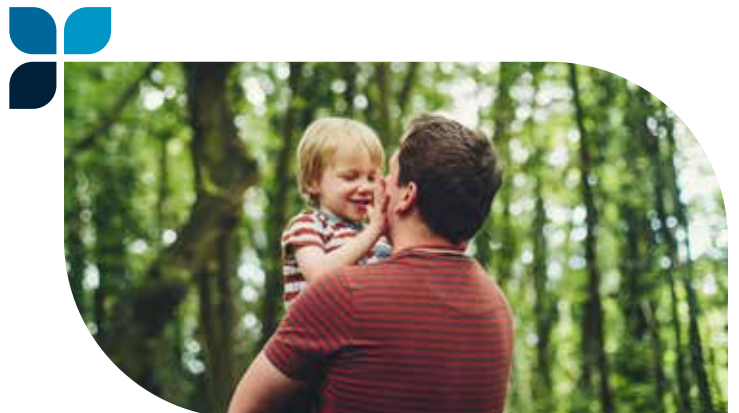
In addition, for legal situations which are not excluded or specifically covered by plan you can employ a Reduced Fee Network Attorney.

For more information about the legal plan:

- » Visit www.ARAGLegalCenter.com and type in your Access Code: 17962hhs for detailed information on plan benefits, how to use the plan, and FAQs.
- » Talk to an ARAG Customer Care Counselor toll-free from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday at 800-247-4184.
- » Email an ARAG Customer Care Counselor at service@ARAGgroup.com.

Travel Assistance

With the Travel Assistance Program, toll-free emergency assistance is available to you and your dependents 24 hours a day, 7 days a week, when traveling 100 or more miles from your primary home for less than 90 days.



Identity Theft Protection

In an always-on, ever-connected world, the risk of identity theft is real. There is a new identity fraud victim every two seconds. You can help protect yourself with LifeLock. LifeLock monitors millions of transactions every second, alerting you to suspicious activity by text, phone, or email. This protection is different than free credit monitoring and offers a full set of features to help proactively protect you and your covered family members against identity theft. You have two options to choose from — Benefit Essential or Benefit Premier.

Membership features:

- » Identity Alert System
- » Lost Wallet Protection
- » Address Change Verification
- » Privacy Monitor
- » Live Member Service Support
- » Identity Restoration Support
- » Data Breach Notifications
- » Three Bureau Credit Monitoring*
- » Annual Credit Report and Credit Score*
- » Monthly Credit Score Tracking*
- » Bank Account Application Alerts*

*Only Available on Benefit Premier Plan



IDENTITY THEFT PROTECTION

| | BENEFITS ESSENTIAL | BENEFIT PREMIER |
|---|--------------------|-------------------|
| BIWEEKLY PREMIUM | | |
| EMPLOYEE ONLY | \$3.46 | \$5.53 |
| EMPLOYEE + FAMILY* | \$6.92 | \$11.07 |
| MEMBERSHIP FEATURES | | |
| PRIOR IDENTITY THEFT REMEDIATION | x | x |
| LIFELOCK IDENTITY ALERT SYSTEM | x | x |
| U.S. - BASED IDENTITY RESTORATION SPECIALIST | x | x |
| 401K & INVESTMENT ACCOUNT ACTIVITY ALERTS | x | x |
| CREDIT MONITORING | | Three bureaus |
| MILLION DOLLAR PROTECTION PACKAGE | Up to \$1 million | Up to \$1 million |
| ANNUAL CREDIT REPORT & CREDIT SCORE | | Three bureaus |
| MONTHLY CREDIT SCORE TRACKING | | One bureau |
| CREDIT APPLICATION ALERTS | One bureau | One bureau |
| DARK WEB MONITORING | x | x |
| USPS ADDRESS CHANGE VERIFICATION | x | x |
| LOST WALLET PROTECTION | x | x |
| REDUCED PRE-APPROVED CREDIT CARD OFFERS | x | x |
| LIFELOCK MOBILE APP (Android & IOS) | x | x |
| CREDIT, CHECKING, & SAVINGS ACCOUNT ACTIVITY ALERTS | x | x |
| CHECKING & SAVINGS ACCOUNT APPLICATION ALERT | | x |
| BANK ACCOUNT TAKEOVER ALERTS | | x |
| SEX OFFENDER REGISTRY REPORTS | x | x |
| 24/7 LIVE MEMBER SUPPORT | x | x |
| ONLINE ACCOUNT MONITORING | x | x |
| SECURE PCS, MACS, SMARTPHONES/TABLETS | Up to 3 devices | Unlimited |
| ONLINE THREAT PROTECTION | x | x |
| PASSWORD MANAGER | x | x |
| PARENTAL CONTROLS | x | x |
| SMART FIREWALL | x | x |
| CLOUD BACKUP | 10 GB | 100 GB |
| SECURE VPN FOR: PCS, MACS, SMARTPHONES/TABLETS | Up to 3 devices | Unlimited |
| SAFECAM | x | x |

*Covering one or more family members

Retirement Planning

A retirement plan can be a powerful tool in promoting financial security in retirement. The Hendrick 401(k) and 403(b) plans help eligible employees save and invest for retirement while receiving certain tax advantages.

You can choose how your contributions and Hendrick's matching contributions are invested. Administrative and record-keeping services for the 401(k) and 403(b) plans are provided by Fidelity.

Eligibility

You are automatically enrolled in the retirement plan at a rate of 3% of base salary earnings. Contributions taken are pre-tax and are placed in the appropriate date. If you do not wish to participate, please visit NetBenefits (www.netbenefits.com) and change your election to 0% or you may contact Fidelity for assistance. The pre-tax deductions will begin within 35 days of your hire date.

Contributing to the Plan

Deferred contributions are based on a percentage of base salary earnings, not to exceed plan limits set by the IRS. Hendrick provides a company match to full-time employees, which equals up to 3% of your base salary earnings you contribute up to IRS limits. Matching contributions will be made to your account on a per pay period basis and are subject to a 5-year vesting schedule. Your participation is voluntary.

Catch-up Contributions

If you are or will be age 50 or older during this calendar year, you may also make a "catch-up contribution." This additional deposit of funds accelerates your progress toward your retirement goals. The maximum catch-up contribution is set by the IRS. See your Plan Administrator for more details.

Changing or Stopping Your Contributions

You may change the amount of your contributions at any time. To make a change, please visit NetBenefits. All changes will become effective as soon as administratively feasible and will remain in effect until modified or terminated by you. You may also discontinue your contributions any time. Once you stop making contributions, you may start again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan with a previous employer, you may transfer or roll over that account into the plan any time. To initiate a rollover into your Hendrick plan, contact Fidelity at 800-343-0860.

Investing in the Plan

You decide how to invest the assets in your account. The Hendrick 401(k) and 403(b) Retirement and Saving Plans offers a selection of investment options for you to choose from. You may change your investment choices any time.

Benefits of 401(k)/403(b)

Tax Savings

In a 401(k) /403(b), you don't owe taxes annually on interest, dividends, or profits earned.

Flexibility

You can change the amount of your contributions any time.

Hendrick Health Match

Your retirement savings grows faster with the Company's match!

Cash Time Off (CTO) & Extended Illness Bank (EIB)

Cash Time Off

We know time away from work is important – whether it’s for rest, family, vacation or life’s unexpected moments. Our CTO program gives you one flexible bank of time that you can use when you need it.

Upon employment, full-time and part-time with Benefits employees earn CTO every pay period (accruals are based on hours paid up to 80 per pay period). The longer you’re here, the more time you earn!

| APPROXIMATE YEARS OF EMPLOYMENT | ACCRUED PER PAY PERIOD | MAXIMUM ACCRUAL BALANCE |
|---------------------------------|-----------------------------------|----------------------------------|
| <1 year | The cash equivalent of 6.46 hours | The cash equivalent of 168 hours |
| 1-4 years | The cash equivalent of 7.08 hours | The cash equivalent of 185 hours |
| 5-9 years | The cash equivalent of 8.31 hours | The cash equivalent of 217 hours |
| 10-14 years | The cash equivalent of 8.92 hours | The cash equivalent of 232 hours |
| 15+ years | The cash equivalent of 9.85 hours | The cash equivalent of 257 hours |

Chart reflects 2026 accrual rates.

CTO eligible employees have donation and cash-out options too, as defined in policy.

For more details visit PolicyStat – Benefits Program, Cash Time Off (CTO)

Extended Illness Bank

Sometimes life happens — you or a loved one (parent, spouse, child) may not feel well. Our EIB is here so you can take care of your health (or your family’s) without worrying about work. Payment from EIB is made following 16 consecutively scheduled hours missed due to personal or family illness — immediate access may be granted for employees who are hospitalized as an inpatient or have an invasive procedure as an outpatient.

Upon employment, full-time employees earn EIB every pay period (accruals are based on hours paid up to 80 per pay period). The longer you’re here, the more time you earn!

| APPROXIMATE YEARS OF EMPLOYMENT | MAXIMUM HOURS ACCRUED PER PAY PERIOD | MAXIMUM CUMULATIVE HOURS ACCRUED |
|---------------------------------|--------------------------------------|----------------------------------|
| 1-4 years | 1.54 hours | 720 hours |
| 5-14 years | 1.85 hours | 720 hours |
| 15+ years | 2.46 hours | 720 hours |

For more details visit PolicyStat – Benefits Program, Extended Illness Bank (EIB)



Discounts & Special Offers

BenefitHub Discount Marketplace

Enjoy discounts, rewards, and perks on thousands of the brands you love in a variety of categories. Visit BenefitHub to learn more about these exciting offers made available to the Hendrick Health team, including local offers from AAA Texas, ACU, Abilene Plastic Surgery, and Medspa, AirMedCare Network, Archway Café, AT&T, Champion Energy, Day Nursery Of Abilene, Dell, First Watch Credit Union, Hendrick Health Club, Hendrick Medical Supply, Hendrick Pharmacy, HBU, RightNow Media @ Work, Sams, Skechers, Vaseline Abilene, Vizient, and more!

It's easy to access and start saving!

1. Go to <https://hendrickperks.benefithub.com>
2. Enter referral code: N4A525
3. Complete registration

Questions?

Call 866-664-4621 or email customer@benefithub.com.

Wonderschool

Looking for childcare or after-school care and need assistance? We've teamed up with Wonderschool to offer a free concierge service that helps employees discover and sign up for quality childcare programs nearby.

To get started:

- » Call 888-231-5603 (and leave a voicemail)
- » Email hendrickhealth@wonderschool.com
- » Company Code: HHWonderschool

Payactiv

Payactiv, an earned wage access program, gives you access to 50% of your base wages as you earn them, giving you more control over when and how you want to use them. The funds you access simply get deducted from your next paycheck. It's not a loan, so there is no interest — just your money in your hands.

To get started, download the Payactiv app.

PAYACTIV

| DISBURSEMENT TYPE | SPEED | TOTAL FEES |
|---|-------------------|------------|
| Payactiv Visa card with direct deposit | Real-time | \$0 |
| Payactiv Visa card without direct deposit | Real-time | \$1.99 |
| Other debit or payroll cards or Walmart cash pickup | Real-time | \$2.99 |
| Bank transfer | 1-3 business days | \$0 |



When Does My Coverage End?

Here is a quick look at when coverage would end for benefits if you leave the company, have a change in status, or if a dependent reaches the age limit for the plan.

| BENEFIT TYPE | DATE OF EVENT | LAST DAY OF THE MONTH |
|--|---------------|-----------------------|
| MEDICAL, INCLUDES MIDI HEALTH & TELADOC HEALTH | | X |
| TOBACCO SURCHARGE | | X |
| DENTAL | | X |
| VISION | | X |
| HEALTH SAVINGS | | X |
| COMPANY PAID HEALTH SAVINGS | | X |
| FLEXIBLE SPENDING (FSA/LUFSA/DCFSA) | X | |
| COMPANY PAID LIFE & AD&D | | X |
| LIFE (EMPLOYEE, SPOUSE & CHILD) | | X |
| DISABILITY (STD & LTD) | | X |
| ACCIDENT | | X |
| CRITICAL ILLNESS | | X |
| HOSPITAL INDEMNITY | | X |
| IDENTITY THEFT | | X |
| LEGAL | | X |

Note

If your coverage terminates, you may be eligible to continue medical, dental, vision, and Flexible Spending Account coverage under COBRA provisions.





If you or your dependents lose health coverage, you may have the right to continue your coverage under a federal law called COBRA (Consolidated Omnibus Budget Reconciliation Act).

When COBRA May Apply

You may be eligible to continue coverage if it ends due to:

- » Your employment ending
- » Reductions in your work hours through a status change
- » Divorce
- » Death of the employee
- » Child losing eligibility as a dependent

Coverage Available

COBRA allows you and your eligible dependents to continue the same health benefits you had before your coverage ended, including:

- » Medical
- » Dental
- » Vision
- » Health Care Flexible Spending Account (if applicable)

How It Works

You will receive a COBRA election packet from WEX, COBRA administrator, after your coverage ends. You have 60 days to elect COBRA coverage, which allows continuation of benefits for up to 18 months (may be extended in certain circumstances). You pay the full premium plus a small administration fee. See rate chart below.

For full details, refer to your COBRA election notice.

| MEDICAL | |
|----------------------------|--------------------------|
| COVERAGE | 2026 MONTHLY COBRA RATES |
| HSA-COMPATIBLE PLAN | |
| QB ONLY | \$990.33 |
| QB + SPOUSE | \$2,079.69 |
| QB + CHILD(REN) | \$1,918.92 |
| QB + FAMILY | \$3,195.04 |
| SPOUSE ONLY | \$990.33 |
| CHILD(REN) ONLY | \$990.33 |
| SPOUSE + CHILD(REN) ONLY | \$1,918.92 |
| COPAY PLAN | |
| QB ONLY | \$1,061.14 |
| QB + SPOUSE | \$2,228.38 |
| QB + CHILD(REN) | \$2,056.12 |
| QB + FAMILY | \$3,423.48 |
| SPOUSE ONLY | \$1,061.14 |
| CHILD(REN) ONLY | \$1,061.14 |
| SPOUSE + CHILD(REN) ONLY | \$2,056.12 |

| DENTAL | |
|--------------------------|--------------------------|
| COVERAGE | 2026 MONTHLY COBRA RATES |
| LOW PLAN | |
| QB ONLY | \$35.91 |
| QB + SPOUSE | \$53.23 |
| QB + CHILD(REN) | \$62.35 |
| QB + FAMILY | \$83.50 |
| SPOUSE ONLY | \$35.91 |
| CHILD(REN) ONLY | \$35.91 |
| SPOUSE + CHILD(REN) ONLY | \$62.35 |
| HIGH PLAN | |
| QB ONLY | \$50.36 |
| QB + SPOUSE | \$75.10 |
| QB + CHILD(REN) | \$87.96 |
| QB + FAMILY | \$117.79 |
| SPOUSE ONLY | \$50.36 |
| CHILD(REN) ONLY | \$50.36 |
| SPOUSE + CHILD(REN) ONLY | \$87.96 |

| VISION | |
|--------------------------|--------------------------|
| COVERAGE | 2026 MONTHLY COBRA RATES |
| QB ONLY | \$7.54 |
| QB + SPOUSE | \$14.94 |
| QB + CHILD(REN) | \$14.66 |
| QB + FAMILY | \$22.29 |
| SPOUSE ONLY | \$7.54 |
| CHILD(REN) ONLY | \$7.54 |
| SPOUSE + CHILD(REN) ONLY | \$14.66 |

QB or Qualified Beneficiary is anyone who had health coverage on the day before a COBRA qualifying event and therefore has the right to continue coverage under COBRA.

Glossary

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

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

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

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

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

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

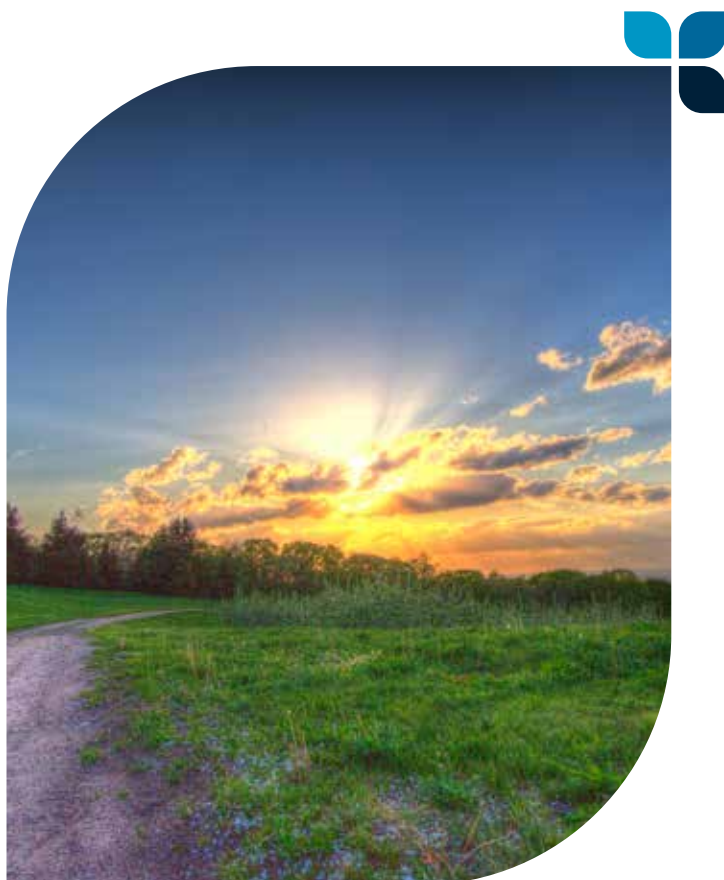
- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Dependent Care FSA** – A pre-tax benefit account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

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

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

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

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



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

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

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

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

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

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

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

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

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

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



Required Notices

Important Notice From Hendrick Health About Your Prescription Drug Coverage and Medicare Under the UMR HSA Compatible Plan and Copay Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hendrick 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. Hendrick Health has determined that the prescription drug coverage offered by the UMR HSA Compatible Plan and Copay plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

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

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

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

| | |
|--------------------------|---|
| Date: | January 1, 2026 |
| Name of Entity/Sender: | Hendrick Health |
| Contact—Position/Office: | Human Resources |
| Address: | 4310 Buffalo Gap Rd. Abilene, TX 79606 |
| Phone Number: | 325-670-3163 |

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 325-670-3163.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 325-670-3163.

HIPAA Special Enrollment Rights

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

Loss of eligibility includes but is not limited to:

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

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 325-670-3163.

Important Contacts

Medical

UMR
866-795-6676
www.umar.com
Network: Choice Plus
Policy #: 7670-00-416401

Pharmacy

Navitus
844-268-9789
www.navitus.com

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

Lincoln Financial Group
855-818-2883
www.lfg.com

Wellness

Hendrick Wellness Program
325-670-7777
www.managewell.com

Dental

Delta Dental
800-521-2651
www.deltadentalins.com
Network: Delta Dental Premier
Policy #: 23588

Vision

Superior Vision
833-393-5433
www.metlife.com/vision
Policy #: 235567

Health Savings Account

WEX
866-451-3399
www.wexinc.com

Flexible Spending Accounts

WEX
866-451-3399
www.wexinc.com

Life and AD&D

Lincoln Financial Group
855-818-2883
www.lfg.com

Universal Life Insurance

Trustmark Voluntary Benefits
877-201-9373
www.trustmarksolutions.com

Disability

Lincoln Financial Group
866-818-2883
www.lfg.com

Retirement

Fidelity
800-343-0860
www.netbenefits.com

Employee Assistance Program

HeadSpace EAP
855-420-0734
<https://work.headspace.com/hendrick/member-enroll>

Legal Plan

ARAG Legal Center
800-247-4184
www.araglegalcenter.com

Travel Assistance

Lincoln Financial Group
800-527-0218
www.lincoln4benefits.com

Identity Theft

LifeLock
800-607-9174
www.norton.com

Hendrick Health Human Resources

4310 Buffalo Gap Rd.
Abilene, TX 79606
Benefits Hotline: 325-670-3163
Hendrick.Health/employeebenefitsbenefits@hendrickhealth.org

Wellness Hotline: 325-670-7777
wellness@hendrickhealth.org

HR Service Center: 325-670-3181
HR HMC North: 325-670-3181
HR HMC South: 325-428-1062
HR HMC Brownwood: 325-649-3430

Benefits Enrollment Center

Benefits Communications Inc.
877-540-6761





