

EMPLOYEE
BENEFITS

2025

East Alabama
Health 

East Alabama Medical Center

WELCOME

Here is where to find...

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2025 EMPLOYEE BENEFITS GUIDE

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits, annual enrollment process, or need assistance, contact a Benefit Services representative at benefitservices@eamc.org or call:

Opelika: 334-528-4188

Lanier: 334-710-0076



WHAT'S NEW FOR 2025

This year is an active enrollment year, meaning everyone must log in to enroll or decline coverage. Failure to do so will result in an automatic waive in coverage.

HEALTH PLAN UPDATE

The \$300 copay required for inpatient hospitalization has been removed under Tier 1 of the medical plan. Coverage for inpatient stays will be covered 100% subject to the calendar year deductible for 2025 (Annual deductible will remain as \$500 individual & \$1000 family).

HIGH DEDUCTIBLE HEALTH PLAN PREMIUM REDUCTION

The HDHP employee contributions are 20% lower for the 2025 plan year to offset the higher deductible and higher cost share per service for members.

LIFE AND SUPPLEMENTAL INSURANCE

EAH has moved from Lincoln to Prudential for all Life and supplemental insurance coverage. Plans offer enhanced coverage for the 2025 plan year.

- Basic Life, LTD, & Accidental Death & Dismemberment
- Term employee, spouse, & dependent life
- Short Term Disability
- Accident
- Critical Illness
- Hospital Indemnity

EAP & FINANCIAL GUIDANCE

With the move to Prudential comes the addition of an Employee Assistance Program and Financial Wellness Tools.

FLEXIBLE SPENDING ACCOUNT CHANGES

This year, the Healthcare flexible spending account deduction maximum has increased from \$3,050 to \$3,200. This update gives employees the option to deduct an additional \$150 to put towards covering expenses. As a reminder, the flexible spending account can be used for:

- Copays and deductibles for the health plan, dental plan, and vision plan
- Prescriptions, eyeglasses and contact supplies
- Other healthcare expenses that are not covered by your benefits; see www.irs.gov for a more complete list

ENROLLMENT ASSISTANCE

EAH is partnering with Nayya to offer enrollment assistance and recommendations.

Nayya is an AI generated enrollment assistance software that can help educate and guide you in making the best enrollment decisions. Visit support.nayya.com.

ARE YOU PREPARED?

Do you have a beneficiary designated in Infor?

Naming a beneficiary is one of the easiest – but most important – steps you can take to help ensure your legacy is honored and your loved ones are taken care of. But it's up to you to keep things in order. Full-time and Flex employees are provided Basic Life & Accidental Death & Dismemberment coverage by EAH. FT, Flex, & PT employees can purchase additional term life insurance, and can participate in the retirement plan. Each of these plans require a beneficiary designation.

Why are beneficiary designations important?

Beneficiary designations can provide a relatively easy way to transfer an account or insurance benefit upon your death. However, if you're not careful, missing, outdated, or inconsistent beneficiary designations can easily cause your estate plan to go awry.

Beneficiary designations take priority over what's in other estate planning documents, such as a will or trust.

Tips about beneficiary designations

1. Remember to name beneficiaries. If you don't name a beneficiary when one is called for, one of the following could occur:
 - The account or policy may have to go through probate. This process often results in unnecessary delays, additional costs, and unfavorable income tax treatment.
 - The agreement that controls the account or policy may provide for "default" beneficiaries. This could be helpful, but it's possible the default beneficiaries may not be whom you intended.
2. Name both primary and contingent beneficiaries. It's a good practice to name a "back up" or contingent beneficiary in case the primary beneficiary passes away before you. If there is only one individual that you want to leave the money to, consider whether a charity (or charities) would be appropriate as the contingent beneficiary.
3. Update for life events. Review your beneficiary designations regularly and update them as needed based on major life events, such as births, deaths, marriages, and divorces.

There are a few different ways to add or update your designations.

INFOR EE
Self Service
Instructions



Submit
designation
form to HR



To update your retirement designations, contact VOYA at 334-737-5051 or log in to your account manager at www.VOYA.com

NAYYA ENROLLMENT GUIDANCE

Nayya

This year, enrollment starts with **Nayya Choose**

Your quick path to personalized benefits



Not confident which plans to enroll in?

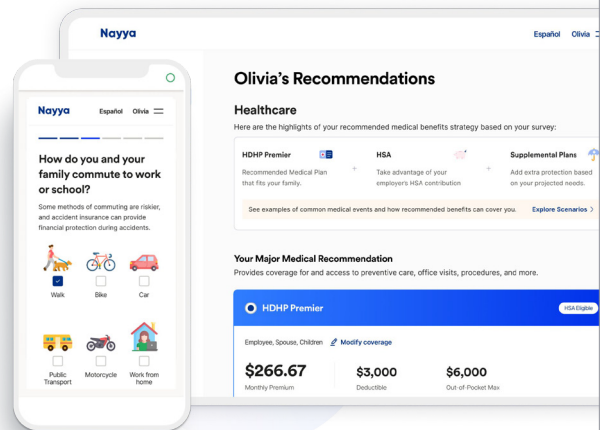
We know that electing the best benefits for you and your family can feel overwhelming. You aim to get the most value while avoiding unnecessary costs, but it can be tough to determine which benefits to choose and why. Even if you have a good sense of what your needs are, changes in your life, finances, and health can all have an impact on the most appropriate plan package for you.

That's why East Alabama Health has partnered with Nayya—a benefits guidance tool that helps you feel confident in your benefits choices.

Through a simple, user-friendly survey, Nayya Choose asks you a few questions before recommending the best benefits choices based on your individual health, finances, and preferences.

How to use **Nayya Choose**:

- 01 Access Nayya once you receive your link
- 02 Answer a few questions about yourself and your family through Nayya's secure survey
- 03 Get matched with a benefits package customized to your needs and budget
- 04 Continue onto your company's benefits administration platform to enroll



Quick facts about **Nayya Choose**

Nayya Choose is:

- ✓ **Quick.** Get a recommendation in 10 minutes
- ✓ **Easy.** Intuitive, survey-style experience
- ✓ **Secure.** Nayya never shares your information with EAH or anyone else

Employees love **Nayya**

- 88%** of employees who used Nayya Choose indicated that their **benefits decision was made easier** with Nayya^[1]
- 75%** of Nayya users felt Nayya helped them **be more confident** when selecting benefits^[2]
- 70%** of Nayya users felt Nayya helped them **save money on their benefits**^[3]

Sources: ^[1] Nayya NPS Survey, 2023, ^[2] Nayya User Survey, 2022, ^[3] Nayya User Survey, 2022



HIPAA compliant | SOC2+HITRUST certified

Learn more at support.nayya.com



WHO IS ELIGIBLE?

If you are a full-time or flex employee, you are eligible for the following on your official hire date: Health, Dental, Vision, Flexible Spending Accounts, Voluntary Life Insurance, Accident Insurance, Critical Illness Insurance, Hospital Indemnity, as well as Short-Term Disability.

You also are provided Basic Life Insurance & Long-Term Disability on the first day of employment. In addition, you can take advantage of the Financial Security Program immediately upon hire.

If you are a part-time employee working at least 32 hours per pay period, you are eligible for Health, Dental, Vision, Flexible Spending Accounts, Voluntary Life Insurance, Accident Insurance, Critical Illness Insurance, Hospital Indemnity, as well as Short-Term Disability, you can take advantage of the Financial Security Program immediately upon hire.

Eligible dependents include:

| | |
|-------------------------------------------------------------------------------------|------------------------------------|
|  | Your spouse |
|  | Your children from birth to age 26 |

(Including your natural, legally adopted, stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support.)

HOW TO ENROLL

To sign up for benefits, visit the INFOR system before the end of the enrollment period. Log in to INFOR Employee Self Service, then click on the Employee icon, then click on To Do,

then click on Pay and Benefits. Scroll down to Annual Enrollment to begin the Open Enrollment screens. Read the information carefully, and the system will guide you through your choices. If you have trouble with enrollment, call HR at extension 4188 for assistance. You will be provided with a confirmation statement after you enroll.

MAKING CHANGES

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Court-ordered change.
- Loss of coverage elsewhere.

Changes to your coverage due to a qualifying life event must be made within 30 days of the effective date of the life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

All benefit plans are independent of one another and may be enrolled in without enrolling in any other benefit plans.

ENROLLMENT DEADLINES

| Current Employee | New Hire | Qualified Life Event |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| ENROLLMENT OPPORTUNITY Annually during the enrollment period of October 7-25, 2024. | ENROLLMENT OPPORTUNITY Must enroll within 30 days from date of hire. | ENROLLMENT OPPORTUNITY Changes must be made within 30 days of the effective date of the event. |
| Coverage Effective Date Start of plan year 2025 | Coverage Effective Date Date of hire | Coverage Effective Date Date of life event |

HEALTH

<https://www.bcbsal.org/web/>

1-866-888-6934

BLUE CROSS BLUE SHIELD - PPO

Your PPO medical benefits are provided by Blue Cross Blue Shield and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

| Preferred Provider Organization | Tier 1 | Tier 2 | Tier 3 |
|-------------------------------------------------------|-----------------------|------------------------|----------------------|
| | In-network | In-network | In-network |
| Annual deductible (Individual/Family) | \$500 / \$1,000 | \$1,000 / \$3,000 | \$2,000 / \$4,000 |
| Out-of-pocket maximum (Individual/Family)* | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$6,000 / \$12,000 |
| Preventive care | Covered at 100% | Covered at 100% | Covered at 100% |
| Primary physician office visit | \$30 copay | \$40 copay | \$60 copay |
| Specialist office visit | \$40 copay | \$60 copay | \$100 copay |
| Inpatient hospital services | 100% after deductible | \$500 copay (Days 1-4) | 70% after deductible |
| Outpatient hospital services (lab, x-ray, diagnostic) | \$150 copay | \$150 copay | 70% after deductible |
| Emergency room care | \$100 copay | \$100 copay | \$100 copay |

*All services are subject to the calendar year deductible unless the plan document specifically states otherwise.

| Prescription Drugs | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prescriptions Purchased at East Alabama Apothecary | Non-Maintenance Prescriptions Purchased at a Blue Cross and Blue Shield Participating Pharmacy |
| <p>\$150 deductible per person; \$300 per family Covered at 100% subject to drug deductible and the following copays:</p> <p>Tier 1: \$10 (preferred generics) Tier 2: \$15 (non-preferred generics) Tier 3: \$45 (preferred brands) Tier 4: \$45 (non-preferred brands) Tier 5: \$100 (preferred specialty) Tier 6: \$100 (non-preferred specialty)</p> <p>Note - All maintenance drugs MUST be purchased at East Alabama Apothecary.</p> | <p>Prescription drugs are subject to the tier 3 deductible (\$2,000 individual/\$4,000 family):</p> <p>Tier 1: 80% of the allowed amount Tier 2: 60% of the allowed amount Tier 3: 60% of the allowed amount Tier 4: 60% of the allowed amount Tier 5: Only covered at EAMC Apothecary. For specialty medications EAMC Apothecary is unable to provide, the \$100 copay will apply as if provided by EAMC Apothecary; these will be approved and directed by EAMC. Tier 6: Only covered at EAMC Apothecary. For specialty medications EAMC Apothecary is unable to provide, the \$100 copay will apply as if provided by EAMC Apothecary; these will be approved and directed by EAMC.</p> |

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

*All services are subject to the calendar year deductible unless the plan document specifically states otherwise.

HEALTH

<https://www.bcbsal.org/web/>

1-866-888-6934

BLUE CROSS BLUE SHIELD - HDHP

Your HDHP medical benefits are provided by Blue Cross Blue Shield and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

| Medical High Deductible Health Plan | Tier 1 | Tier 2 | Tier 3 |
|-------------------------------------------------------|----------------------|----------------------|----------------------|
| | In-network | In-network | In-network |
| Annual deductible (Individual/Family) | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$6,000 / \$12,000 |
| Out-of-pocket maximum (Individual/Family)* | \$4,000 / \$8,000 | \$6,000 / \$12,000 | \$8,000 / \$16,000 |
| Preventive care | Covered at 100% | Covered 100% | Covered at 100% |
| Primary physician office visit | 90% after deductible | 90% after deductible | 90% after deductible |
| Specialist office visit | 90% after deductible | 90% after deductible | 90% after deductible |
| Inpatient hospital services | 90% after deductible | 90% after deductible | 90% after deductible |
| Outpatient hospital services (lab, x-ray, diagnostic) | 90% after deductible | 90% after deductible | 90% after deductible |
| Emergency room care | 90% after deductible | 90% after deductible | 90% after deductible |

| Prescription Drugs | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prescriptions Purchased at East Alabama Apothecary | Non-Maintenance Prescriptions Purchased at a Blue Cross and Blue Shield Participating Pharmacy |
| <p>Covered at 100% subject to the calendar year deductible and the following copays:</p> <p>Tier 1: \$10 (preferred generics)</p> <p>Tier 2: \$15 (non-preferred generics)</p> <p>Tier 3: \$45 (preferred brands)</p> <p>Tier 4: \$45 (non-preferred brands)</p> <p>Tier 5: \$100 (preferred specialty)</p> <p>Tier 6: \$100 (non-preferred specialty)</p> <p>Note - All maintenance drugs MUST be purchased at East Alabama Apothecary.</p> | <p>Prescription drugs are subject to the calendar year deductible deductible:</p> <p>Tier 1: 80% of the allowed amount</p> <p>Tier 2: 60% of the allowed amount</p> <p>Tier 3: 60% of the allowed amount</p> <p>Tier 4: 60% of the allowed amount</p> <p>Tier 5: Only covered at EAMC Apothecary. For specialty medications EAMC Apothecary is unable to provide, the \$100 copay will apply as if provided by EAMC Apothecary; these will be approved and directed by EAMC.</p> <p>Tier 6: Only covered at EAMC Apothecary. For specialty medications EAMC Apothecary is unable to provide, the \$100 copay will apply as if provided by EAMC Apothecary; these will be approved and directed by EAMC.</p> |

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

*All copayments are subject to the deductible

HEALTH BENEFITS

GAPS IN CARE

Gaps in Care are based on national guidelines, and some are age based. Below are the Gaps in Care that must be closed:

- Preventive office visit with primary care physician
- Labs required:
 - ✦ Lipids (cholesterol)
 - ✦ HgbA1C (all participants)
 - ✦ Glucose (fasting or non-fasting)
- Mammogram for women aged 50 and older as of 7/31/2025
- Colonoscopy for men or women aged 50 and older as of 7/31/2025

Complete all Gaps in Care that apply to you in order to receive the lowest premium rate in 2025. The Gaps in Care deadline will be **July 31, 2025**

Dependent children are not required to complete Gaps in Care; however, employees and spouses must complete Gaps in Care to receive the lowest insurance premium.

Mental Wellness

Lucet, in conjunction with Blue Cross and Blue Shield of Alabama, is the mental wellness provider for East Alabama Health. As long as the provider is a BCBS provider, each visit will process through the health plan, and you will be responsible for the \$25 mental health co-pay.

See new **EAP offerings** on page 16.

Substance Abuse

For substance abuse, please call the Blue Cross and Blue Shield (BCBS) customer service number on the back of your insurance card for assistance in facilitating access to a New Directions representative. All substance abuse and residential treatment facilities are subject to the EAH tiered network of providers and requires prior authorization through BCBS. For more information, call Blue Cross and Blue Shield at 1-866-888-6934.

Lark - Free Health Coaching

BCBS Alabama has teamed up with Lark to offer Lark's Diabetes Prevention, Diabetes Care, and Hypertension programs for eligible members who have an official diagnosis to help them get healthy and stay healthy. Through the Lark app, there is coaching available 24/7 as well as other services integrated with the programs. All programs also include a free wireless scale. All of this is provided to you at no additional cost! Participation is by invitation only through BCBS. If you qualify, Lark and BCBS will reach out via mail.

Therapy for Autism Spectrum Disorder

Occupational, Speech, Physical, and Applied Behavioral Analysis Therapy (ABA) are covered 100% with no deductible or copay for dependents who are ages 0-18 on the autism spectrum. Precertification is required. For precertification, call 1-877-563-9347 (toll free).

Assisted Reproductive Technology (ART), Infertility Testing & Treatment

ART and Infertility Treatment are available for full-time and part-time employees. This benefit is limited to \$15,000 and you must be employed one year before benefits are available. Pre-benefit counseling is required. Call 1-866-888-6934 for prebenefit counseling.

Baby Yourself

Baby Yourself is the free maternity program provided by Blue Cross and Blue Shield of Alabama. Baby Yourself includes a personal nurse to answer questions during and after pregnancy, gifts and educational resources, information about breastfeeding, and a free app to track your pregnancy. By enrolling in Baby Yourself in your first trimester.

FLEXIBLE SPENDING ACCOUNT (FSA)

<https://my.healthequity.com/ClientLogin.aspx>

1-877-288-0719

HEALTH EQUITY

A Healthcare Flexible Spending Account (FSA) may help reduce the amount of taxes you pay and help cover expenses you have during the year.

The minimum deduction for the Flexible Spending Account is \$260 annually or \$10 bi-weekly.

Flexible Spending Accounts are administered by Health Equity. Go to www.myhealthequity.com to view and verify claims for your flexible spending account.

Healthcare FSA

A healthcare FSA reimburses employee for eligible medical expenses, up to the amount contributed for the plan year. Eligible healthcare expenses include many out-of-pocket costs you pay to maintain your health and well-being. Visit irs.gov for a full list of eligible expenses.

You may contribute up to \$3,200 annually (funds will be available as of the election effective date).



HEALTH SAVINGS ACCOUNT (HSA)

<https://my.healthequity.com/ClientLogin.aspx>
1-877-288-0719

HEALTH EQUITY




AVAILABLE TO PARTICIPANTS IN THE HIGH DEDUCTIBLE HEALTH PLAN.

A health savings account (HSA) is a tax-advantaged savings account that can be used for qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions.

Did you know an HSA provides triple tax benefits?

- The money you contribute is pre-tax.
- Interest accumulates in the account tax-free.
- Money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses.

HSA Advantages

| | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|  | You can use the account to pay for qualified healthcare expenses. |
|  | Unspent dollars roll over each year and are yours to keep, even if you retire or leave the company. |
|  | You can invest your HSA funds, so your available healthcare dollars can grow over time. |

You are eligible if:

- You are enrolled in the HDHP.
- You are not covered by a spouse's plan.
- No one else can claim you as a dependent.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received VA benefits in the past 3 months.

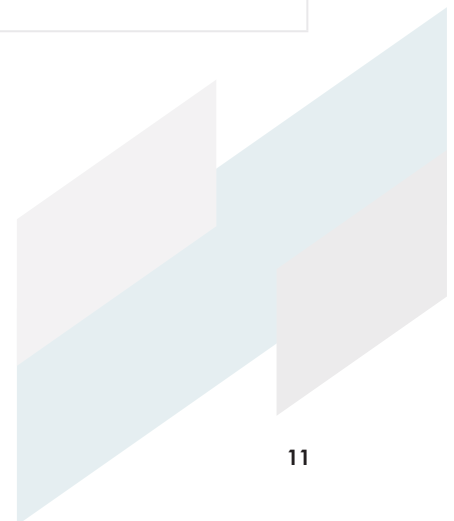
How Do I Manage My HSA?

Access and manage your HSA at <https://my.healthequity.com/ClientLogin.aspx>. You'll set up your payroll contributions during your enrollment period. You can change the contribution amount at any time (although it may take up to two payroll periods to process).

How Much Can I Deposit Into an HSA in 2025?

| | |
|------|------------------------------------------------------------------------------------------------------------------------|
| <55* | <ul style="list-style-type: none"> • Up to \$4,300 for individual. • Up to \$8,550 for family. |
| 55+* | The maximum contribution increases by \$1,000. |

*Not enrolled in Medicare



DENTAL

BLUE CROSS BLUE SHIELD

<https://www.bcbsal.org/sales/web/individuals/dental>

1-888-311-3944

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what Blue Cross Blue Shield pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit <https://www.bcbsal.org/sales/web/individuals/dental>.



| Dental | Standard Plan | Premium Plan |
|------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|
| | In-network | In-network |
| Annual deductible (Individual/Family) | \$50 / \$150 | \$50 / \$150 |
| Annual maximum (per person) | \$1,000 | \$2,000 |
| Diagnostic and preventive care (includes cleanings, fluoride treatments, sealants, and x-rays) | Payable at 100% no deductible | Payable at 100% no deductible |
| Restorative | Payable at 100% subject to the deductible | Payable at 100% subject to the deductible |
| Supplemental services | Payable at 80% subject to the deductible | Payable at 80% subject to the deductible |
| Prosthetic services | Payable at 50% subject to the deductible | Payable at 50% subject to the deductible |
| Periodontic services | Payable at 80% subject to the deductible | Payable at 80% subject to the deductible |
| Orthodontia | Not Included | 100% |
| Ortho lifetime maximum | Not Included | \$1,000 for subscriber/ \$2,000 for dependents |

Plan includes out-of-network benefits; see summary plan description for additional details.



VISION

VSP

<https://www.vsp.com/>

1-800-877-7195

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the VSP network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit <https://www.vsp.com/>.



| Vision | Standard Plan | Premium Plan |
|-------------------------------|--------------------------------------|--------------------------------------|
| | In-network | In-network |
| Examination (every 12 months) | \$10 copay | \$10 copay |
| Material | \$20 copay | \$20 copay |
| Lenses | every 12 months | every 12 months |
| Single | \$20 copay | \$20 copay |
| Bifocal | \$20 copay | \$20 copay |
| Trifocal | \$20 copay | \$20 copay |
| Frames | every 24 months | every 12 months |
| New frames | \$150 allowance | \$300 allowance |
| Contact lenses | every 12 months | every 12 months |
| Elective | \$150 allowance | \$150 allowance |
| Medically necessary | Covered in full after material copay | Covered in full after material copay |

Employees can elect dental and/or vision regardless their medical enrollment status.

See summary plan description for additional details.





529 COLLEGE SAVINGS PLAN

You can save for college expenses for yourself, your child, and/or your grandchild and have a portion of your deductions matched by EAH. To enroll and set up your 529 plan, contact our VOYA representatives at 334-737-5051 to enroll. To create an account after enrollment, visit the College Counts website, www.collegecounts529.com.

THE FINANCIAL SECURITY PROGRAM

From your first day at East Alabama Health, you can start saving part of your pay and, after a short period, enjoy a matching contribution from EAH. This program will help you get ready to retire, and it can reduce your tax burden at the same time. This plan is administered by Voya.

Your Contribution

- You may defer your contribution in 1% increments.
- Your savings can be taken before taxes or after taxes. Each option has certain tax advantages, so be sure to pick the option that best suits you.
- You are always vested in the money you contribute.

EAH's Contribution

- After you've been employed for 90 days, EAH will match 75 cents on the dollar, up to 6% of your pay.
- You will "vest" – or gain ownership - in EAH's matching contribution over time.
- Contributions are based upon yearly IRS compensation limits.

| EAH Investment Schedule | |
|-------------------------|------------|
| Years of Employment | Percentage |
| 3 | 20% |
| 4 | 40% |
| 5 | 60% |
| 6 | 80% |
| 7 | 100% |

You can choose how your account is invested. VOYA investment representatives are available to meet with you regarding your retirement plan. Contact our VOYA representatives at **334-737-5051** to enroll.

SUPPLEMENTAL HEALTH BENEFITS

PRUDENTIAL

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are offered through Prudential and are designed to protect your family's finances in case of an unforeseen injury or illness. Please visit <https://www.prudential.com/personal/workplace-benefits/group-insurance.html> for additional details.

Accident Insurance

After a covered accident, accident plans pay cash benefits directly to you to cover some of the remaining costs your health insurance plan may not cover.

Benefit:

- Provides a fixed payment that can help cover out-of-pocket costs that occur after an accidental injury (e.g., deductibles, copays and other expenses, such as transportation or lodging)
- Payroll deduction

Critical Illness Insurance

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. This plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer.

Benefit:

- Pays lump-sum benefit upon diagnosis of a covered health condition such as cancer, heart attack and stroke
- Benefit amounts range from \$10K to \$30K
- Payroll deduction

Hospital Indemnity Insurance

Hospital stays can be expensive, even with insurance. Hospital Indemnity plans are designed to provide financial protection by paying you a direct benefit to cover out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the facility type and number of confinement days.

Benefit:

- Coverage for hospital admission and daily confinement
- Payroll deduction



LIFE AND DISABILITY INSURANCE

PRUDENTIAL

<https://www.prudential.com/>

Life Insurance

East Alabama Medical Center provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you!

| Insurance Coverage | Basic Life and AD&D |
|-------------------------------------|--------------------------------------------------------------------------------------|
| Active Full-Time and Flex Employees | You are automatically enrolled for 1 times your covered annual earnings to \$150,000 |

If you would like additional coverage, Voluntary Life and AD&D insurance are available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available or if you elect an amount over the Guaranteed Issue, you may be required to complete an Evidence of Insurability (EOI) form.

| Supplemental Insurance Coverage | Active Full-Time, Flex, & Part-Time Employees |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Voluntary Employee Life | Purchase coverage in increments of \$10,000 up to a maximum of \$300,000. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed. |
| Voluntary Spouse Life | Purchase coverage on your spouse in increments of \$5,000 up to a maximum of \$150,000. Please Note: The Optional Dependent Term Life coverage amount on your spouse cannot exceed 50% of your Optional Term Life coverage amount. |
| Voluntary Child Life | Purchase coverage on your child(ren) for \$5,000. Please note: The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 50% of your Optional Term Life coverage amount. Coverage begins at live birth, and continues to age 26, if unmarried. |

Disability

These plans give you income protection in the event you are ill or suffer a non-work-related injury, and can't work.

| Short-term Disability Benefits | Active Full-Time, Flex, & Part-Time Employees |
|--------------------------------|-----------------------------------------------|
| Elimination period | 14 Days |
| Weekly benefit | 60% of weekly predisability earnings |
| Maximum weekly benefit | \$1,000 |
| Maximum benefit period | 24 weeks |

| Long-term Disability Benefits | Active Full-Time and Flex Employees |
|-------------------------------|---------------------------------------------|
| Elimination period | 180 days |
| Weekly benefit | 60% of your monthly pre-disability earnings |
| Maximum weekly benefit | \$8,000 |
| Maximum benefit period | 65 years |

BI-WEEKLY PAYROLL DEDUCTIONS

Medical

| | PPO Full-time | PPO Part-time | HDHP Full-time | HDHP Part-time |
|-----------------------|--------------------------|--------------------------|---------------------------|---------------------------|
| Employee | \$102.90 | \$177.47 | \$69.99 | \$120.68 |
| Employee + spouse | \$226.39 | \$390.44 | \$153.95 | \$265.50 |
| Employee + child(ren) | \$216.11 | \$372.69 | \$146.95 | \$253.43 |
| Family | \$243.08 | \$416.62 | \$165.30 | \$283.30 |

Dental

| | Standard Full-time | Standard Part-time | Premium Full-time | Premium Part-time |
|-----------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|
| Employee | \$10.76 | \$13.83 | \$13.76 | \$24.46 |
| Employee + spouse | \$23.67 | \$30.32 | \$30.27 | \$53.82 |
| Employee + child(ren) | \$26.90 | \$34.45 | \$34.40 | \$61.15 |
| Family | \$29.05 | \$37.21 | \$37.15 | \$66.05 |

Vision

| | Standard Full-time | Standard Part-time | Premium Full-time | Premium Part-time |
|-----------------------|-------------------------------|-------------------------------|------------------------------|------------------------------|
| Employee | \$0.91 | \$0.91 | \$4.59 | \$4.59 |
| Employee + spouse | \$1.86 | \$1.86 | \$9.38 | \$9.38 |
| Employee + child(ren) | \$1.99 | \$1.99 | \$10.03 | \$10.03 |
| Family | \$3.18 | \$3.18 | \$16.03 | \$16.03 |

Note: Additional rate information can be found in your enrollment portal.



ADDITIONAL BENEFITS

Scholarship Program

EAH pays tuition up front in exchange for your contracted work commitment.

Tuition Reimbursement

If your application is approved, EAH will reimburse your tuition and fees, based on your grades.

Professional Development

EAH offers a wide range of classes and workshops on campus and virtually for continuing education and skills-building.

Credit Unions

- East Alabama Community
- FCU Four Seasons FCU
- Chattahoochee FCU

DailyPay

DailyPay is a third party company that provides employees the option to receive on-demand pay or early access to earned pay to help them control the timing of their pay. DailyPay can send your money to any account, debit card or pay card, instantly or the next day.

CMG Financial

EAH partners with CMG Financial to offer down payment funding assistance, matching of those funds to put toward closing costs, and various other incredible home loan programs for healthcare workers.

Farmers Insurance

Farmers Insurance offers substantial discounts on auto, home, and pet insurance just for being an EAH employee. Call 800-438-6381 and let them know you work for East Alabama Health or use the discount code: **09S**. You can also visit www.farmers.com/groupselect.

Adoption Benefit

Employees must be employed for one year before becoming eligible for adoption assistance. Contact HR for more details.

Norton360 LifeLock

Protection for your devices, online privacy, and identity are all available through Norton LifeLock. Contact HR for more details.

Purchasing Power

Purchasing Power is a purchase program sponsored by EAH that offers a better way to buy the brand-new products you want at eamc.purchasingpower.com.

- Zero interest, no credit check, and no hidden fees
- Payroll deduction
- Limits are determined by length of service and salary

Cornerstone

Cornerstone of EAMC provides support and assistance to employees in need who meet certain criteria. Cornerstone also provides community outreach and supports charitable organizations throughout the community.

Discounts

Many local businesses and attractions offer discounts to EAH employees. Please check the Employee Portal page under EAH Employee Discounts. PerkSpot is also on the existing discounts available for East Alabama Health employees.

The discounts page can be found on SharePoint or by scanning this QR Code



FEDlogic

East Alabama Health has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members. Their service is confidential, unlimited, and free.

Reasons to call FEDlogic:

- You've reached or are approaching Medicare age and need to learn more
- You're approaching retirement age and want to learn more about your Social Security Benefits
- You or a household family member have been diagnosed with a major illness
- You have a child with a disability or born prematurely
- You have lost a spouse
- You need assistance navigating Medicaid, Marketplace, or COBRA
- You need assistance exploring alternative healthcare avenues based on your income
- You are currently on dialysis (ESRD)
- You need assistance exploring Unemployment Benefits

Call FEDlogic at 877-837-4196 to schedule a phone consultation with one of our federal and state benefits experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour.

TIME OFF POLICIES

Earned Time Off (ETO) is a benefit plan that combines **sick, holiday, and vacation** into one bank called Earned Time Off. ETO is accrued for each full time and part time employee each pay period based upon hours worked. Accumulated ETO hours may be used at any time during the year, with supervisory approval, when an employee is absent from work and do not count towards over time. ETO hours accrued can be carried over from year to year up to a maximum of 500 hours. Once an employee has reached the 500-hour limit, they cannot earn ETO hours until their bank drops below 500 hours. It is each employee's responsibility to track and maintain their ETO hours.

The following are recognized holidays: **New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day**. For non-clinical support departments, salaried employees must take ETO for these holidays. Clinical exempt employees scheduled to work these holidays are not required to take ETO for these days. Exempt employees required to work on Thanksgiving Day, Christmas Day and Easter Sunday will have ETO time added to their bank up to a total of 4 hours depending on the hours worked.

| Accruals For Full-Time & Flex Employees | | | | |
|-------------------------------------------------------------------|--------------|-------------------------|----------------------|-------------------------------|
| ETO hours will be prorated based upon the number of hours worked. | | | | |
| Years of Service | Accrual Rate | Hours per PP (80 Hours) | Annual Accrual Hours | Annual Accrual (8 HR Workday) |
| 0-5 | .0768 | 6.14 | 160 | 20 |
| 6-10 | .0884 | 7.07 | 184 | 23 |
| 11-15 | .1000 | 8.00 | 208 | 26 |
| 16+ | .1077 | 8.61 | 224 | 28 |

| Accruals For Part-Time Employees | | | | |
|-------------------------------------------------------------------|--------------|-------------------------|----------------------|-------------------------------|
| ETO hours will be prorated based upon the number of hours worked. | | | | |
| Years of Service | Accrual Rate | Hours per PP (80 Hours) | Annual Accrual Hours | Annual Accrual (8 HR Workday) |
| 0-5 | .0385 | 3.076 | 80 | 10 |
| 6-10 | .0577 | 4.61 | 120 | 15 |
| 11-15 | .0692 | 5.53 | 144 | 18 |
| 16+ | .0769 | 6.15 | 160 | 20 |

7 ON/ 7 OFF EMPLOYEES: Effective January 1, 2020, 7 On/7 Off employees accrue 80 hours of ETO per year (regardless of tenure with the Organization). ETO hours accrued can be carried over from year to year up to a maximum of 80 hours. 7 On/7 Off employees are encouraged to use their 7 days off for appointments (e.g., doctors/dental appointments, vacations, etc.).

ETO Cash Out Option

Employees must maintain an ETO bank of 80 hours to be eligible to receive cash payout. ETO cash outs must be done in 10-hour increments only and can be cashed out at any time during the year. Any cash out or final payment (for employees who leave the Organization in good standing) will be paid at a 50 percent rate.

See Earned Time Off policy located on SharePoint for more details.

Long-Term Sick Bank

EAH provides benefits-eligible employees an income protection benefit for use in the event of an extended absence from work because of an employee's personal illness, injury, pregnancy, childbirth or other medical conditions, and who have provided written medical certification from a health care provider authorizing the medical necessity for absence from work. This benefit accrues with each pay period based on length of service. To be paid out of the LTS bank employees must meet FMLA qualifications and be on an approved FMLA leave.

| Full-Time & Flex Employees Accrual Rate | | |
|-----------------------------------------|----------------------|---------------|
| Years of Service | Hours Per Pay Period | Days Per Year |
| 0-5 | 3.38 | 11 |
| 6-16 | 3.08 | 10 |
| 17+ | 2.77 | 9 |

Medical Certification

Employees may be required to provide advance leave notice and medical certification. Taking of leave may be denied or delayed if requirements are not met.

- Employees ordinarily must provide 30 days advance notice when leave is "foreseeable".
- EAH may require medical certification to support a request for leave because of a serious health condition. EAH may also require second or third opinions (at the employer's expense). A Return to Work Certification form will be required to return to work.

ETO Requirement with Long-Term Sick Bank Usage

FMLA needed for an individual employee does not require the use of 40 hours of ETO first. In the case of approved family/medical leave for a parent, spouse, or child, access to long term sick is granted after ETO has been depleted to 40 hours for employees with 0- 5 years of service and to 80 for those with 6+ years of service.

Leave Coordination

All leave of absences whether FMLA related or not must go through HR first. HR provides employees and leadership assistance managing medical absences, medical information, restrictive duty & return-to-work details. The Leave Coordinator will partner with you to help navigate this process. To contact the Leave Coordinator, call **334-528-4162**.

LTS Cash-Out Option Expiring December 31, 2025, for Eligible Employees

Sick balances of employees who choose to retire and are 60 years of age or older with at least 10 years of service as of October 1, 2021, shall be paid out through December 31, 2025, based on length of service as of October 1, 2021, as follows:

- 10-14 years of service
- 25% of long-term sick bank hours
- 15-19 years of service
- 50% of long-term sick bank hours
- 20+ years of service
- 100% of long-term sick bank hours

Starting January 1, 2026, LTS time will no longer be paid out to employees for retirement purposes. LTS hours will only be used for a sickness or illness for employees on an approved FMLA leave.

See FMLA policy located on SharePoint for more details.

GuidanceResources®

AN OVERVIEW OF YOUR GUIDANCERESOURCES® PROGRAM

No matter what's going on in your life, ComPsych® GuidanceResources® is here to help.

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Personal problems, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® GuidanceResources® is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges. This flyer explains how ComPsych® GuidanceResources® can help you.



Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultantSM is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss



Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Tax questions
- Getting out of debt
- Estate planning
- Retirement planning



Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Bankruptcy
- Debt obligations
- Criminal actions
- Landlord and tenant issues
- Civil lawsuits
- Real estate transactions
- Contracts



Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com.

Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheetsSM on topics you select
- Get answers to specific questions
- Search for services and referrals
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7 DAYS A WEEK.**

Call: 800.311.4327

TTY: 800.697.0353

Online: guidanceresources.com

Your company Web ID: GRS311



GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

Contact the benefit provider listed below to learn more about your policies and/or if you have any questions about your benefits. You can also reach out to your HR Benefits team at (334-528-4188) or (334-710-0076) or by email at benefitservices@eamc.org.

CONTACTS

Medical Plan

Blue Cross Blue Shield

Member services:
1-866-888-6934
www.bcbsal.com

Prescription Services

Prime Therapeutics

Member services:
855.457.0007
<https://www.primetherapeutics.com/>

Dental Plan

Blue Cross Blue Shield

Member services:
1-866-888-6934
www.bcbsal.com

Vision Plan

VSP

Member services:
1-800-877-7195
www.vsp.com

Retirement & 529 College Counts

VOYA

Retirement sign-up/changes
Withdrawal/hardship
1-334-528-4296 or
1-334-737-5051
1-800-584-6001
www.voyaretirementplans.com

Health Savings Account (HSA)

Health Equity

Member services:
1-877-288-0719
www.myhealthequity.com

Flexible Spending Account (FSA)

Health Equity

Member services:
1-877-288-0719
www.myhealthequity.com

Life & Disability

Prudential

Member services:
<https://www.prudential.com/>

Mental Health Benefit Navigation Assistance

Lucet

Member services:
1-800-624-5544
www.lucethealth.com

Accident, Critical Illness, and Hospital Indemnity

Prudential

Member services:
<https://www.prudential.com/>

Home, Auto, and Pet Insurance

MetLife/Farmers

Member services:
1-800-438-6381
www.metlife.com
farmers.com/groupselect

Federal Benefit Navigation Assistance – Social Security, Medicare, Retirement

FEDLogic

Member services:
1-877-837-4196
www.fedlogicgroup.com

Enrollment Assistance

NAYYA



Member services:
https://app.nayya.com/users/sign_up

Human Resources

334-528-4188 or 334-710-0076

General Website

<https://www.eastalabamahealth.org/>



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.