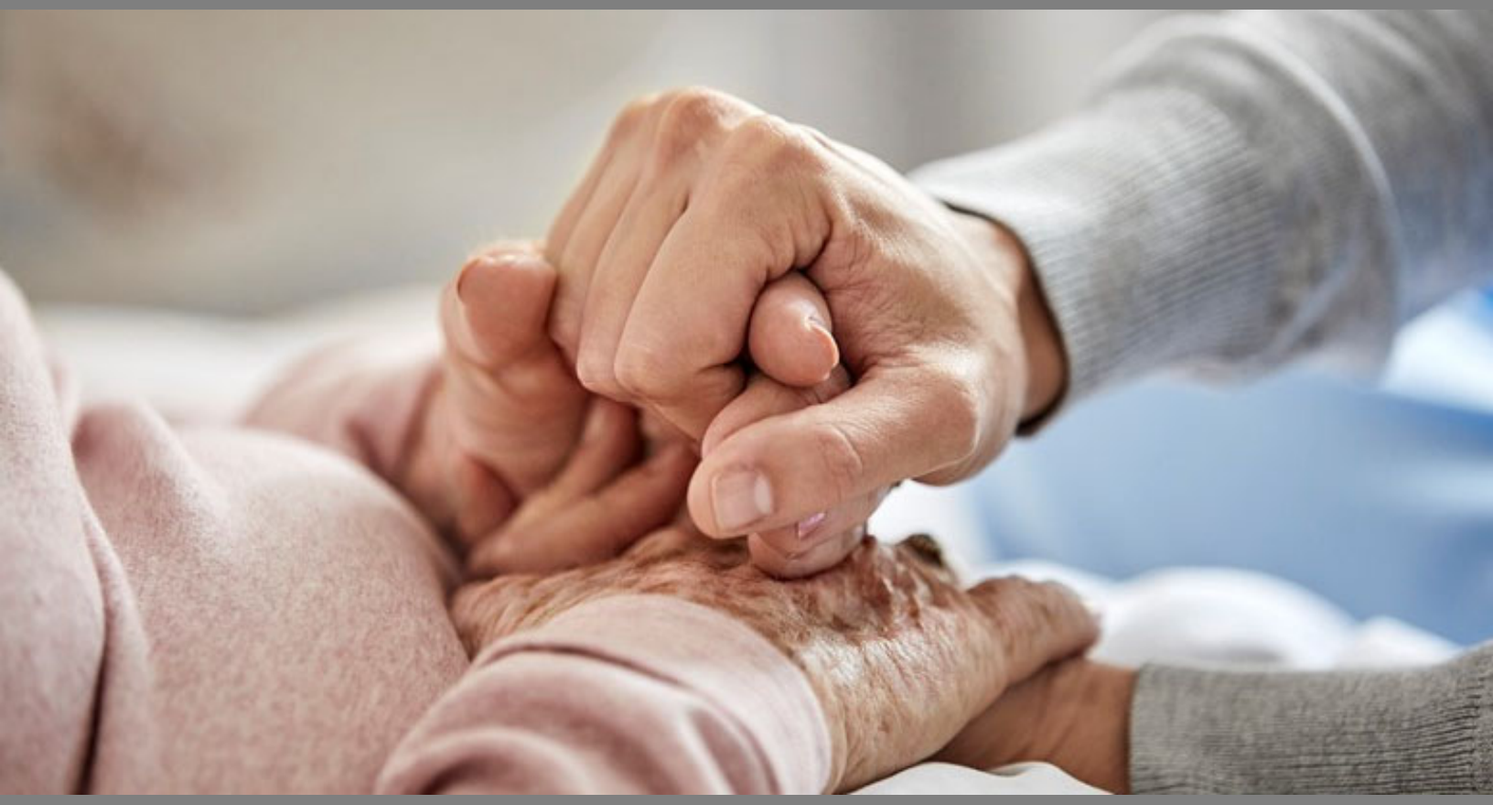
Bethany St. Joseph Corp



2026
Benefits Guide

Table of Contents

Welcome / BSJ Corp Foundation	3
Eligibility	4
Medical Insurance	5/6
Canarx	7
The Neighborhood Clinic	8
Health Savings Account	9
Dental Insurance	10
Flexible Spending Accounts	11
Life and Disability & Voluntary Benefits	12
Part-Time Benefits (40+ per pay period)	13
Pet Insurance & Employee Assistance Program (EAP)	14/15
Additional Benefits	16
Retirement Plan General Information for 2026	17
Changes in Benefit Elections & Contant Information	18
Required Annual Notices	19

Welcome!

At Bethany St. Joseph Corporation (BSJ) we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access, and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefit plans by accessing our website, www.bsjcorp.com

Sincerely,

Traci Fredrickson
Human Resource Specialist
tfredrickson@bsjcorp.com
(608) 788-9740

BSJ Corp Foundation

We're excited to introduce a new payroll deduction opportunity for employees who wish to become recurring donors in support of our organization. This convenient option allows you to make a meaningful difference directly through your paycheck. You can choose to designate your post-tax contribution to a specific facility and even select the fund you'd like to support—such as General, Recreation Therapy, or Staff Appreciation. Every contribution, no matter the size, helps enhance the lives of our residents and the work environment for our staff. By participating in recurring payroll deductions, you will become a member of the Heart of Home Circle that is a new 2026 program we are rolling out from the Foundation. Members of this group will receive the annual commemorative pin, be highlighted on our website, and invited to the annual appreciation event. If you have any questions regarding the payroll deduction process or the Heart of Home Circle, please reach out to the Foundation Director.

Eligibility

Eligible Employees:

You may enroll in the BSJ Employee Benefits Program if you are an employee working at least 30 or more hours per week on average annually. Some benefit offerings allow you to work 20 or more hours a week to be eligible.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is 01/01/2026 for the new plan year. Newly hired employees and dependents will be effective in Bethany St. Joseph Corporation's benefits programs first of the month after 60 days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Medical Insurance – Copay Plan

New this year, BSJ will be offering 2 medical plans through WPS powered by Auxiant. The chart below is a brief outline of the Copay Plan. Please refer to the WPS/Auxiant Certificate of Coverage and Benefit Summary for complete plan details.

WP176	WPS Powered by Auxiant Copay Plan	
Benefits Coverage	Schedule of Benefits	
Annual Deductible	In-Network	Out-of-Network
Individual	$1,000	$2,000
Family	$2,000	$4,000
Coinsurance	80%	50%
Maximum Out-of-Pocket*		
Individual	$2,000	$8,000
Family	$4,000	$16,000
Physician Office Visit		
Primary Care	$20 Copay	Deductible & Coinsurance
Specialty Care	$40 Copay	Deductible & Coinsurance
Preventive Care		
Exams	Select Services Covered in Full	Deductible & Coinsurance
Urgent Care & ER		
Urgent Care	$120 Copay	Deductible & Coinsurance
Emergency Room	$350 Copay	
Hospital Services		
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs		
Tier 1 / 2 / 3 / 4	$10 / $35 / $60 / $200	Deductible & Coinsurance

WPS/Auxiant Copay Plan Contributions

Bethany St. Joseph Corporation pays a large portion of your health care plan premiums. Bi-weekly premiums are based on hours paid. Please see the WPS/Auxiant Copay Plan 2026 Withholding chart below for the payroll deductions that apply to you.

Hours Worked Prior Quarter	**BSJ Contribution Per Pay Period** (SINGLE)	**Employee Withholding Per Pay Period** (SINGLE)	**BSJ Contribution Per Pay Period** (SINGLE + 1)	**Employee Withholding Per Pay Period** (SINGLE + 1)	**BSJ Contribution Per Pay Period** (FAMILY)	**Employee Withholding Per Pay Period** (FAMILY)
0 – 52.99	$0.00	$438.50	$0.00	$833.15	$0.00	$1,154.48
53 - 59.99	$260.91	$177.59	$466.56	$366.59	$646.51	$507.97
60 – 69.99	$298.18	$140.32	$533.22	$299.93	$738.87	$415.61
70 – 79.99	$372.73	$65.78	$666.52	$166.63	$923.58	$230.90
80 +	$380.18	$58.32	$679.85	$153.30	$942.05	$212.42

Medical Insurance – HDHP

New this year, BSJ will be offering 2 medical plans through WPS powered by Auxiant. The chart below is a brief outline of the high deductible health plan. Please refer to the WPS/Auxiant Certificate of Coverage and Benefit Summary for complete plan details.

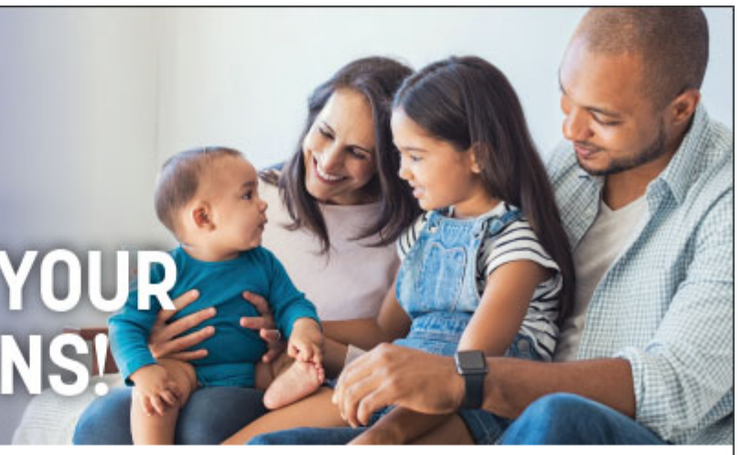
WP176	WPS Powered by Auxiant High Deductible Health Plan (HDHP)	
Benefits Coverage	Schedule of Benefits	
Annual Deductible	In-Network	Out-of-Network
Individual	$2,000	$4,000
Family	$4,000	$8,000
Coinsurance	80%	50%
Maximum Out-of-Pocket*		
Individual	$4,000	$8,000
Family	$8,000	$16,000
Physician Office Visit		
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Specialty Care	Deductible & Coinsurance	Deductible & Coinsurance
Preventive Care		
Exams	Select Services Covered in Full	Deductible & Coinsurance
Urgent Care & ER		
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	
Hospital Services		
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs		
Tier 1 / 2 / 3 / 4	Deductible, then $10 / $35 / $60 / $200	Deductible & Coinsurance

WPS/Auxiant HDHP Contributions

Bethany St. Joseph Corporation pays a large portion of your health care plan premiums. Bi-weekly premiums are based on hours paid. Please see the WPS/Auxiant HDHP 2026 Withholding chart below for the payroll deductions that apply to you.

Hours Worked Prior Quarter	**BSJ Contribution Per Pay Period** (SINGLE)	**Employee Withholding Per Pay Period** (SINGLE)	**BSJ Contribution Per Pay Period** (SINGLE + 1)	**Employee Withholding Per Pay Period** (SINGLE + 1)	**BSJ Contribution Per Pay Period** (FAMILY)	**Employee Withholding Per Pay Period** (FAMILY)
0 – 52.99	$0.00	$392.32	$0.00	$745.41	$0.00	$1,036.62
53 - 59.99	$233.43	$158.89	$417.43	$327.98	$580.51	$456.11
60 – 69.99	$266.78	$125.54	$477.06	$268.35	$663.44	$373.18
70 – 79.99	$333.47	$58.85	$596.33	$149.08	$829.30	$207.32
80 +	$340.14	$52.18	$608.26	$137.16	$845.88	$190.74

CANARX



SAVE BIG ON YOUR PRESCRIPTIONS!

CANARX is a voluntary international mail order prescription program that is available to eligible members, retirees and their dependents of **Bethany St. Joseph**.

Brand-name medications, in the original factory-sealed manufacturer's packaging, are delivered **DIRECT TO YOUR MAILBOX** from certified pharmacies in Canada, the United Kingdom and Australia. **YOU PAY NOTHING** thanks to the savings **CANARX** brings to your plan.

Why Choose CANARX?

- $0 Copay
- 300+ **FREE** Brand-Name Medications
- Easy Online Refills
- No Additional Costs
- Fully Insured

medOne

Bethany St. Joseph

WebID: BSJCORP

How It Works:

Getting started is easy. Visit **canarx.com/plan-login**, enter your **WebID** to view eligible medications, and complete your enrollment online.

After you upload your ID, our friendly customer service representatives will contact you to help complete the next steps.

For more information, visit canarx.com or call 1-866-893-6337.

The Neighborhood Clinic

New this year, BSJ will be partnering with The Neighborhood Clinic **for employees enrolled in the BSJ health plan**, to visit for various services at **no cost to you**. Please see the flyer below for more information. Please reach out to Human Resources with any questions.

*Providing high-quality care that is **Affordable & Accessible** throughout our communities & the people who live in them.*

Dr. Teddy L. Thompson

NEIGHBORHOOD
- Family Clinics -
Affordable ~ Accessible

NFC-La Crosse
1526 Rose Street
La Crosse, WI 54603
608-781-9880
Hours:
Mon-Fri: 7am-6pm
Sat: 7am-1pm

NFC-Onalaska
N5560 CTH ZM
Onalaska, WI 54650
608-779-5323
Hours:
Mon-Fri: 8am-4pm

NFC-Sparta
128 S Water Street, Suite B
Sparta, WI 54656
608-351-2820
Hours:
Mon/Wed/Fri: 8am-4pm
Tues/Thurs: 8am-6pm

NFC-Viroqua
1316 Bad Axe Court, Suite B
Viroqua, WI 54665
608-518-3745
Hours:
Mon/Tues/Thurs: 8am-6pm
Wed: 8am-5pm
Fri: 8am-4pm

NOW OPEN!
NFC-West Salem
located in the
Sensible Health building
1580 Heritage Blvd
West Salem, WI 54669
608-518-3410
Hours:
Mon-Fri: 8am-3pm

List of our services – but not limited to. Telemedicine visits are available! Call to make your appointment!

Service
Office Visit
Extended Office Visit
School, Camp, Sports Physicals
DOT Exam
Health Coach & Nutritional Counseling
Mental Health Counseling
(60 min/30 min)

Procedures
Laceration Repairs
Incision & Drainage
Nebulizer Treatment/Take-home machine
X-rays with Interpretation
EKG with Interpretation
Mole / Tissue Biopsy
Liquid Nitrogen
Injection of joints/cortisone/multiple
Removal of Impacted Cerumen

Miscellaneous
Oral Antibiotics 3-10 days
Casting

Additional Testing
Audiometer
Spirometry
Tympanogram

Injections
Toradol Injection
Kenalog Injection
Trigger Point

Immunizations
Flu Shot
TB Test-PPD
Tetanus
Shingrix

Laboratory
Lyme Titer
C-Reactive Protein / CRP
Protime / INR
Hemoglobin A1c
Glucose
Urinalysis
Rapid Strep Test
Pregnancy Blood / Urine Lab
Lipid Panel / Cholesterol
Thyroid / TSH
Prostate / PSA
Pap Smear / HPV
Complete Blood Count / CBC
Chlamydia / Gonorrhea
HIV Antibody Screen
FIT (Colorectal Cancer Screening-Insure 1)

Find us on the web – www.mynfclinics.com

Effective July 1,2025

Benefits of a Health Savings Account

Your Health Savings Account (HSA) can be used to help fund your retirement.

Are you eligible for an HSA?

- Must be covered by a High Deductible Health Plan.
- Not covered by another health plan.
- Not enrolled in Medicare.
- Not eligible to be claimed as a dependent.

Benefits of an HSA:

- Unlike a Traditional IRA, when you reach the age of 72, you do not have to start taking annual distributions. The money can continue to grow tax-free until you need it.
- You can save your medical receipts and claim them when you need the money – even years later. In the meantime, it continues to grow tax-free. If you do this, make sure you are a good record keeper.
- Once you turn 65 years old and enroll in Medicare, you cannot open an HSA or contribute any longer. However, you can continue to use the balance to pay your qualified medical expenses and Medicare premiums.
- Once you turn 65 years old, you can use the money in your HSA for any type of purchase – not necessarily medical purchases.*
- HSAs give you a triple advantage:
  - The money goes in tax-free.
  - The money grows tax-free.
  - The distributions are tax-free if they are qualified. For a list of qualified expenses, go to: www.irs.gov.
- Most people start by opening an HSA checking account. But once the balances start to grow, you can deposit the HSA funds in other HSA accounts that may earn more interest.
- Unlike Flexible Spending Accounts, you do not have to use all HSA funds in the account by the end of the year. Funds can roll over from year to year.

(800) 944-6285 | www.merchantsbank.com

Dental Insurance

BSJ will continue to offer a dental program through Delta Dental of Wisconsin. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs.

	Delta Dental of Wisconsin Delta Dental Benefit Summary 95798	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	$50	
Family	$150	
Waived for Preventive Care?	Yes	
Annual Maximum*		
Per Person*	$1,000	
Preventive*	100%	
Basic	80%	
Major	80%	
Orthodontia		
Benefit Percentage	50%	
Adults	Covered – Employee & Spouses	
Dependent Child(ren)	Covered - up to age 19 (to age 25 if full-time student)	
Lifetime Maximum	$1,500	

*Preventive Procedures do not count toward the Annual Maximum.

Delta Dental Plan Contributions

Bethany St. Joseph Corporation pays a large portion of the premium for single coverage and helps employees with contributions to family coverage. Bi-weekly premiums are based on hours paid. Please see the Delta Dental Plan 2026 Withholding chart below for the payroll deductions that apply to you.

Hours Worked Prior Quarter	**BSJ Contribution Per Pay Period** (SINGLE)	**Employee Contribution Per Pay Period** (SINGLE)	**BSJ Contribution Per Pay Period** (FAMILY)	**Employee Contribution Per Pay Period** (FAMILY)
0 – 52.99	$0.00	$15.83	$0.00	$50.54
53 – 59.99	$7.76	$8.07	$14.84	$35.62
60 – 69.99	$8.87	$6.97	$16.95	$33.51
70 – 79.99	$11.08	$4.75	$21.19	$29.27
80 +	$11.30	$4.53	$21.62	$28.84

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with BSJ allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds over the allowable health care FSA $680 rollover amount.

- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.

- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

Maximum Annual Election	
Health Care FSA	$3,400
Dependent Care FSA	$7,500

Life and Disability Benefits

Life Insurance

Life Insurance options are available so you can offer financial stability to your loved ones. You are eligible to participate in the Lincoln Financial Group Insurance Plan if you are an active employee who works at least 20 hours per week (40 hours per pay period).

General Life/Accidental Death & Dismemberment (AD&D) is an employer paid 1x annual salary up to $100,000 plan. There are no premiums associated with this coverage if working 20 hours plus per week is maintained.

Voluntary Life Insurance gives you the option to purchase additional Life Insurance increments for yourself, your spouse, and your dependent children. Premiums for this coverage is paid by you via payroll deductions and are based on the amount of additional coverage and age-range rates. Coverage cannot exceed five times your Basic Annual Earnings.

For both plans, you designate your beneficiary information in Paycom.

Long-Term Disability Insurance

Additionally, BSJ offers a long-term disability option through Lincoln Financial Group. The monthly benefit amount payable is up to 60% of your pre-disability earnings to a maximum of $4,333. The benefit begins after 180 days of disability. Pre-existing conditions apply; please refer to the Lincoln policy for complete plan details.

Voluntary Benefits

BSJ offers the following voluntary benefits to their employees. These benefits provide additional financial security to employees and their families. Note that voluntary benefits are 100% paid by you through payroll deductions and are completely optional.

Short-Term Disability Insurance

BSJ offers a voluntary short-term disability option through Lincoln Financial Group. The weekly benefit amount payable up to 60% of your pre-disability earnings to a maximum of $1,000. The benefit begins after 14 days for either an injury or illness and lasts up to 24 weeks. Pre-existing conditions apply; please refer to the Principal Benefit Booklet for complete plan details.

Part-Time Benefits (40+ per pay period)

Accident Insurance

BSJ also offers Voluntary Accident coverage through Lincoln Financial Group. This insurance gives you added financial protection by paying a cash benefit in case of a covered accident. You and your dependents can enroll in this insurance. Benefits are paid based on the type of injury/treatment/service according to a schedule. This plan also offers a health screening benefit for each covered person. Check with HR for more information.

Critical Illness Insurance

Critical Illness insurance through Lincoln Financial Group is another offering by BSJ. A lump sum benefit is payable when diagnosed with any covered critical illness while the insurance is in effect (subject to the coverage maximum and pre-existing condition limitation). You and your dependents can enroll in this insurance. This plan also offers a health screening benefit for each covered person. Check with HR for more information.

Hospital Indemnity Insurance

Hospital Indemnity insurance through Lincoln Financial Group is another offering by BSJ. A lump sum benefit is payable when diagnosed with any covered critical illness while the insurance is in effect (subject to the coverage maximum and pre-existing condition limitation). You and your dependents can enroll in this insurance. This plan also offers a health screening benefit for each covered person. Check with HR for more information.

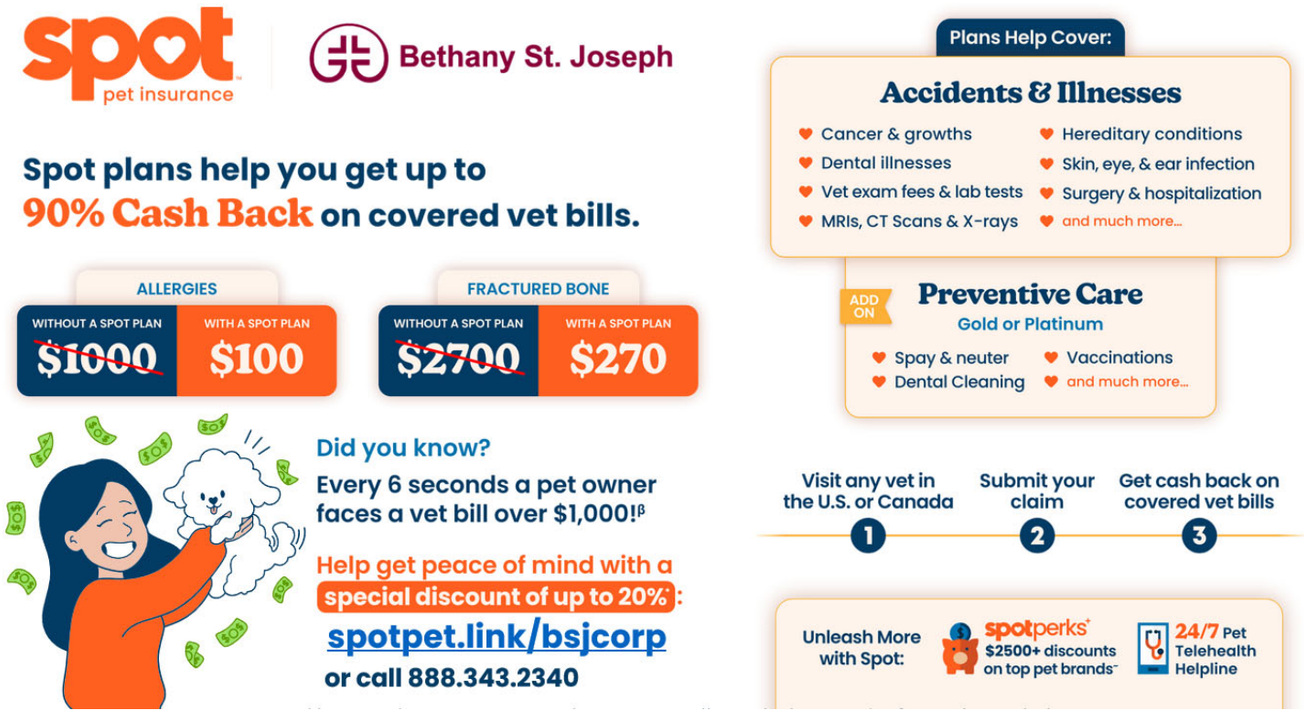
Voluntary Vision Insurance

BSJ will continue to offer a Voluntary Vision Program through Delta Dental of Wisconsin. The network providers are through EyeMed utilizing the Select Provider Network. This is a voluntary plan meaning that you pay 100% of the premiums. Below is a summary of the plan benefits; detailed information about the plan is available through the Voluntary Vision Plan materials.

	Delta Dental of Wisconsin Inc. Delta Vision Summary 43441	
Copay	In-Network Benefit	Out-of-Network Reimbursement
Routine Exams (once every 12 months)	You pay $10	Up to $35
Vision Materials		
Standard Plastic Lenses (once every 12 months) Single Bifocal Trifocal Standard Progressive	 You pay $10 You pay $10 You pay $10 You pay $75	 Up to $25 Up to $40 Up to $55 Up to $40
Contacts (every 12 months) Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered $120 allowance (conventional or disposable) then 15% off balance for conventional contacts	Up to $96
Frames (once every 24 months)	Covered at $130 allowance, 20% off balance	Up to $65

Employee Contributions	
Employee	$5.92 Month / $2.73 Per Pay Period
Employee & Dep(s)	$14.74 Month / $6.80 Per Pay Period

Voluntary Pet Insurance – Spot Pet



Employee Assistance Program (EAP)

Bethany St. Joseph Corporation recognizes that work performance can be affected by problems related and unrelated to your job. An Employee Assistance Program (EAP) is provided to you and your immediate family members by BSJ. The EAP is through Gundersen Health System and provides professional, confidential assistance to help individuals resolve concerns that affect their personal lives or work performance. The EAP can help with all types of problems such as depression, marital difficulties, financial concerns, family conflicts, alcohol and drug problems, and work-related problems. There is no cost to you for using the EAP.

Confidentiality is the foundation of the EAP, so no information may be released to any other person about your participation in the program without your written consent. The EAP is accessible 24 hours a day, seven days a week. If you would like more information about EAP or would like to schedule an appointment, please call 608.775.4780 or 800.327.9991, email eap@gundersenhealth.org or go online at https://www.gundersenhealth.org/services/worksite-wellness/employee-assistance- program-eap/.

Locations for in-person EAP Visits are listed below. Note days when in-person appointments are available by location.

- La Crosse Employee Assistance Program office
  914 Green Bay Street
  La Crosse, WI 54601
  Appointments available everyday

- Onalaska Employee Assistance Program office
  3111 Gundersen Drive
  Onalaska, WI 54650
  Appointments available on Tuesdays

- Prairie du Chien Behavioral Health
  610 E. Taylor Street
  Prairie du Chien, WI 53821
  Appointments available on Thursdays

- Tomah Behavioral Health
  601 N. Superior Avenue
  Tomah, WI 54660
  Appointments available on Thursdays

- Viroqua Behavioral Health
  407 S. Main Street Suite 200
  Viroqua, WI 54665
  Appointments available every other Wednesday

- Winona Specialty Services
  111 E. Riverfront Street
  Winona, MN 55987
  Appointments available every other Wednesday

Additional Benefits

Paid Leave Value (PLV) / Paid Time Off (PTO)

PLV/PTO is a benefit program that replaces traditional vacation, holiday, bereavement, and sick time benefits into a PLV/PTO account. Hours are earned with each payroll. All employees enjoy this benefit. The PLV/PTO rate, as defined below.

The employee earns PLV/PTO on hours paid up to 80 per pay period. The rate at which PLV/PTO is earned is based on the total hours paid since starting with the Corporation.

The employee accumulates as much as he or she wants in the PLV/PTO bank. After employment ends, accumulated PLV/PTO is paid 100% to the employee on his or her last direct deposit.

PLV/PTO hours do not count as "working hours" for purpose of overtime.

Cumulative Hours Paid	PLV Rate per Hours Paid	Cumulative Hours Paid	PLV Rate Hours Paid
1-2080	.0808	24961-29120	.1346
2081-6240	.0923	29121-33280	.1385
6241-8320	.0962	33281-37440	.1423
8321-10400	.1000	37441-41600	.1462
10401-12480	.1077	41601-45760	.1500
12481-14560	.1115	45761-49990	.1538
14561-16640	.1154	49991-54080	.1577
16641-18720	.1192	54081-58240	.1615
18721-20800	.1231	58241-62400	.1654
20801-24960	.1308	62401+	.1692

Volunteer Time Off (VTO)

Bethany St. Joseph Corporation offers paid "volunteer time" to our employees. The purpose of Volunteer Time off is to support programs and activities that enhance and serve the communities in which we live and work. This program is a way in which we can support our employees in their effort to make a difference in the community.

Tuition Reimbursement

BSJ Corporation recognizes that educational development is important to our employees' professional and personal development. The tuition reimbursement program will provide financial assistance to employees in continuing their educational endeavors. BSJ Corporation will reimburse up to $3,000 of tuition costs each year.

Retirement Plan General Information for 2026

BSJ Corporation offers, to eligible people, a retirement savings plan called a 403(b) plan. The Plan allows a person to deduct an amount from each paycheck. You pay lower current tax on a lower gross income because the contribution comes out of the paycheck before the income is taxed. You also have the choice of the 403(b) ROTH option where gross income is taxed first, then the retirement monies are withheld.	
When to enroll?	Employees can enroll at date of hire or any time thereafter, with any payroll.
Who is excluded?	Independently contracted people. Everyone else is eligible to enroll.
How to enroll?	1. Go to the Benefits Section of the payroll system, Paycom, and select either the 403b pre-tax option or ROTH after-tax option. 2. Follow the directions in the online handouts to complete your enrollment with Ascensus. Complete the Beneficiaries section. Choose the funds you wish your contributions to go to otherwise the funds go to a default fund.
How much can I contribute?	An amount that does not exceed $23,500 total for 2026. The limits may be adjusted each year.
Are other contributions allowed?	If you are 50 years or older, the IRS allows an additional catch-up contribution of $7,500 (for 2026). This amount may be adjusted each year. (Super Catch-Up Provision for ages 60-63 for 2026 is up to $11,250.)
Does the company match my contributions?	The company, at its discretion, matches a percentage of what you contribute. For 2026, the company recognizes up to 6% contributed and matches it by half. (Example: contribute 6% of wages and the company gives 3%; contribute 4% of wages and the company gives 2%). Max match is 3%.
When am I eligible to receive the company match?	You need to be employed for an accumulated time of 1 year and be at least age 21. The match starts the first calendar quarter after reaching the qualifying criteria.
Am I vested?	You are vested 100% in the amount you contribute and the earnings you earn. You are also vested 100% in the company match contributions as they are added to your account.
What are my investment options?	The corporation has several fund options to pick from. See list of funds at secure.ascensus.com.
What is my risk?	These funds are subject to changes in the investment environment. Potential gains and losses may occur with the funds throughout the course of time that you are a participant.
How do I know my account balances?	Quarterly online statements are available, or you can request a paper statement by calling Ascensus. Balances can also be checked online or by using the automated telephone system through Ascensus.
Can I change my contribution percentage?	Yes, with any payroll by going into the payroll system, Paycom, under the Benefits tab. You can change the amounts contributed or type (pre-tax, after-tax).
How do I change the funds my contributions are going into?	An electronic process is available either by web access at https://secure.ascensus.com/login/participant or by a voice response system using a touch tone telephone at 1-844-749-9981. Both methods require the use of your User Name and Password. Contact Customer Service for your temporary User Name and password; then change after access.
What information do I receive?	You will receive a copy of the Retirement Plan's Summary Plan Description in Paycom. Fund information can be obtained by visiting the websites of the funds offered. The Ascensus website is also a source to view your account's status and other related reports.
What if I have questions?	See your Business Admin Assistant. If further information is needed, he/she will contact the corporation's designated Retirement Plan contact person.

Note: The Plan is intended to be a plan described in Section 404 (c) of the Employee Retirement Income Security Act, and Title 29 of the Code of Federal Regulations Section 2550.404.c-1.

For questions, see your Business Administrative Assistant or contact Traci Fredrickson, HR at 608-519-9740 or tfredrickson@bsjcorp.com

revised 10/16/26

Changes in Benefit Elections

Open Enrollment:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage.
- Add or drop dependents from coverage.
- Enroll or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2026 benefit elections, you will not be enrolled in benefits for the 2026 plan year. All employees must enroll in coverage via Paycom.

Contact Information

Carrier Customer Service

Additional information regarding benefit plans can be found by accessing our website, www.bsjcorp.com. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Benefit	Carrier	Phone	Website
Medical	WPS/Auxiant	888.950.0060	wpshealthsolutions.com
Pharmacy	MedOne	888.884.6331	medone-rx.com/members
HSA	Merchants Bank	800.944.6285	www.merchantsbank.com
FSA	Employee Benefits Corporation	800.346.2126	www.ebcflex.com
Dental	Delta Dental of Wisconsin	800.236.3712	www.deltadentalwi.com
Vision	Delta Dental of Wisconsin	800.236.3712	www.deltadentalwi.com
Life & AD&D **Long-Term Disability** **Short-Term Disability** **Voluntary Benefits**	Lincoln Financial Group	800.423.2765	www.lincolnfinancial.com
Pet Insurance	Spot Pet	888.343.2340 Use Code EB_BSJCORP	https://spotpet.link/bsjcorp
Employee Assistance Program (EAP)	Gundersen Health System	608.775.4780 Or 800.327.9991	eap@gundersenhealth.org

REQUIRED FEDERAL NOTICES 2026

HIPAA NOTICE OF 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 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). However, you must request enrollment within insert “30 days” or any longer period that applies under the plan after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 insert “30 days” or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Traci Fredrickson, Human Resource Specialist, 608-788-5700.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of Notice: 1/1/2026

Who will follow this notice:

This notice describes the health information practices of WPS/Auxiant (the "Plan") and that of any third party that receives medical information from or for us to assist us in providing your Medical benefits.

Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the "Rule"). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Bethany St. Joseph Corporation ("Plan Sponsor") for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medial information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Traci Fredrickson, Human Resource Specialist. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

You have the right to request an "accounting of disclosures," where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003 (LARGE PLAN) .

To request an accounting of disclosures, address your request to the following individual: Traci Fredrickson, Human Resource Specialist.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Traci Fredrickson, Human Resource Specialist. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan's use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Traci Fredrickson, Human Resource Specialist.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at the Plan's website www.bsjcorp.com.

To obtain a paper copy of this notice, contact the following individual: Traci Fredrickson, Human Resource Specialist.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Traci Fredrickson, Human Resource Specialist.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MedOne 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. MedOne has determined that the prescription drug coverage offered by the pharmacy plan 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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 Bethany St. Joseph Corporation coverage [will not] be affected.

If you do decide to join a Medicare drug plan and drop your current Bethany St. Joseph Corporation coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

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 Bethany St. Joseph Corporation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

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

CMS Form 10182-CC **Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

CMS Form 10182-CC **Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

CAN I SAVE MONEY ON MY HEALTH INSURNACE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you are eligible for depends on your household income.

DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"[1] standard set by

the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.
Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?
The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs..

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER
If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: Bethany St. Joseph Corporation
Employer Identification Number (EIN): 51-0201995
Employer Address: tfredrickson@bsjcorp.com
Employer Phone Number: 608-788-5700
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Traci Fredrickson, Human Resource Specialist - (608) 788-9740

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.

- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.

- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.

- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.