

Benefits Guide

July 1, 2022 - June 30, 2023



Sheppard Pratt



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ABOUT THIS GUIDE

We understand that choosing your benefits is an important decision for you and your family. Everyone’s needs are unique. We offer a variety of benefits and options so you can choose what works best for you and your family. We created this guide to help you make informed decisions. It is not a complete detailed description, nor is it a contract of employment or a guarantee of benefits. More detailed information for each benefit is contained in the relevant insurance policy’s Summary Plan Description (SPD) or Certificate of Coverage.



This benefits guide provides a summary of the benefits available, but this is not your Summary Plan Description (SPD). Great care has been taken to ensure that this guide is accurate. However, oversights can occur or condensed summaries can be misinterpreted. If there is a difference between this overview and the SPD or official plan documents governing the plan, the plan documents will be followed. Sheppard Pratt reserves the right to modify, amend or terminate the program in whole or in part at any time and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please see page 18 for more details.

EMPLOYEE RESOURCES

Contact	Phone Number	Website / Email
Allegeant (Claims) CareFirst (MD/DC/Northern VA) PHCS (outside of Carefirst Area)	1-800-553-8635	www.myallegeant.com www.carefirst.com www.phcs.com
Allegeant (Wellness)	1-800-748-8641	adminsupport@allegeant.net
Baltimore County Employees Federal Credit Union	1-800-234-4730	www.BCEFCU.com
WEX (FSA & HSA)	1-866-451-3399	www.wexinc.com
Human Resources	410-938-3300	benefits@sheppardpratt.org
GoodRx	n/a	www.sheppardpratt.goodrx.com
MagellanRx (Group: 00SPHS01)	1-800-424-5828	www.magellanrx.com
MetLife (Group #: 0215096)	1-800-GET MET8	www.mybenefits.metlife.com
United Concordia Dental Plans (PPO Group: 882572-000) (DMO Group: 882573-000)	PPO: 1-800-332-0366 DMO: 1-866-357-3304	www.unitedconcordia.com
Vision Service Plan (Group: 6107517)	1-800-877-7195	www.vsp.com
Truhearing	877-372-4040	www.truhearing.com/vsp

ELIGIBILITY

Full-time employees become eligible for benefits on the first of the month following 30 days of continuous employment with the exception of Disability benefits, which are effective the first of the month following six months of employment.

Eligible dependents include:

- Your legally married spouse
- Your domestic partner (see HR for the domestic partner affidavit)
- Your dependent children are eligible to participate until age 26, regardless of their marital and/or student status.
- Your disabled children of any age provided the incapacity commenced before age 26.

For the purpose of our benefits plans, your children include:

- Natural and adopted children
- Stepchildren who you support and who live with you in a parent-child relationship
- Any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order.



BENEFIT CHANGES

The benefit elections you make during Open Enrollment, or during your initial new hire election period will remain in effect through June 30, 2023. You will not be able to change or revoke your elections once they have been made unless a qualified life event (status change) occurs.

A qualified life event is a change in legal marital status, number of tax dependents, spouse's employment, change in residence/work location that affects benefit eligibility, or a change in coverage eligibility/ineligibility status of your dependents.

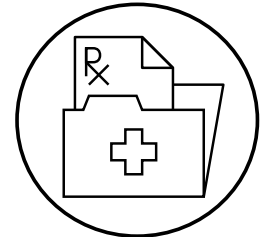
You must notify the HR Department within 30 days of any qualified Life Event in order to make a change to your Benefits elections, except as outlined in the Notice Regarding Special Enrollment Rights (see page 21 for details).

MEDICAL & PHARMACY PLAN OVERVIEW

Our group health plans are administered by Allegeant, LLC. Allegeant functions as our third-party administrator. They provide claims administration and customer service for our medical plan. Your prescription drug plan is provided by MagellanRx. Through Allegeant, members have access to services provided by participating providers in the CareFirst BlueCross BlueShield Preferred (MD, DC and Northern VA) and PHCS outside of MD, DC and Northern VA. The plans offer both an in-network and out-of-network option. You receive the highest level of benefits from an in-network provider. Benefit eligible employees may select from three medical plan coverage options:

Group Health Plans - Three Levels Of Coverage – Choose What Is Best For You!

- Standard Plan
- Premium Plan
- High Deductible Plan



LIVONGO FOR DIABETES - Free to participating members

Diabetes Management, Simplified.

Struggling with diabetes? If you are covered under a Sheppard Pratt medical plan, you and/or covered family members are encouraged to enroll in Livongo. Livongo for Diabetes provides an advanced blood glucose meter, unlimited strips and lancets, and personalized coaching, 100% paid for by Sheppard Pratt.

Online Registration: welcome.livongo.com/SHEPPARDPRATT

Member support Call Center: (800) 945-4355

Client Specific Registration Code: SHEPPARDPRATT

MY ALLEGEANT

myAllegeant – an online portal where you and your dependents can have easy access to self-service tools that allow you to take an active role in your health plan's benefits.

To register, go to www.myallegeant.com, click on the link to register and/or enroll. The Registration Code is your Member ID that is on your ID card.

Features:

- Eligibility – effective dates, demographic information, summary of benefits and coverage.
- Claims – summary of all claims, claims status, paid date, explanation of benefits (EOB).
- Out-of-pocket and deductible amounts – see where you stand year-to-date.
- Secure messaging – send questions to customer service about claims, eligibility, or request a new ID card.
- ID card – view or print a temporary ID card.
- Links to other tools – find a network provider, access the wellness portal, prescription drug portal.
- eEOBs – go paperless and sign up for eEOBs under the User Profile. . . you can elect an eEOB with or without an email notification alerting you that your EOB is ready to be viewed on myAllegeant.
- Member Claim Submission – upload a member claim request under Create a Request.

For registration assistance or if you have a question about eligibility or claims, please contact Allegeant Customer Service at 1-800-553-8635.

PRESCRIPTION DRUG PLAN

Sheppard Pratt's prescription drug coverage is administered by MagellanRx and when you enroll in one of our Medical plans, the cost of the prescription benefit is included in your medical plan premium. MagellanRx's network offers major chain, regional, and independent pharmacies as well as a cost-effective mail order program.

One of the easiest ways to reduce healthcare costs is to take advantage of generic prescriptions. Generic prescriptions are the equivalent of brand name drugs, with the same active ingredients and chemical purity, but without the expensive overhead of brand name drugs. Therefore, generics are priced substantially lower than their brand name counterparts. When receiving a prescription, make sure to tell your doctor or pharmacist, that you are interested in receiving a generic medication. If a generic medication is not available, the next cost-saving option is to have your doctor prescribe a medication on the MagellanRx formulary list. The formulary is essentially a preferred list, often the most cost-effective versions, of commonly prescribed medications. By taking advantage of savings opportunities like these, we are working to control the rising costs of prescription drugs. Please be aware that MagellanRx periodically makes changes to their formulary list.

MagellanRx helps manage the growing cost of prescription drugs:

In addition to a formulary, prescription drug programs are in place to promote the use of safe, cost-effective and clinically appropriate medications. These programs are:

- Prior Authorization - Your physician must obtain approval to prescribe medications subject to Prior Authorization.
- Quantity Limits - There may be a limit to the amount of the medication that will be covered per prescription.
- Step Therapy Program - You may be required to try a medication before a particular medication will be covered.

If you have questions about the formulary or your medications, MagellanRx provides 24/7 customer service at 800-424-5828, or through their website at www.magellanrx.com.

PaydHealth's Select Drugs and Products Program – a Mandatory Specialty Drug Program

PaydHealth assists with alternative funding programs to pay for the cost of specialty drugs on behalf of members who are eligible for support. PaydHealth integrates with the MagellanRX prior authorization process to identify eligible specialty drug fills coming into the plan. If a member qualifies for the alternative program, the member has minimal to no out of pocket cost for the specialty drug.

ScriptSourcing

Voluntary International Pharmacy Program

ScriptSourcing's international pharmacy management firm has been sourcing medications internationally for employers through countries deemed by Congress to have the same or higher standards as the FDA. Name-brand medications are sourced through Canada, United Kingdom, Australia, and New Zealand. By sourcing medications internationally, ScriptSourcing helps save employees money on brand name medications. If you, or a family member, is taking an eligible medication, they will reach out you about enrolling in the program.

MEDICAL PLAN OPTIONS

CHART NOTES

1. Out-of-Network expenses will be reimbursed at the Plan's Allowable Amount.
2. Deductible and out-of-pocket maximum are met on the Plan Year (July 1- June 30).
3. Out-of-pocket maximum excludes penalties and amounts over R&C charges
4. The In-Network Deductible applies to Out-of-Network Emergency Ambulance Services.
5. Premium Plan and Standard Plan Deductible, Copay or Coinsurance for network benefits will be waived with Sheppard Pratt, SPPPA, Family Services Inc., Mosaic Community Services or Way Station, Inc. mental health providers.

	STANDARD PLAN	
GENERAL PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK ①
Plan Year Deductible ② <i>Individual / Family</i>	\$300 / \$600	\$600 / \$1,200
Out-of-Pocket Maximum ③ <i>Individual / Family</i>	\$3,000 / \$6,000	\$6,000 / \$12,000
OFFICE VISITS, LABS, & TESTING		
Primary Care Visit	\$20 Copay	Deductible, then 40%
Specialist Visit	\$40 Copay	Deductible, then 40%
X-Ray & Lab Tests <i>Billed same day by same provider</i>	0% Coinsurance	Deductible, then 40%
PREVENTIVE SERVICES		
Well Care Office Visits	0% Coinsurance	Not Covered
Well Care Services <i>Including GYN & Cancer Screenings</i>	0% Coinsurance	Not Covered
OUTPATIENT		
Diagnostic Services	Deductible, then 20%	Deductible, then 40%
MRI, CAT Scan, Pet Scan	Deductible, then 20%	Deductible, then 40%
Surgery (facility)	Deductible, then 20%	Deductible, then 40%
Emergency Room	\$150 copay, then 20%	\$150 copay, then 20%
Urgent Care	\$40 Copay, then 0%	Deductible, then 40%
Preadmission testing	\$40 Copay, then 0%	Deductible, then 40%
Surgeon/Anesthesiologist	Deductible, then 20%	Deductible, then 40%
Mental Health ⑤	0% Coinsurance	Deductible, then 40%
Hospice Care	0% Coinsurance	Deductible, then 40%
INPATIENT		
Hospital Services	Deductible, then 10%	Deductible, then 40%
Nursery	Deductible, then 10%	Deductible, then 40%
Consultation	Deductible, then 20%	Deductible, then 40%
Surgeon/Anesthesiologist	Deductible, then 20%	Deductible, then 40%
Mental Health ⑤	0% Coinsurance	Deductible, then 40%
Hospice Care (for 30 days)	0% Coinsurance	Deductible, then 40%
HOSPITALIZATION		
Second Surgical Opinion	Deductible, then 0%	Deductible, then 0%
Ambulance Service ④	Deductible, then 20%	Deductible, then 20%
Mental Health ⑤ (Partial Hospitalization)	0% Coinsurance	Deductible, then 40%
ADDITIONAL COVERAGE		
Home Health Visits (40 visits)	0% Coinsurance	Deductible, then 40%
Convalescent Hospital (60 days)	Deductible, then 0%	Deductible, then 40%
Physical/Speech Therapy (60 visits)	Deductible, then 20%	Deductible, then 40%
Acupuncture	Deductible, then 20%	Deductible, then 40%
Diabetes Education	Deductible, then 20%	Deductible, then 40%
Chiropractic Services (10 visits)	Deductible, then 20%	Deductible, then 40%
PRESCRIPTION DRUGS (Generic / Preferred / Non-Preferred)		
Retail (90-day supply; 3x copay)	\$5 / \$30 / \$60	
Mail Order (90-day supply)	\$10 / \$60 / \$120	
Specialty Drugs	20% Copay up to \$100 max.	
Approved OTC Drugs	\$0 Copay (doctor prescription required)	
Out-of-Pocket Maximum <i>Individual / Family</i>	\$3,000 / \$7,000	

PREMIUM PLAN		HIGH DEDUCTIBLE PLAN	
IN-NETWORK	OUT-OF-NETWORK ①	IN-NETWORK	OUT-OF-NETWORK ①
\$150 / \$300	\$500 / \$1,000	\$2,000 / \$4,000 (Medical & Pharmacy Combined)	\$4,000 / \$8,000 (Medical & Pharmacy Combined)
\$2,500 / \$5,000	\$6,000 / \$12,000	\$4,000 / \$8,000 (Medical & Pharmacy Combined)	\$8,000 / \$16,000 (Medical & Pharmacy Combined)
\$20 Copay	Deductible, then 30%	Deductible, \$20 Copay	Deductible, then 40%
\$40 Copay	Deductible, then 30%	Deductible, \$40 Copay	Deductible, then 40%
0% Coinsurance	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
0% Coinsurance	Not Covered	0% Coinsurance	Not Covered
0% Coinsurance	Not Covered	0% Coinsurance	Not Covered
\$20 Copay, then Deductible	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
\$100 Copay, then Deductible	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
\$50 Copay, then Deductible	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
\$150 copay, then 0%	\$150 copay, then 0%	Deductible, then 0%	Deductible, then 0%
\$40 Copay, then 0%	Deductible, then 30%	Deductible, then \$40 Copay	Deductible, then 40%
\$40 Copay, then 0%	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
Deductible, then 0%	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
0% Coinsurance	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
0% Coinsurance	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
\$500 Copay, then Deductible	\$500 Copay, Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
Deductible, then 0%	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
Deductible, then 0%	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
Deductible, then 0%	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
0% Coinsurance	\$500 Copay, Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
0% Coinsurance	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 40%
Deductible, then 0%	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
0% Coinsurance	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
0% Coinsurance	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
\$40 Copay, then Deductible	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
\$40 Copay, then Deductible	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
Deductible, then 0%	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
\$40 Copay, then Deductible	Deductible, then 30%	Deductible, then 0%	Deductible, then 40%
\$5 / \$30 / \$60		Deductible, then \$5 / \$30 / \$60	
\$10 / \$60 / \$120		Deductible, then \$10 / \$60 / \$120	
20% Copay up to \$100 max.		Deductible, then 20% Copay up to \$100 max.	
\$0 Copay (doctor prescription required)		\$0 Copay (doctor prescription required)	
\$3,000 / \$7,000		Combined with medical	

SHEPPARD PRATT IS A TOBACCO-FREE CAMPUS

Non Tobacco Users are Eligible for a Discount on Medical Plan Contributions

We encourage employees to improve or maintain their own health by avoiding or ceasing the use of tobacco products. As you enroll in benefits, you will be prompted to designate your smoker status.



What is a Tobacco User?

If you have smoked one cigarette (including an e-cigarette), one cigar or used chewing tobacco one time in the past six months you are considered a tobacco user. To earn discounted medical plan rates in the next plan year, when enrolling as a new hire or during open enrollment, you must certify whether you have been tobacco-free for six consecutive months prior to your enrollment and agree to remain tobacco-free during the next plan year. If you fail to provide this certification by July 1 each year, you will not qualify for the discounted rates for the following year (unless you qualify for the lower rates under a "Reasonable Alternative" standard, as described below).

What if I Begin Using Tobacco After I've Certified I'm a Non-User?

If you smoke one (1) cigarette (including an e-cigarette), one (1) cigar or use chewing tobacco after you've certified yourself as a non-tobacco user, it is your obligation to notify Human Resources to change your election to "Tobacco User" if you do not qualify as tobacco-free at that time. In that case, you will no longer qualify for the tobacco-free discount for the next calendar year (unless you qualify for the tobacco-free discount for the discounted rates under a "Reasonable Alternative" standard, as described below).

Do You Want Help?

Sheppard's medical and prescription drug programs include resources to help you quit using tobacco products. Our prescription drug plan covers various smoking cessation products. If you want help quitting, our Wellness Coordinator will provide assistance and literature. You can reach the Wellness Coordinator by contacting Kathy Harris at kharris@allegeant.com or 443-902-1207.

Honor System

Sheppard Pratt's Medical Plan Tobacco Policy is based on the honor system. Employees who qualify for the tobacco-free discount based on false information regarding their use of tobacco or their participation in a reasonable alternative program will be subject to forfeiture of their discount.

Reasonable Alternative

If it is unreasonably difficult due to a health factor for you to meet the requirements under this program (or if it is medically inadvisable for you to attempt to meet the requirements of this program), contact Human Resources and we will make available a reasonable alternative standard for you to avoid the higher premium that applies to tobacco users. We may require that you provide documentation from a physician regarding the health factor or medical condition that prevents you from stopping your use of tobacco. If you qualify for a reasonable alternative method, the reasonable alternative may include, for example, participation in smoking cessation programs, use of nicotine patches, nicotine gum or other physician – recommended alternatives. If you are paying the lower premium based on your participation in a reasonable alternative program, we reserve the right to require regular evidence of continuing participation, as well as signed affidavits regarding your participation or documentation from your physician regarding any health factor or medical condition that would qualify you for the reasonable alternative.

“EMBRACE YOUR HEALTH” WELLNESS PROGRAM

If you enroll in the medical plan through Sheppard Pratt, you are eligible to participate in the “Embrace Your Health” Wellness program. Once you register and complete the wellness program requirements, you are eligible for a discount on your medical plan contributions. See below for the details on how to register on the Allegeant Wellness portal.



REGISTER FOR YOUR ALLEGEANT WELLNESS ACCOUNT

1. Go to www.AllegeantWellness.com
2. Go to *First Time Users* & click on *Register*
Company ID: SPHS
Employee ID: 6 Digit Employee ID Number

FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified medical expenses for you and your dependents. You choose how much money you want to contribute to an FSA, through WEX at the beginning of each plan year and can access these funds throughout the year. The amount you elect will be divided up throughout the entire plan year and taken out of each paycheck before federal, state or Social Security taxes are taken out. The amount you elect will be divided throughout the entire plan year and deducted from each paycheck before federal, state or Social Security taxes are taken.

NOTE: Proof of payment may be required for reimbursement. Always save your receipts for tax purposes.

HEALTH CARE FSA

Health Care FSAs help you stretch your budget for health care expenses by allowing you to pay for these expenses using tax-free dollars. You can use the FSA for expenses for yourself, your spouse, and your dependent children. Funds can be used to pay for qualified health expenses such as deductibles, copays, dental expenses, vision expenses and over-the-counter medications. Your annual contribution amount, a maximum of \$2,850, is deducted out of your pay throughout the year and deposited into your FSA account. The full annual contribution amount is available to you at the beginning of the plan year. As you incur expenses, you can use your FSA debit card or submit a claim to be reimbursed. Estimate your expenses carefully, since any money left in your account at the end of the plan year will be forfeited. If you have the High Deductible Health Plan with a Health Savings Account, you will be eligible to elect a Limited Flexible Savings Account which is available for expenses related to dental and vision, but not medical expenses.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may deposit up to \$5,000 annually in pre-tax dollars per household. If you are married and both you and your spouse contribute to a DCFSA, you must ensure your combined contributions are not over \$5,000 or you may be taxed on reimbursements you receive over the \$5,000 limit. Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. It includes day care (center or individual day care), before and after school care, summer day camp, and elder care. Please note that any money left in your account at the end of the plan year will be forfeited. When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

BENEFITS DEBIT CARD

You'll receive a WEX debit card when you enroll in the FSA for the first time. With the WEX debit card, you can access your FSA dollars with a swipe of your debit card. If you need additional cards, you can request cards for your spouse and dependents 18 years or older — for free — through your online account.

SUBSTANTIATING YOUR CLAIMS

Once you have paid a claim with your debit card, WEX may ask you to show documentation that expenses paid are eligible. The IRS requires purchases made with an FSA be "substantiated." This process verifies that purchases made with FSA funds meet regulatory requirements. A good rule of thumb when submitting documentation is to provide your Explanation of Benefits (EOB) document from your insurance provider, as this typically includes all the required information to substantiate an expense.

HEALTH SAVINGS ACCOUNT (HSA)

When enrolling in the High Deductible medical plan, you can open an HSA. An HSA is like a 401(k) for health care. You can contribute funds to your HSA through pre-tax payroll deductions. HSAs are tax-advantaged accounts that accumulate interest and can earn investment returns. The funds can be used to pay for qualified medical expenses today or can be saved for future expenses. It is owned by you, is 100% vested from day one, and lets you build up tax-free savings for future needs. **In addition, Sheppard Pratt will contribute \$500 to your HSA for Individual coverage and \$1,000 if you also cover a family member.**

NOTE: Always save your receipts for tax purposes.

HOW TO USE YOUR HSA

WEX makes it easy to access and use your HSA funds. There are three ways to pay for health care. Remember to save your itemized receipts in case they are requested during tax time.

1. Pay with your debit card: This is the simplest way to purchase health care! Pay using your WEX debit card, then log onto your online account regularly to check your balance.
2. Pay your providers directly from your online account: Log onto your www.wexinc.com site and pay your providers directly from your account.
3. Pay with personal funds & request reimbursement: Pay using your own personal credit card, cash or check; then, log onto your account online to file for reimbursement. You can receive reimbursement funds via check or direct deposit.

DOWNLOAD THE FSA/HSA MOBILE APP

Easily manage your Spending Accounts with the WEX mobile app.

Download the app to your smartphone or tablet and see how easy it is to view your FSA/HSA account information.

VIEW account balances.

SUBMIT claims for faster reimbursement.

TRACK your claims and expenses.

USE the eligible expense scanner.

ANNUAL HSA CONTRIBUTIONS

Sheppard Pratt Contribution

Individual: \$500

Family: \$1,000

Maximum Employee Contribution (after Sheppard Pratt's contribution)

Individual: \$3,150

Family: \$6,300

Note: If you are age 55-65, you may contribute an additional \$1,000.

Note: These amounts are pro-rated based on the coverage effective during the plan year.

Eligibility

You must be enrolled in the High Deductible Plan with no other healthcare coverage.

DENTAL PLANS We offer dental plans through United Concordia.

DENTAL BENEFITS PLAN COMPARISON

PLAN CHARACTERISTICS	DHMO	PPO	
In-Network Benefits	Yes	Yes	
Required to Use an Assigned Provider	Yes	No	
Out of Network Benefits Available	No	Yes	
Claim Required	No	Yes (out-of-network only)	
Balance Billing for Covered Services	No	Yes (out-of-network only)	
Specialty Referral Required	Yes	No	
Orthodontia Benefits Available	Yes (any age)	Yes (to age 19)	
Orthodontia Maximum (Lifetime)	None	\$2,000	
Annual Benefit Maximum (per person)	None	\$1,500	
Annual Deductible (per person)	None	\$50 (in-network)	\$100 (out-of-network)
Maximum Deductible (per family)	None	\$100 (in-network)	\$200 (out-of-network)
College Tuition Benefit	No	Yes	

● **DHMO - IN-NETWORK ONLY** search the “*DHMO Concordia Plus*” network.

Providers are in Maryland and D.C. You must select a provider in this plan. Fees for services are listed in the DHMO Schedule of Benefits which can be found in the document library at <https://mysp.ultipro.com>. Call United Concordia at 1-866-357-3304 to request a DHMO dental provider.

● **PPO - IN & OUT-OF-NETWORK COVERAGE.** “*Advantage Plus*” network. Participating providers may close to new patients whenever they choose. **It is recommended that you check with the provider office to make sure they are accepting new patients under the PPO plan if you intend to move to this coverage based on a specific provider’s participation.** In-network providers may not balance-bill.

● Find network provider on-line at www.unitedconcordia.com or by calling Customer Service at 1-800-332-0366.

UNITED CONCORDIA PREFERRED PLAN

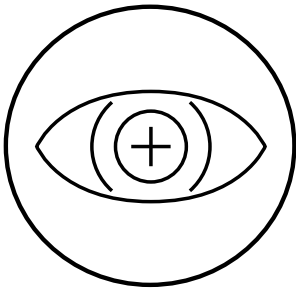
PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Network Name	Advantage Plus	
Annual Program Deductible (July 1 - June 30)	\$50 (x2 for family) excludes Class I/Orthodontics	\$100 (x2 for family) excludes Orthodontics
Annual Program Maximum (July 1 - June 30)	\$1,500 excludes Orthodontics	
Lifetime Orthodontic Maximum	\$2,000	
COVERED SERVICES		
Class I - Diagnostic/Preventive Services	100%	100%
Class II - Basic Services	80%	80%
Class III - Major Services	50%	50%
Orthodontics (for dependent children to age 19)	50%	50%
Pregnancy Benefit	Covers 1 additional cleaning during pregnancy	



UNITED CONCORDIA CAN HELP YOU PAY FOR COLLEGE.

If you are enrolled in the dental PPO plan, you have access to a college tuition benefit. As the cost of college continues to rise faster than inflation and medical costs, United Concordia is helping families keep up by providing this benefit in arrangement with SAGE College Tuition Benefit.

- Earn 2,000 Tuition Rewards each year (plus 500 when you initially register) and a bonus in year 4.
- Tuition Rewards can be used at over 345 institutions, with 80% ranked among “America’s Best” by U.S. News and World Report.
- You can share the benefit with relatives, including children, nieces, nephews, and grandchildren, subject to certain restrictions.



VISION PLAN

We offer a vision plan through VSP Vision Care. VSP offers a national network of eye doctors. To find a provider go to www.vsp.com. Please refer to the VSP summary of benefits for a detailed description of vision benefits.

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
ROLLING PLAN YEAR		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 12 months	
COPAYS		
WellVision Exam	\$15 copay	Reimbursed up to \$50
Materials	\$25 copay	N/A
COVERED SERVICES		
Single Vision Lenses	Covered in full after copay	Reimbursed up to \$50
Bifocal Lenses	Covered in full after copay	Reimbursed up to \$75
Trifocal Lenses	Covered in full after copay	Reimbursed up to \$100
Lens Enhancements Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$50 copay \$80 - \$90 copay \$120 - \$160 copay	Reimbursed up to \$75
Frames	\$150 allowance (\$170 allowance for featured brands)	Reimbursed up to \$70
Elective Contacts Instead of glasses Contact lens exam	\$130 allowance up to \$60 copay	Reimbursed up to \$105 N/A
EXTRA SAVINGS		
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	

INSTRUCTIONS FOR FINDING A PARTICIPATING VISION PROVIDER

1. Go to www.vsp.com
2. Select "Find a Doctor"
3. Enter Zip Code or Street Address, City and State
4. For additional assistance, please call member services at 1-800-877-7195

TRUHEARING (COMES WITH YOUR VISION PLAN)

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members. You can save up to 60% on a pair of hearing aids. What's more, your dependents and even extended family members are eligible, too.

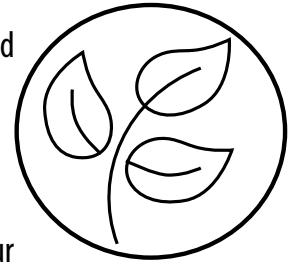
In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- Deep discounts on batteries shipped directly to your door
- 45-day trial
- 48 free batteries per hearing aid

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.372.4040 with questions.

LIFE INSURANCE

Sheppard Pratt offers basic group life and accidental death and dismemberment (AD&D) insurance and the opportunity for you to purchase additional life and AD&D insurance for you and your family at competitive group rates through MetLife as described below.



- **BASIC GROUP LIFE INSURANCE AND AD&D (Employer Paid)**

Sheppard Pratt provides you with term Life and AD&D insurance in the amount of 1 (one) times your annual salary to a maximum of \$500,000. Benefits reduce to 65% at age 65, 45% at age 70 and 30% at age 80.

- **SUPPLEMENTAL LIFE INSURANCE AND AD&D**

While Sheppard Pratt provides you with Life and AD&D insurance, you may purchase additional Life and AD&D. Elections are made in \$10k increments, up to \$150,000, at your initial enrollment, without an approved Statement of Health. You are able to elect beyond \$150,000, to a maximum of up to 5x salary or \$500k max whichever is smaller, but you must have an approved Statement of Health. The maximum coverage for Basic Life and Supplemental Life combined is \$1,000,000.

- **SUPPLEMENTAL LIFE AND AD&D FOR YOUR SPOUSE / DOMESTIC PARTNER**

You may purchase Supplemental Life and AD&D insurance for your spouse or domestic partner. You may elect up to \$50,000 in coverage, at your initial enrollment, without an approved Statement of Health, and up to \$250,000 with an approved Statement of Health. However, your election of spouse or domestic partner coverage cannot exceed 100% of your Basic and Supplemental Life and AD&D coverage combined.

- **SUPPLEMENTAL LIFE AND AD&D FOR YOUR DEPENDENT CHILDREN**

You may purchase Supplemental Life and AD&D insurance for your eligible dependent children in the amount of \$10,000 (\$1,000 for children 6 months old or less). The employee must enroll in Supplemental Life and AD&D to elect coverage for dependent children.

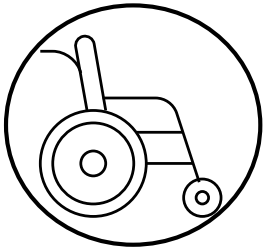
Supplemental Life coverage under Sheppard Pratt's plan terminates when your employment ceases, when your Supplemental Life contributions cease, or upon termination of the group contract by Sheppard Pratt. Upon termination, you will have an opportunity to continue group term coverage through portability or convert your term coverage to an individual permanent policy ("conversion").

Accidental Death & Dismemberment: In the event of an accidental death, the designated beneficiary (ies) will receive a lump sum payment. Should a covered person be dismembered (ex. loss of an eye or limb), the insured will receive a one-time lump sum payment.

STATEMENT OF HEALTH

At your initial enrollment, if you apply for Supplemental Life and AD&D coverage of more than \$150,000 in coverage for yourself or more than \$50,000 in coverage for your spouse or domestic partner, you will be required to complete a Statement of Health. Once your enrollment period closes, if you are required to complete a Statement of Health, you will receive an email from MetLife with a link to complete your form online. Once you complete the Statement of Health, MetLife will review and, if approved, your contributions and benefits update to the increased amount the first of the month after the approval.

If you are currently enrolled in Supplemental Life and AD&D for yourself and your spouse, at Open Enrollment you may increase coverage by one increment. Employee coverage can increase by \$10,000 up to \$150,000 and spouse coverage can increase by \$5,000 up to \$50,000, without an approved Statement of Health. If you previously declined to enroll in Supplemental Life Insurance and AD&D, you must have an approved Statement of Health to enroll in any amount of Supplemental Life and AD&D.



DISABILITY INCOME PLANS

As an employee of Sheppard Pratt, disability benefits are available to you that protect your earnings in case of sickness or injury. If you become totally disabled due to a non-occupational sickness or injury and are unable to perform the duties of your regular occupation, you may be eligible to receive income replacement based on a percentage of your basic earnings. You are eligible for disability benefits on the first of the month following 6 months of continuous employment with Sheppard Pratt. Benefits are provided by MetLife.

SHORT-TERM DISABILITY (STD)

Generally, you are considered disabled and eligible for short term benefits if any physical or mental condition arises from, injury, illness, or pregnancy, which prevents you from working. If you are eligible for STD, benefits begin on the 8th day after the onset of your sickness or injury. Benefits continue up to 180 days after the day your disability began. STD pays you 60 percent of your weekly salary, to a weekly maximum of \$4,615.38. If your disability continues beyond 180 days, you may be eligible for Long Term disability benefits. In order to provide this as an after-tax benefit, the cost is added to your salary for tax purposes.

VOLUNTARY LONG-TERM DISABILITY (LTD)

Sheppard Pratt offers employees the opportunity to purchase Long Term Disability (LTD) Insurance through MetLife. LTD pays you 60 percent of your monthly salary, to a monthly maximum of \$10,000, if you become injured or ill due to a covered off-the-job disability. This benefit would start once you have been disabled for 180 days. Your biweekly payroll deduction is on a post-tax basis. If you are disabled beyond 180 days, participate in the Voluntary Long Term Disability plan, and have an approved disability, your Long Term Disability benefits will pay you until your disability ends or age 65.

The Sheppard Pratt Long Term Disability Benefit Plan contains a Pre-Existing Condition clause: Pre-Existing Condition means any Disability for which the participant had received prescribed medical treatment or attention from a licensed Physician for the condition causing such Disability during the three-month period immediately prior to the Employee's effective date of participation.

BALTIMORE COUNTY EMPLOYEES FEDERAL CREDIT UNION

When you need to borrow or save money, we've got your best interest in mind!

The Credit Union philosophy of "people helping people" is demonstrated by the low or no-fee financial services that make everyday money management less stressful for our members.

And, our friendly staff is ready to assist - Listening and helping you choose the services best suited to your needs. Whether you're looking to finance a Home or Automobile, or open a convenient Checking Account... we're here to help! Some of our most popular member services include:

- Home Mortgages, Vehicle and Motorcycle Loans
- VISA Platinum Credit Card with No Annual Fee
- Checking with free Online/Mobile Banking and Bill Pay
- SmartCash Check Card tied to over 55,000 ATMs
- Direct Deposit, Automatic Transfers, and more!

Not already a member?

Visit us at www.bcefcu.com to learn more about the many financial products and services now available to the employees of the Sheppard Pratt. With three locations to serve you and your family, we look forward to seeing you soon!

IMPORTANT NOTICES

Women's Health and Cancer Rights Act of 1998

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). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for other benefits under the plan.

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) in the medical plan because of other medical coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in the medical plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Privacy Practices is available from the insurance carriers for medical, dental, and vision insurance. A copy of the Privacy Practices for the Health Care Flexible Spending Accounts is available from Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Important Notice About Your Prescription Drug Coverage and Medicare

If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only. **Please read this notice carefully and share it with any of your Medicare-eligible dependents.** This notice has information about your current prescription drug coverage with Sheppard Pratt 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. Sheppard Pratt has determined that the prescription drug coverage offered by Sheppard Pratt 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 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current coverage with Sheppard Pratt will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Sheppard Pratt, be aware that you and your dependents will not be able to get this coverage back until 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 Sheppard Pratt 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.

Medicare notice reminder:

Keep this 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).

Your Current Prescription Drug Coverage...

Contact the person listed on this notice 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 Sheppard Pratt changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

Date: July 1, 2022

Sender: Sheppard Pratt

Contact: Human Resources

Address: 6501 North Charles Street, Baltimore, MD 21204

Phone Number: 410-938-3000

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

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.health-care.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 January 31, 2022. Contact your State for more information on eligibility.

CALIFORNIA – Medicaid

Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

NORTH CAROLINA – Medicaid

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

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

WEST VIRGINIA – Medicaid & CHIP

Medicaid Website: <https://dhhr.wv.gov/bms/>
CHIP Website: <http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Phone: 1-855-MyWVHIPP (1-855-699-8447)

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov
1-877-267-2323
Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

Allegeant

Revision date: 04/01/2022

2022-23 BENEFIT PLAN RATES

MEDICAL PLAN RATES (BASED ON 21 PAYS)

EMPLOYEE PER PAY DEDUCTIONS						EMPLOYER
Premium Plan	Total Rate	Employee Non-Smoker Discount	Spouse Non-Smoker Discount	Wellness Program Discount	Total Discounted Rate	Employer Rate
Employee	\$196.08	(\$24.79)		(\$24.79)	\$146.50	\$349.11
Employee & Child	\$360.62	(\$24.79)		(\$24.79)	\$311.05	\$600.50
Employee & Spouse/Partner	\$419.54	(\$24.79)	(\$24.79)	(\$24.79)	\$345.18	\$715.32
Full Family	\$554.73	(\$24.79)	(\$24.79)	(\$24.79)	\$480.37	\$921.79

EMPLOYEE PER PAY DEDUCTIONS						EMPLOYER
Standard Plan	Total Rate	Employee Non-Smoker Discount	Spouse Non-Smoker Discount	Wellness Program Discount	Total Discounted Rate	Employer Rate
Employee	\$134.05	(\$21.75)		(\$21.75)	\$90.54	\$344.48
Employee & Child	\$246.54	(\$21.75)		(\$21.75)	\$203.04	\$597.07
Employee & Spouse/Partner	\$286.84	(\$21.75)	(\$21.75)	(\$21.75)	\$221.58	\$709.29
Full Family	\$379.23	(\$21.75)	(\$21.75)	(\$21.75)	\$313.97	\$916.81

EMPLOYEE PER PAY DEDUCTIONS						EMPLOYER
High Deductible Plan	Total Rate	Employee Non-Smoker Discount	Spouse Non-Smoker Discount	Wellness Program Discount	Total Discounted Rate	Employer Rate
Employee	\$73.65	(\$15.38)		(\$15.38)	\$42.90	\$264.67
Employee & Child	\$135.45	(\$15.38)		(\$15.38)	\$104.69	\$460.90
Employee & Spouse/Partner	\$157.57	(\$15.38)	(\$15.38)	(\$15.38)	\$111.44	\$546.58
Full Family	\$208.33	(\$15.38)	(\$15.38)	(\$15.38)	\$162.20	\$707.79

DENTAL & VISION PLAN RATES (BASED ON 21 PAYS)

	United Concordia PPO Plan		United Concordia DMO Plan		VSP Vision Plan
	Employee	Employer	Employee	Employer	Employee
Employee	\$11.30	\$3.78	\$4.58	\$4.54	\$3.77
Employee & 1 Child	\$27.40	\$9.13	\$9.01	\$8.99	\$5.65
Employee & Children	n/a	n/a	\$9.01	\$8.99	n/a
Employee & Spouse/Partner	\$28.96	\$9.32	\$9.12	\$9.12	\$6.28
Full Family	\$35.66	\$11.89	\$13.02	\$13.02	\$7.53

2022-23 BENEFIT PLAN RATES

MEDICAL PLAN RATES (BASED ON 26 PAYS)

EMPLOYEE PER PAY DEDUCTIONS						EMPLOYER
Premium Plan	Total Rate	Employee Non-Smoker Discount	Spouse Non-Smoker Discount	Wellness Program Discount	Total Discounted Rate	Employer Rate
Employee	\$158.37	(\$20.02)		(\$20.02)	\$118.33	\$281.97
Employee & Child	\$291.27	(\$20.02)		(\$20.02)	\$251.23	\$485.02
Employee & Spouse/Partner	\$338.86	(\$20.02)	(\$20.02)	(\$20.02)	\$278.80	\$577.76
Full Family	\$448.05	(\$20.02)	(\$20.02)	(\$20.02)	\$387.99	\$744.52

EMPLOYEE PER PAY DEDUCTIONS						EMPLOYER
Standard Plan	Total Rate	Employee Non-Smoker Discount	Spouse Non-Smoker Discount	Wellness Program Discount	Total Discounted Rate	Employer Rate
Employee	\$108.27	(\$17.57)		(\$17.57)	\$73.13	\$278.23
Employee & Child	\$199.13	(\$17.57)		(\$17.57)	\$163.99	\$482.25
Employee & Spouse/Partner	\$231.68	(\$17.57)	(\$17.57)	(\$17.57)	\$178.97	\$572.89
Full Family	\$306.30	(\$17.57)	(\$17.57)	(\$17.57)	\$253.59	\$740.50

EMPLOYEE PER PAY DEDUCTIONS						EMPLOYER
High Deductible Plan	Total Rate	Employee Non-Smoker Discount	Spouse Non-Smoker Discount	Wellness Program Discount	Total Discounted Rate	Employer Rate
Employee	\$59.49	(\$12.42)		(\$12.42)	\$34.65	\$213.77
Employee & Child	\$109.40	(\$12.42)		(\$12.42)	\$84.56	\$372.27
Employee & Spouse/Partner	\$127.27	(\$12.42)	(\$12.42)	(\$12.42)	\$90.01	\$441.47
Full Family	\$168.27	(\$12.42)	(\$12.42)	(\$12.42)	\$131.01	\$571.68

DENTAL & VISION PLAN RATES (BASED ON 26 PAYS)

	United Concordia PPO Plan		United Concordia DMO Plan		VSP Vision Plan
	Employee	Employer	Employee	Employer	Employee
Employee	\$9.13	\$3.05	\$3.70	\$3.67	\$3.05
Employee & 1 Child	\$22.13	\$7.38	\$7.28	\$7.26	\$4.56
Employee & Children	n/a	n/a	\$7.28	\$7.26	n/a
Employee & Spouse/Partner	\$23.39	\$7.52	\$7.37	\$7.36	\$5.07
Full Family	\$28.80	\$9.60	\$10.52	\$10.51	\$6.08

"EMBRACE YOUR HEALTH" WELLNESS PROGRAM



SAVE ON YOUR HEALTH INSURANCE PREMIUMS

Participating in the wellness program will provide you with the opportunity to improve your health while paying less for your insurance!

Want to earn the Wellness Discount?

Log onto the participant wellness portal at www.allegeantwellness.com. If you are new to wellness, see registration instructions in the side bar ⇨

Then Record 600 points, points can be earned by completing wellness activities such as Events, Action Plans, & Challenges.

What are the Wellness Activities?

All activities are available on your www.allegeantwellness.com account and details are listed under each specific activity. A Self-Tracker is also located on the back of this flyer.

Deadline: April 30th, 2023

Complete the requirements by the deadline to earn your wellness discount for July 1, 2023 - June 30, 2024.

Not Currently Earning the Wellness Discount?

If you are not earning the wellness discount for this plan year, once you complete your wellness activities the discount will start to be applied to your biweekly premiums as soon as administratively possible.



REGISTER FOR YOUR ALLEGANT WELLNESS ACCOUNT

- 1.) Go to www.allegeantwellness.com
- 2.) Go to *New User*
- 3.) Click on Register
- 4.) Enter in your information

Company ID: SPHS

Employee ID: Your 6-digit ID number

Have Questions? Contact Allegeant Support

Phone: 1-800-748-8641

Email: adminsupport@allegeant.net

Wellness Coordinator

Kathy Harris: kharris@allegeant.net



WELLNESS PROGRAM SELF-TRACKER

Please Note:

All activities must be recorded on your www.allegeantwellness.com account. This tracker is only for your records.

Want More Details?

You will find specific details for each activity listed on your www.allegeantwellness.com account.

Company ID: SPHS

PCP ENGAGEMENT	Date	Points	Your Points
Submit a Completed Physician Form with Biometrics	_____	300	_____
Record a Well Care Visit (www.allegeantwellness.com)	_____	200	_____
Take the Health Risk Assessment (www.allegeantwellness.com)	_____	50	_____
PREVENTIVE VISITS			
Colonoscopy (no charge under medical plan; age 50 & over; every 5 years)	_____	100	_____
Mammogram (no charge under medical plans; age 40 & over)	_____	100	_____
OB/GYN Visit (no charge under medical plans)	_____	100	_____
Prostate Exam (could be specialist copay)	_____	100	_____
Dental Exam (max. 2 per calendar year; no charge under dental plan)	_____	100	_____
Skin Cancer Exam (could be specialist copay)	_____	100	_____
Flu Shot or COVID Vaccine (company provides free annual flu shots)	_____	100	_____
Annual Eye Exam (\$10 under vision plan)	_____	100	_____
EMOTIONAL / MENTAL HEALTH			
Counseling Session with any provider	_____	300	_____
KEPRO Counseling Session	_____	300	_____
Allegeant Wellness Action Plan (Stress Management or Depression)	_____	100	_____
KEPRO Webinar on Mental Health (Mental Health, Personal Health, Grief & Loss, Families, etc.)	_____	50	_____
FINANCIAL / OCCUPATIONAL ACTIVITIES			
1-on-1 Financial Wellness Session (with an SP Insurance-Investment Provider)	_____	200	_____
Allegeant Wellness Financial Wellness Challenge	_____	100	_____
Allegeant Wellness Action Plan (Financial Wellness)	_____	100	_____
KEPRO Webinar on Financial Wellness	_____	50	_____
KEPRO Webinar on Workplace Wellness (Workplace Diversity, Workplace Safety, etc.)	_____	50	_____
PHYSICAL HEALTH			
Livongo Diabetes Program	_____	300	_____
Complete a Smoking Cessation Program	_____	300	_____
Participate in a 5k (or other physical endurance challenge)	_____	200	_____
Allegeant Wellness Activity Challenge (Eat Well, Beter Bites, Make a Move, etc.)	_____	100	_____
Allegeant Wellness Action Plan (Healthy Eating, Physical Activity, Dabetes Prevention, etc.)	_____	100	_____
KEPRO Webinar on Healthy Choices (Physical Activity, Health Eating, Quitting Smoking, etc.)	_____	50	_____
SOCIAL ACTIVITIES			
Any Community Service Event (community clean up, volunteer at a homeless shelter, etc.)	_____	200	_____
Any On-Site Wellness Presentation OR Challenge	_____	100	_____
POINT GOAL:		600	_____



SHEPPARD PRATT

Paid Leave Policy

Hospital Employees

Paid Time Off (PTO) accruals are based on the employee's years of service as well as their Job Class, as outlined in the table below. Hospital employees may accrue and carryover up to two times their annual PTO allotment (the PTO cap). Accruals cannot exceed the PTO cap and the employee will stop accruing PTO until the balance goes below the PTO cap.

PTO is pro-rated for Part-Time employees who work more than 30 hours.

Annual PTO Days			
Years of Service	Class A	Class B & S	Class C
0 to 1	26	28	31
2	27	28	31
3	29	29	31
4	30	30	31
5	31	31	31
6	32	32	32
7	33	33	33
8	34	34	34
9	35	35	35
10+	36	36	36

Class A - Employees in nonexempt 100 or 200 job structures

Class B & S - Employees in salary grades 301-306 and 401-406

Class C - Employees in exempt salary grades 307-315 and 407-417

Hospital employees' PTO includes time off for six holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

School Schedule Employees

Eligible School Schedule employees receive Personal Leave (PL) at a rate of 12 days per year in 12-month schools and 10 days in 10-month schools, pro-rated for less than 1.0 FTE. These days are provided up-front twice per year, 5 or 6 days in January and 5 and 6 days in July, as applicable. School Schedule employees may carry over personal leave up to a maximum of 18 days (the PL cap). Accruals cannot exceed the PL cap and will stop accruing until the employee's balance goes below the PL cap.

School Schedule employees receive 25 paid holidays per school calendar year and do not use PL for these holidays. These holidays are defined on the School Schedule calendar.

P.A. Employees

P.A. employees are eligible to receive up to 35 workdays of leave per contract year, as per their Employment Agreement.

Leave time, up to a total of 35 workdays per contract year, may be used for the following purposes: vacation, holidays, family and personal reasons, inclement weather, illness, injury, or the first ten workdays of absence due to disability.

Employee Assistance Program (EAP)

The EAP is a free benefit that offers counseling to employees and their dependents who have personal and/or work-related problems addressing a broad range of issues affecting mental and emotional well-being as well as financial education and legal services.

The EAP call center is available 24 hours a day 365 days per year by calling KEPRO at 1-800-765-0770.

SHEPPARD PRATT Retirement Plan

Sheppard Pratt has partnered with Transamerica who has more than 75 years of experience in retirement services and is dedicated to helping you from the day you start saving to the day you retire-and every day after that. Employees may make voluntary, pre-tax contributions.

403(b) Tax Sheltered Annuity Account

All Sheppard Pratt employees may participate in the tax-sheltered annuity program by making voluntary pre-tax and/or after-tax Roth contributions to a 403(b) retirement plan.

- Employees may enroll in the 403(b) plan and change their elections and fund options anytime.
- To participate in the 403(b) Tax Sheltered Annuity program, employees must call Transamerica 800-755-5801 or go online to www.trretire.com to complete enrollment into the plan.
- Unless otherwise directed by the employee, these funds will be deposited into one of the T. Rowe Price Target Date Retirement Funds that correspond to the date the participant turns 65.
- Remember to also complete the online Beneficiary forms.

You may be eligible to make additional tax-deferred contributions to the 403(b) plan above the annual salary deferral limit. Catch-up contributions allow those age 50 years and above to contribute an additional \$6,500. Additionally, if you have 15 or more years of service with Sheppard Pratt you may contribute an additional \$3,000.

For a full description of the benefits available, refer to the Benefits Guide and Summary Plan Description (SPD).

If you have questions about the benefits described in this summary, please contact the Benefits Department by emailing benefits@sheppardpratt.org or by phone 443-608-8780.