

The choice is yours.



Benefits
Guide



BENEFITS FOR A HEALTHY LIFE
Your 2024 benefit choices



2024 Benefits & Eligibility

Owensboro Health provides a full range of benefits designed to address your needs now and in the future.

Owensboro Health provides a full range of benefits designed to address your needs now and in the future.

- Medical Benefits
- Prescription Drug Benefits
- Dental Benefits
- Vision Benefits
- Accident, Critical Illness, & Hospital Indemnity
- Health Savings Account
- Health Reimbursement Account
- Flexible Spending Account
- Life & AD&D Account
- Supplemental Life Insurance
- Disability Insurance
- Additional Benefits

How to Enroll

Visit [LINK](#) and enroll online or you can enroll by phone at 1-888-236-6014.

All team members must actively enroll to receive benefits in 2024. Your current benefits will NOT automatically carry over.

When Does Coverage Begin?

Eligibility for benefits for full-time and part-time team members begins on the first of the month after the team member's hire date. If the team member's hire date is on the first of the month, eligibility for benefits will begin the first of the month after their hire date*. Team members who experience a qualifying event or a status change will have benefits effective on the first of the month following the event, provided they elect the coverage and submit documentation within 30 days of the event.

*Employment contracts take precedence.

Spouse eligibility for medical plan

If the "Employee Only" premium for the lowest-cost medical plan at the Spouse's employer is less than \$300 per month, the spouse cannot participate in the Owensboro Health medical plan. If your spouse's employer does not offer health insurance or if the premiums are more than \$300 per month for employee only coverage, you must provide written documentation on company letterhead that is signed by a company official in order for your spouse to be added to the Owensboro Health medical plan. The information must be provided each year and may be verified. Falsification of the document is grounds for disciplinary action up to and including termination of employment.

Status change

Status change means changing from FT, PT, or PRN.

What is new for 2024?

- **Ohio county.** Ohio county will be included inside the footprint.
- **Ohio County Hospital.** Ohio County Hospital's facilities and providers will be excluded from coverage under the medical plan.
- **Short Term Disability** – Moving from 14 day elimination period to 7 days.
- **Three new and improved benefits.** Critical illness, accident, & hospital indemnity insurance provided through Unum.
- **IRS regulations.** Per IRS regulations, the deductible for Health Plan #1 will increase to \$3,200 for single coverage.
- **Specialty Drugs.** Certain specialty drugs are required to be filled only at Owensboro Health Outpatient Pharmacy and Henderson Healthplex Pharmacy. Remember to use these two pharmacies to receive the highest level of benefits and to save money.
- If you enroll in the medical plan, you will receive a new ID card from UMR.
- **Health Savings Account (HSA)** – If you elect the HSA, Owensboro Health will deposit \$500 into your account even if you don't contribute. Must be enrolled in the Plan January 1st to receive the full deposit.

Dependent verification reminder

Coverage for NEW dependents on the medical plan will pend until documentation is submitted and verified. If your dependent verification documents are not uploaded within the required time frame, your dependents will not be enrolled in coverage. The required documentation can be uploaded to the "EMPLOYEE File" tab under "Personal Information" on the "My Profile" tab. This is the preferred method. If you are unable to upload the documentation, please send it to mybenefitquestions@owensborohealth.org using your work email address.

You will be required to enter your dependent's Social Security number to enroll them in benefits. Children can be covered until age 26. See plan documents for details.

Qualifying events include the following

- Marriage, divorce, or legal separation.
- Gain or loss of an eligible dependent for reasons such as birth, adoption, placement for adoption, court order, disability, or death.
- An event that causes a dependent to satisfy or cease to satisfy the eligibility requirements of the plan such as reaching the dependent age limits.
- Changes to your spouse's employment or benefit coverage that affect benefits eligibility.
- Changes in a dependent's benefits eligibility.

Enrollment changes during the year

You will need to wait until the next Open Enrollment period to elect or change your coverage unless you experience a status change or a qualifying event.

You have 30 days from the date of a status change or a qualifying event to make your election changes and submit documentation. Visit the benefits website on [LINK](#) or call **1-888-236-6014** to make a change.

Learn more about your benefits through the Owensboro Health Virtual Benefits Fair

Explore the Owensboro Health Virtual Benefits Fair to locate annual benefits enrollment resources and more information about all the benefits Owensboro Health offers. You can watch videos on a variety of benefit topics and if you have benefit questions you will be able to reach out to your benefit carriers. Visit the QR Code to get started and check out the benefit booths to get entered for a prize!



Using the health plan

Medical Services Requiring Pre-Certification

Prior Authorization / Pre-certification

Certain care or services may be excluded from coverage (i.e. other procedures performed in non-hospital/freestanding facilities i.e., cardiac cath, etc.). Other procedures require prior authorization or certification from UMR. Services requiring pre-certification include, but not limited to:

- Inpatient stays in a hospital, extended care facility, skilled nursing facility or residential treatment facility
- Partial hospitalization program
- Transplant-related services
- Home healthcare
- Bariatric surgery
- Chemotherapy
- Infertility treatments
- Infusion therapy over \$10,000
- Kidney dialysis
- Clinical trials
- Inpatient stays in hospitals or birthing centers that are longer than 48 hours following normal vaginal deliveries or 96 hours following cesarean sections
- Durable medical equipment over \$1,500 (excluding braces or orthodontics)
- Durable medical equipment rentals over \$500 per month
- Prosthetics over \$1,000
- Inpatient behavioral health for acute care

It is your responsibility as a plan member to determine whether your care or service is covered and/or requires prior approval. Your healthcare provider can assist with this process and provide you or UMR any information needed to review the care or service.

We recommend that you contact UMR as far in advance as possible to confirm whether additional information from you or your provider is needed. This will help avoid delays in processing claim(s) and making payments to the provider or facility. If you have any questions, please contact UMR at **1-800-207-3172**.

Tiers	2024 Medical Plan Tiers
OH Hospitals*	<ul style="list-style-type: none"> • Owensboro Health Regional Hospital Services • Owensboro Health Muhlenberg Community Hospital Services • Owensboro Health Twin Lakes Medical Center Services
OHN Physicians & St. Vincent**	<ul style="list-style-type: none"> • Owensboro Health Medical Group physicians and providers • Owensboro Health Network participating physicians and providers (see provider lookup) • St. Vincent Hospital physicians and providers
UnitedHealthcare	Participating UnitedHealthcare (UHC) providers <u>outside the footprint</u> (see Owensboro Health Network on next page)
Out-Of-Network	<ul style="list-style-type: none"> • Non-participating Owensboro Health Network providers <u>within the footprint</u> • Non-participating UHC <u>providers outside the footprint</u>

*Including hospital-based departments- see listing on **LINK** under HR & Benefits.

**St. Vincent physicians and facilities in Vanderburgh, Warrick and Spencer counties only.



Medical Plan 1 with Health Savings Account (HSA)

The chart below provides key coverage features and costs.

2024 - Plan #1 with Health Savings Account (HSA)	OH Hospitals*	PHYSICIANS AND ST. VINCENT**	UNITEDHEALTHCARE	OUT-OF-NETWORK
EMPLOYER CONTRIBUTION (PER CALENDAR YEAR)				
Individual	Up to \$500 deposit per team member***			
DEDUCTIBLE (PER CALENDAR YEAR)				
Individual		\$3,200		\$5,400
Family		\$5,400		\$10,800
OUT OF POCKET MAXIMUM (PER CALENDAR YEAR - INCLUDES COPAYS, COINSURANCE AND DEDUCTIBLE AMOUNTS)				
Individual		\$4,500		\$9,000
Family		\$9,000		\$18,000
PHYSICIAN / PROFESSIONAL FEES - MEMBER PAYS				
Primary Care Physician (Office Visit)	N/A	Deductible, then \$10 copay	Deductible, then \$25 copay	Deductible, then \$25 copay, then 50%
Specialist (Office Visit)	N/A	Deductible, then \$20 copay	Deductible, then \$35 copay	Deductible, then \$35 copay, then 50%
Charges Related to Office Visit (Lab, EKG, etc.)	N/A	Deductible, then \$50 copay, then 20%		Deductible, then \$250 copay, then 50%
Imaging (CT/PET Scans, MRIs, X-Rays, etc.)	N/A	Deductible, then \$100 copay, then 20%		Deductible, then \$500 copay, then 50%
Professional Fees (Hospital Visits, Surgeon, Radiologist, Anesthesiologist, Pathologist, Allergy Injections, etc.)	N/A	Deductible, then 20%		Deductible, then 50%
Urgent/Convenient Care	N/A	Deductible, then \$10 copay	Deductible, then 20%	Deductible, then \$25 copay, then 50%
Preventive Care	You pay 0% for covered, in-network preventive care****			NOT COVERED
HOSPITAL / FACILITY FEES - MEMBER PAYS				
Inpatient Service (including Owensboro Health hospital-based facilities) *	Deductible, then 0%	Deductible, then \$250 copay, then 20%		Deductible, then \$750 copay, then 50%
Facility MRI	Deductible, then 0%	Deductible, then \$250 copay, then 20%		Deductible, then \$750 copay, then 50%
Facility Lab and X-ray	Deductible, then 0%	Deductible, then \$150 copay, then 20%		Deductible, then \$250 copay, then 50%
Bariatric Surgery	Deductible, then 0%	Deductible, then \$250 copay, then 20%		Deductible, then \$750 copay, then 50%
Outpatient Surgical	Deductible, then 0%	Deductible, then \$250 copay, then 20%		Deductible, then \$750 copay, then 50%
Outpatient Therapy (PT, OT, ST, etc.)	Deductible, then 0%	Deductible, then 20%		Deductible, then 50%
Other Outpatient Services	Deductible, then 0%	Deductible, then \$250 copay, then 20%		Deductible, then \$750 copay, then 50%

*Including hospital-based departments- see listing on [LINK](#) under HR & Benefits.

**St. Vincent physicians and facilities in Vanderburgh, Warrick and Spencer counties only.

***If a team member elects coverage for a spouse or dependent who is also a team member of Owensboro Health, the maximum employer contribution remains at \$500.

****Covered preventive care is per ACA guidelines and family history. This can be found on [LINK](#) under the HR & Benefits tab.

2024 - Plan #1 with Health Savings Account (HSA)	OH Hospitals*	PHYSICIANS AND ST. VINCENT**	UNITEDHEALTHCARE	OUT-OF-NETWORK
EMERGENCY SERVICES - MEMBER PAYS				
True Emergency Care (Life threatening illness, accident, etc.)	Deductible, then 0%	Deductible, then 10%		
Non-Emergency Care	Deductible, then 10%	Deductible, then \$350 copay, then 20%	Deductible, then \$350 copay, then 50%	
Ambulance	Deductible, then 0%	Deductible, then 10%		
MATERNITY CARE - MEMBER PAYS				
Physician charges only (Office Visits, Delivery)	N/A	Deductible, then \$200 copay	Deductible, then \$750 copay, then 50%	
Related Charges (Labs, etc.)	N/A	Deductible, then 20%	Deductible, then 50%	
MENTAL DISORDERS / SUBSTANCE ABUSE - MEMBER PAYS				
Inpatient	Deductible, then 0%	Deductible, then 20%	Deductible, then 50%	
Outpatient	N/A	Deductible, then \$25 Copay, then 20%	Deductible, then \$25 copay, then 50%	
OTHER - MEMBER PAYS				
Home Health Care: Limited to 90 visits per calendar year. One visit equals 4 hours	Deductible, then 0%	Deductible, then 20%	Deductible, \$50 copay, then 50%	
Skilled Nursing Facility: Limited to a maximum of 120 days per calendar year	Deductible, then 0%	Deductible, then 20%	Deductible, \$50 copay, then 50%	
Hospice	N/A	Deductible, then 0%	Deductible, then 50%	
Human Organ/Tissue Transplant	Deductible, then 0%		Deductible, then 0% for UMR Center of Excellence	NOT COVERED
TMJ	Not Covered			
Infertility	Medical and Rx combined up to a lifetime max of \$5,000. See SPD			
Freestanding Cath Lab Services	N/A	Not Covered		
Spinal Manipulations	N/A	Deductible, then \$25 copay, then 20%	Deductible, \$25 copay, then 50%	
All other covered services and supplies	Deductible, then 0%	Deductible, then 20%	Deductible, then 50%	

2024 Medical Rates for Plan 1 with HSA (Tobacco Free)

	2024 Monthly Employee Contributions	2024 Per Pay Company Contributions	2024 Bi-Monthly Employee Contribution	2024 Monthly Employee Contributions	2024 Monthly Company Contributions	2024 Per Pay Employee Contribution
	Full-Time			Part - Time		
Employee	\$121.00	\$768.02	\$60.50	\$201.00	\$688.02	\$100.50
Employee Plus Spouse	\$254.00	\$1,599.98	\$127.00	\$421.00	\$1,432.98	\$210.50
Employee Plus Child (ren)	\$159.00	\$1,519.44	\$79.50	\$310.00	\$1,368.44	\$155.00
Family	\$320.00	\$2,411.01	\$160.00	\$566.00	\$2,165.01	\$283.00

2024 Medical Rates for Plan 1 with HSA (Tobacco User)

	2024 Monthly Employee Contributions	2024 Monthly Company Contributions	2024 Per Pay Employee Contribution	2024 Monthly Employee Contributions	2024 Monthly Company Contributions	2024 Per Pay Employee Contribution
	Full-Time			Part - Time		
Employee	\$209.00	\$680.02	\$104.50	\$289.00	\$600.02	\$144.50
Employee Plus Spouse	\$342.00	\$1,511.98	\$171.00	\$509.00	\$1,344.98	\$254.50
Employee Plus Child(ren)	\$247.00	\$1,431.44	\$123.50	\$398.00	\$1,280.44	\$199.00
Family	\$408.00	\$2,323.01	\$204.00	\$654.00	\$2,077.01	\$327.00

Medical Plan 2 with Health Reimbursement Account (HRA)

The chart below provides key coverage features and costs.

2024 - Plan #2 with Health Reimbursement Account (HRA)	OH HOSPITALS*	PHYSICIANS AND ST. VINCENT**	UNITEDHEALTHCARE	OUT-OF-NETWORK
EMPLOYER CONTRIBUTION (PER CALENDAR YEAR)				
Individual	\$500 credit per team member***			
DEDUCTIBLE (PER CALENDAR YEAR)				
Individual	\$250	\$1,000	\$4,500	
Family	\$500	\$2,000	\$9,000	
OUT OF POCKET MAXIMUM (PER CALENDAR YEAR - INCLUDES COPAYS, COINSURANCE AND DEDUCTIBLE AMOUNTS)				
Individual	\$4,500		\$9,000	
Family	\$9,000		\$18,000	
PHYSICIAN / PROFESSIONAL FEES - MEMBER PAYS				
Primary Care Physician (Office Visit)	N/A	\$20 copay	\$30 copay	Deductible, then \$25 copay, then 50%
Specialist (Office Visit)	N/A	\$30 copay	\$40 copay	Deductible, then \$35 copay, then 50%
Charges Related to Office Visit (Lab, EKG, etc.)	N/A	Deductible, then 20%		Deductible, then \$250 copay, then 50%
Imaging (CT/PET Scans, MRIs, X-Rays, etc.)	N/A	Deductible, then 20%		Deductible, then \$500 copay, then 50%
Professional Fees (Hospital Visits, Surgeon, Radiologist, Anesthesiologist, Pathologist, Allergy Injections, etc.)	N/A	Deductible, then 20%		Deductible, then 50%
Urgent/Convenient Care	N/A	\$20 copay	Deductible, then 20%	Deductible, then \$25 copay, then 50%
Preventive Care	You pay 0% for covered, in-network preventive care****			NOT COVERED
HOSPITAL / FACILITY FEES - MEMBER PAYS				
Inpatient Service (including Owensboro Health hospital-based facilities) *	\$200 copay per admit	Deductible, then 20%		Deductible, then \$750 copay, then 50%
Facility MRI	Deductible, then 10%	Deductible, then 20%		Deductible, then \$750 copay, then 50%
Facility Lab and X-ray	Deductible, then 10%	Deductible, then 20%		Deductible, then \$250 copay, then 50%
Bariatric Surgery	\$200 copay	Deductible, then 20%		Deductible, then \$750 copay, then 50%
Outpatient Surgical	\$200 copay	Deductible, then 20%		Deductible, then \$750 copay, then 50%
Outpatient Therapy (PT, OT, ST, etc.)	Deductible, then 10%	Deductible, then 20%		Deductible, then 50%
Other Outpatient Services	Deductible, then 10%	Deductible, then 20%		Deductible, then \$750 copay, then 50%

*Including hospital-based departments- see listing on [LINK](#) under HR & Benefits.

**St. Vincent physicians and facilities in Vanderburgh, Warrick and Spencer counties only.

***If a team member elects coverage for a spouse or dependent who is also a team member of Owensboro Health, the maximum employer contribution remains at \$500.

****Covered preventive care is per ACA guidelines and family history. This can be found on [LINK](#) under the HR & Benefits tab.

2024 - Plan #2 with Health Reimbursement Account (HRA)	OH HOSPITALS*	PHYSICIANS AND ST. VINCENT**	UNITEDHEALTHCARE	OUT-OF-NETWORK
EMERGENCY SERVICES - MEMBER PAYS				
True Emergency Care (Life threatening illness, accident, etc.)	Deductible, then 0%	Deductible, then 10%		
Non-Emergency Care	Deductible, then 10%	Deductible, then 20%	Deductible, then \$350 copay, then 50%	
Ambulance	Deductible, then 10%			
MATERNITY CARE - MEMBER PAYS				
Physician charges only (Office Visits, Delivery)	N/A	Deductible, then 20%	Deductible, then \$750 copay, then 50%	
Related Charges (Labs, etc.)	N/A	Deductible, then 20%	Deductible, then 50%	
MENTAL DISORDERS / SUBSTANCE ABUSE - MEMBER PAYS				
Inpatient	\$200 copay per admit	Deductible, then 20%	Deductible, then 50%	
Outpatient	N/A	Deductible, then 20%	Deductible, then \$25 copay, then 50%	
OTHER - MEMBER PAYS				
Home Health Care: Limited to 90 visits per calendar year. One visit equals 4 hours	Deductible, then 0%	Deductible, then 20%	Deductible, \$50 copay, then 50%	
Skilled Nursing Facility: Limited to a maximum of 120 days per calendar year	\$200 copay per admit	Deductible, then 20%	Deductible, \$50 copay, then 50%	
Hospice	N/A	Deductible, then 0%	Deductible, then 50%	
Human Organ/Tissue Transplant	Deductible, then 0%		Deductible, then 0% for UMR Center of Excellence	NOT COVERED
TMJ	Not Covered			
Infertility	Medical and Rx combined up to a lifetime max of \$5,000. See SPD			
Freestanding Cath Lab Services	N/A	Not Covered		
Spinal Manipulations	N/A	Deductible, then 20%	Deductible, \$25 copay, then 50%	
All other covered services and supplies	Deductible, then 0%	Deductible, then 20%	Deductible, then 50%	

2024 Medical Rates for Plan 2 with HRA (Tobacco Free)

	2024 Monthly Employee Contributions	2024 Monthly Company Contributions	2024 Per Pay Employee Contribution	2024 Monthly Employee Contributions	2024 Monthly Company Contributions	2024 Per Pay Employee Contribution
	Full-Time			Part - Time		
Employee	\$144.00	\$832.43	\$72.00	\$232.00	\$744.43	\$116.00
Employee Plus Spouse	\$430.00	\$1,620.50	\$215.00	\$615.00	\$1,435.50	\$307.50
Employee Plus Child (ren)	\$275.00	\$1,580.88	\$137.50	\$442.00	\$1,413.22	\$221.00
Family	\$496.00	\$2,530.94	\$248.00	\$768.00	\$2,258.94	\$384.00

2024 Medical Rates for Plan 2 with HRA (Tobacco User)

	2024 Monthly Employee Contributions	2024 Monthly Company Contributions	2024 Per Pay Employee Contribution	2024 Monthly Employee Contributions	2024 Monthly Company Contributions	2024 Employee Contribution
	Full-Time			Part - Time		
Employee	\$232.00	\$744.43	\$116.00	\$320.00	\$656.43	\$160.00
Employee Plus Spouse	\$518.00	\$1,532.50	\$259.00	\$703.00	\$1,347.50	\$351.50
Employee Plus Child(ren)	\$363.00	\$1,492.22	\$181.50	\$530.00	\$1,325.22	\$265.00
Family	\$584.00	\$2,442.94	\$292.00	\$856.00	\$2,170.94	\$428.00

Prescription Drug Plan

The Prescription Drug Plan is included with both medical plans. Your medical and prescription expenses both accumulate towards your deductible.

	Owensboro Health Outpatient Pharmacy and Henderson Healthplex Pharmacy	In-Network Pharmacy	Out-of-Network Pharmacy
Retail (30-day supply, not to exceed 100 units)			
Generic - Formulary	\$10 copay after deductible	\$30 copay after deductible	Not covered
Brand – Formulary	\$20% after deductible (\$30 min - \$125 max per script)	30% after deductible (\$60 min - \$250 max per script)	Not covered
Brand – Non-Formulary	50% after deductible (\$60 min - \$250 max per script)	50% after deductible (\$120 min - \$500 max per script)	Not covered
Excluded Medications	Not covered		
Mail Order (90-day supply)			
Generic – Formulary	\$20 copay after deductible	\$60 copay after deductible	Not covered
Brand – Formulary	20% after deductible (\$60 min - \$250 max per script)	30% after deductible (\$120 min - \$500 max per script)	Not covered
Brand – Non-Formulary	50% after deductible (\$120 min - \$500 max per script)	50% after deductible (\$240 min - \$1,000 max per script)	Not covered
Excluded Medications	Not covered		
*Specialty Medications:			
Generic – Formulary	50% after deductible (\$80 min - \$400 max per script)	50% after deductible (\$80 min - \$800 max per script)	Not covered
Brand – Formulary			Not covered
Brand – Non-Formulary			Not covered
Excluded Medications	Not covered		

For Medical Plan 1 HSA, all pharmacy expenses apply to the OH Hospitals, Physicians and St. Vincent and UnitedHealthcare deductible. For Medical Plan 2 HRA, OHOP and Henderson Healthplex pharmacy expenses apply to OH Hospitals and Physicians & St. Vincent (Tiers 1 and 2) deductible.

For Medical Plan 2 HRA, In-Network pharmacy expenses apply to UnitedHealthcare deductible (Tier 3)

*Certain specialty drugs are required to be filled at OHOP for Henderson Healthplex. To learn more, contact OHOP or Know Your Rx.

Owensboro Health Outpatient Pharmacy and Henderson Healthplex Pharmacy

OHOP Contact Information

Phone: 1-270-417-6701

Monday Through Friday: 7 AM to 7 PM (CT).

Saturday and Sunday: 9 AM to 5 PM (CT).

Email: outpatient.pharmacy@owensborohealth.org

Henderson Healthplex Pharmacy Contact Information

Monday Through Friday: 7:30 AM to 6 PM (CT).

Saturday and Sunday: 9 AM to 5 PM (CT).

Generic prescriptions for certain medical conditions are available to you at no cost if you utilize an Owensboro Health Outpatient Pharmacy. To see a list of medical conditions and the applicable generic prescriptions, consult the HR & Benefits section of **LINK**. You will receive the highest benefit if you fill your specialty medications at the Owensboro Health Outpatient Pharmacy instead of filling through Express Scripts. Plus you get discounts for non-prescription products.

Express Scripts

Owensboro Health medical plan members have access to Express Scripts pharmacies nationwide including both chain and independent pharmacies. Contact Express Scripts for information on the pharmacies included in the network.

Express Scripts Contact Information

Phone: 1-877-886-1678

Website: www.express-scripts.com/OwensboroHealth

Certain FDA-approved contraceptives, generic prescriptions, and brand name prescriptions without a generic alternative are available at no cost at any network pharmacy. A complete listing of these medications is located on **LINK** or on the benefits website.

Certain specialty drugs are required to be filled by OHOP.

Owensboro Health Network

The benefit you receive when receiving care will depend on the provider tier. Please review the information and map below to become familiar with the Owensboro Health Network and footprint.

Dark Blue Area - Footprint

- The dark blue area is referred to as “the footprint.”
- If you receive care from an Owensboro Health hospital, the care will be covered at the OH Hospital tier.
- If you receive care from an Owensboro Health Network provider, professional fees will be covered at the OHN Physicians & St. Vincent tier.
- If you use a hospital, physician or provider that is not contracted with Owensboro Health Network, then the care is covered at the out-of-network tier.

White Area

- If you receive care from an Owensboro Health hospital, the care will be covered at the OH Hospital tier.
- If you receive care from an Owensboro Health physician or Owensboro Health Network provider, professional fees will be covered at the OHN Physicians & St. Vincent tier.
- If you use a provider in the UnitedHealthcare (UHC) Network that is not in the Owensboro Health Network, coverage is provided at the UnitedHealthcare tier.
- If you use a provider that is not in the UnitedHealthcare (UHC) network, then the coverage is covered at the Out-of-Network tier.

To Find an Owensboro Health Network Provider

Visit <https://link.owensborohealth.org>. Go to HR + Benefits > 2024 Benefits>Find a Provider. This is located in the middle of the page under 2024 Benefit Resources.



- St. Vincent physicians and facilities in Vanderburgh, Warrick, and Spencer counties are considered In-Network.
- Owensboro Surgery Center is considered In-Network.
- **Ohio County has been added to the footprint**

Benefits are **NOT PROVIDED** at select facilities and providers, including RIVERVIEW SURGERY CENTER, all DEACONESS HEALTH SYSTEM physicians and facilities, OHIO COUNTY physicians and facilities and all METHODIST physicians and facilities.*

*excluding emergency.

HSA, HRA, & FSA

Health Savings Account (HSA)

If you enroll in Medical Plan 1, you are eligible to open and contribute to a Health Savings Account or “HSA”. An HSA is an individually-owned, tax advantaged bank account that you can use to pay for qualified medical expenses now or in the future. It is intended to help you cover out-of-pocket medical expenses until you meet your deductible.

You fund your account through pre-tax payroll deductions up to the annual IRS limits. If you’re over 55, the IRS allows you to contribute an additional \$1,000. Consult IRS Publication 969 or speak with your accountant regarding your own personal contributions and tax situation. For 2024 Owensboro Health will be depositing \$500 into your HSA account. You must be enrolled in the HSA and be on the plan January 1st to receive the full deposit. Owensboro Health’s and your contributions cannot exceed the IRS limits for 2024. Watch **LINK** for more information.

HSA eligibility

You are not eligible if you are:

- Covered by a low deductible health plan, including your spouse’s
- Covered under Medicare, Medicaid, or Tricare
- Enrolled in a regular Healthcare Flexible Spending Account, including your spouse’s
- Claimed as a dependent on someone else’s tax return

You can use your HSA to pay for qualified healthcare expenses throughout the year, or you can save it for future qualified expenses. At the end of the year, any unspent balances remain in your account. Because you own the account, it is portable if you leave the organization. Your account can also be invested in mutual funds and growth and earnings are tax free.

Health Reimbursement Account (HRA)

If you enroll in Medical Plan 2, you are eligible for a Health Reimbursement Account or “HRA”. This account is established and funded by Owensboro Health to help you pay for out-of-pocket medical and prescription expenses only.

Owensboro Health will fund your HRA up to \$500 as you incur claims to a maximum of \$1,000. Unlike the HSA, you cannot make contributions to your HRA. However, you can enroll in the Flexible Spending Account, which can be used to pay for eligible medical, prescription, dental, and vision expenses. If you do not reach up to \$500 in claims in the HRA in 2024, the money will carry over up to a maximum of \$1,000, if you elect Plan 2 the following year. The HRA is employer-owned.

Flexible Spending Account (FSA)

The Healthcare Flexible Spending Account or “FSA” allows you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare expenses such as copays, deductibles, prescriptions, dental and vision expenses.

You fund your account through pre-tax payroll deductions up to the 2024 IRS limit. Any contributions made to an FSA during the year must be used during the plan year. Claims must be incurred by December 31, 2024. Amounts that are not used during the plan year will be forfeited at the end of the year. If you are enrolled in Medical Plan 2, remember to account for the \$500 Owensboro Health will contribute to your HRA if you have medical claims.

	HSA	Healthcare FSA
Available if you enroll in a ...	Medical Plan 1	Medical Plan 2
Eligible for company contributions	Yes	No
Change you contribution amount any time	Yes	No
Access your entire annual contribution amount from the beginning of the plan year	No	Yes
Access only funds that been deposited	Yes	No
“Use-it-or-lose-it” at year-end	No	Yes
Money is always yours to keep	Yes	No

Note: If you contribute to an HSA or receive contributions to your HSA by Owensboro Health, neither you nor your spouse can participate in the Healthcare FSA. The IRS prohibits an individual from having a Healthcare FSA and an HSA at the same time.

Dental Benefits

Owensboro Health offers three dental plans from which to choose: Low, Medium, or High. In-network dentists have agreed to provide dental care at reduced fees under the plan. If you use a dentist outside the Delta Dental network, you will be responsible for Reasonable/Usual and Customary (R&C) fees, which are usually higher than negotiated fees.

For additional plan information or to locate a provider, visit the Delta Dental website www.deltadentalky.com (dental network “PPO” or “Premier”).

Delta Dental Plans						
	Low Option		Medium Option		High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Minor and Major Services	\$0	\$0	\$0	\$0	\$0	\$0
Annual/Calendar-Year Maximum	\$1,000 per person		\$1,500 per person		\$1,500 per person	
Orthodontia Lifetime Benefit	N/A		N/A		\$1,500 per person	
Routine Diagnostic/Preventative Care Exams, Cleanings, X-rays, Sealants	100%	100%	100%	100%	100%	100%
Minor Services Simple Extractions, Fillings, Oral Surgery, Denture Repairs, Root Canals*	50%	50%	50%	50%	70%	70%
Major Services Crowns, Prosthetics, Periodontic Services, Implants**	Not Covered		50%	50%	50%	50%
Orthodontia***	Not Covered		Not Covered		50%	50%

Coinsurance percentages are the percentage of costs the dental plan will pay. The remaining percentage is your responsibility.

*Low Option does not provide coverage for root canals.

**Medium option does not provide coverage for implants

***Orthodontia benefits are covered for dependent children to the end of the month in which they reach age 19. Orthodontia is NOT covered for employees or dependent spouses

2024 Dental Rates

2024 Monthly Premium			
	Low Option	Medium Option	High Option
Employee	\$16.30	\$24.74	\$28.40
Employee + Spouse	\$34.18	\$51.94	\$59.42
Employee + Child(ren)	\$43.96	\$74.20	\$85.20
Family	\$56.32	\$86.56	\$99.38

Money-saving tip

Participants enrolled in the Delta Dental program are eligible for a vision discount program through Vision Service Plan's (VSP) Savings Pass. The discount plan may be used for eye exams, materials, and more. For information contact VSP at **1-800-877-7915**. **NOTE: This program is NOT an insurance plan.**

Vision Benefits

EyeMed insures your vision plan. Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

To locate a list of participating providers, obtain claim forms for reimbursement, and view plan benefit information, go to EyeMed’s website at www.eyemed.com and choose the Insight Network.

Eyemed Vision Plan		
	In-Network	Out-of-Network
Exam with Dilation as Necessary	\$10 copay	\$50
Frames (Once every calendar year)	\$0 copay; \$140 allowance, 20% off balance over \$140	\$80
Lenses		
Single Vision	\$25 copay	\$50
Bifocal	\$25 copay	\$70
Trifocal	\$25 copay	\$90
Contact Lenses*		
Conventional	\$0 copay; \$150 allowance, 15% off balance over \$150	\$150
Disposable	\$0 copay; \$150 allowance, plus balance over \$150	\$150
Medical Necessary	\$0 copay, Paid-in-full	\$210
Frequency		
Exam	Once every calendar year	
Frames	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	

* Contact lens allowance includes materials only.

2024 Vision Rates

	2024 Monthly Premium
Employee	\$8.92
Employee + Spouse	\$16.94
Employee + Child(ren)	\$17.84
Family	\$26.24

Money-saving tip

EyeMed participants are eligible for a hearing test discount through Amplifon. The discount includes 40% off hearing exams as well as discounts on hearing aids at locations nationwide. Contact EyeMed for details. **NOTE: this program is NOT an insurance plan.**

Remember, you can use your HSA or FSA for qualified out-of-pocket vision expenses. Your HRA account cannot be used.



FINANCIAL

Your benefits include programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

Basic Life and Accidental Death & Dismemberment Insurance

Owensboro Health provides company-paid Basic Life and Accidental Death and Dismemberment (AD&D) coverage to full-time and part-time team members. Full-time team members will receive coverage equal to 1.5 times their annual salary up to a maximum of \$500,000. Part-time team members will receive a Life and AD&D benefit in the amount of \$25,000.

Employee Supplemental Life and AD&D Insurance

To supplement the company-paid Life and AD&D Insurance benefits, full-time and part-time team members can purchase Supplemental Life and AD&D insurance.

Coverage may be purchased in increments of \$10,000 up to 5x your annual pay to a maximum of \$300,000; whichever is less without providing Evidence of Insurability (EOI) during Open Enrollment. EOI may be required if coverage is not elected during this time or when first eligible. Rates are based on your age. Previously declined team members or those in age reduction must go through EOI.

Spouse Voluntary Life and AD&D Insurance

You may also purchase life and/or AD&D insurance for your spouse in increments of \$5,000, up to a maximum of \$150,000. Not to exceed 50% of the team member amount. Rates are based on the team member's age. Current participants can increase coverage by 1 level if under the Guaranteed Issue Limit of \$75,000 or ½ of the team member's coverage amount. Whichever is less without having to complete EOI. If not a current participant, you can elect \$5,000 for your spouse without having to complete EOI during Open Enrollment.

Dependent Child Voluntary Life and AD&D Insurance

Coverage for your child(ren) may be purchased in the amount of \$5,000 or \$10,000. Not to exceed 100% of the team member's Supplemental Life amount. Coverage can be provided up to age 26.

*increment increases for employee and spouse life may be subject to EOI when selected during a qualified life event enrollment.

NOTE: You must purchase Team Member supplemental Life Insurance in order to be able to purchase coverage for your spouse and/or child(ren).

Age Reduction: Benefit Amount will be reduced according to the following schedule:

- Benefit reduces to 55% at age 70
- Benefit reduces to 35% at age 75
- Benefit reduces to 27% at age 80

Portable Life Insurance

Basic Life and Supplemental Life coverage is portable up to the age 70. If you terminate your employment with Owensboro Health, you will receive a package in the mail from Unum with instructions on how to continue your coverage. If you have questions, please contact Unum at **1-800-445-0402** for clarification.

Federal tax law requires Owensboro Health to report the cost of company-paid life insurance in excess of \$50,000 as imputed income. This tax is reflected on your payroll statement as Group Term Life (GTL). AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

Have you named a Beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. Visit **LINK** to add or change a beneficiary.

Disability Insurance

The loss of income due to illness or disability can cause financial hardship for your family. Your disability insurance programs work together to replace a portion of your income when you're unable to work.

Summary of Disability Benefits

	STD for Full-Time	STD for Part-Time	LTD
Who pays	Owensboro Health pays for full-time team members	Team member	Team member
Benefit provided	60% of your weekly salary, up to \$2,500 per week	50% or 60% of your weekly salary, up to \$750 per week	50% or 60% of your monthly base salary up to \$7,500 per month
Maximum benefit duration	26 weeks	26 weeks	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first
Waiting period	7 days	7 days	180 days

Short-Term Disability Insurance

Short-Term Disability (STD) Insurance replaces a portion of your salary if you are unable to work due to a covered injury or illness. Benefits begin after the elimination period of 7 calendar days. Benefits are payable up to 26 weeks.

Owensboro Health pays for the coverage for full-time team members. Part-time team members can purchase coverage for either 50% or 60% of weekly pay, up to \$750 per week. Guaranteed issue during Open Enrollment only for part-time team members. Pre-existing conditions apply.

Long-Term Disability Insurance

Long-Term Disability (LTD) Insurance replaces a portion of your salary if your disability continues beyond the period covered by Short-Term Disability Insurance. The benefit begins after you have been disabled 180 days.

LTD Insurance is offered as a voluntary benefit to full-time and part-time team members. During Open Enrollment, if you have previously been declined for coverage you can elect coverage with guaranteed issue and will not have to complete an EOI. You can enroll in either a 50% or 60% base salary LTD benefit with a maximum monthly benefit of \$7,500. The benefit begins after 180 days of disability and is coordinated with Social Security, Workers Compensation etc. Pre-existing conditions apply for full-time and part-time team members.

Additional Benefits

As part of your Owensboro Health's benefits package, you have access to a variety of additional programs that can help save you money and provide important assistance with everyday needs.

Accident Insurance

You can't always avoid accidents — but you can help protect yourself from accident-related costs that can strain your budget. Accident Insurance pays a benefit directly to you if you or an eligible dependent suffers a covered injury. This benefit can help cover out-of-pocket expenses related to these injuries – such as hospitalization, physical therapy, transportation and more. There are no health questions or physical exams required. Coverage is portable. You can take your policy with you if you change jobs or retire. You must file a claim for this benefit.

Critical Illness Insurance

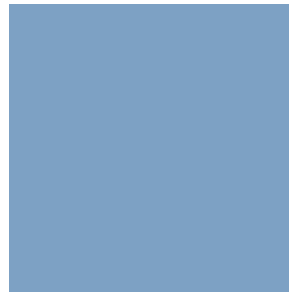
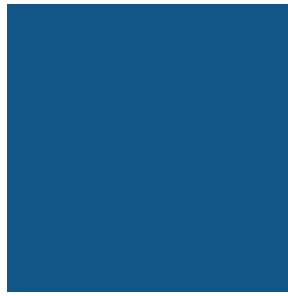
This plan protects against the financial impact of certain covered illnesses such as a heart attack or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. You choose the benefit amount when you enroll. Coverage is portable. You can take your policy with you if you change jobs or retire. You must file a claim for this benefit.

Hospital Indemnity Insurance

A trip to the hospital can be stressful, and so can the bills. Hospital Indemnity Insurance can help protect your finances by providing payments to help cover eligible expenses associated with a hospital stay. You can use this benefit however you choose – deductibles, coinsurance or even non-medical expenses such as rent or mortgage, car payments, or childcare. Benefits are paid in addition to any other insurance you may have. You must file a claim for this benefit.

Learn more

Visit [LINK](#) for more information about your accident, critical illness, or hospital indemnity insurance options.



Additional Benefits

Retirement Savings

An important part of your financial future is saving for retirement. Owensboro Health helps you achieve your financial goals through our retirement plans. These plans are offered through Empower (formulary known as Prudential). Anyone hired after 2014, is enrolled in the 403(b) Safe Harbor plan. You are auto-enrolled at 3%. However, you can change your contribution amount or your investments at anytime. Owensboro Health matches 100% on the first 1% and 50% on the next 5% for a total match of 3.5% on a 6% contribution rate election with the Safe Harbor plan. Pre-tax and after-tax Roth contributions are available. There is an auto-escalation feature with the Safe Harbor plan, meaning your contribution rate will increase 1% each year up to 6%. Also with the safe Harbor plan, if you are employed on 12/31 each year, you will receive an additional 1.5% of your eligible income as an employer non-elective contribution. For questions on the retirement plans or to change your contribution amount, please contact Empower at **1-877-778-2100**.

Paid Time Off

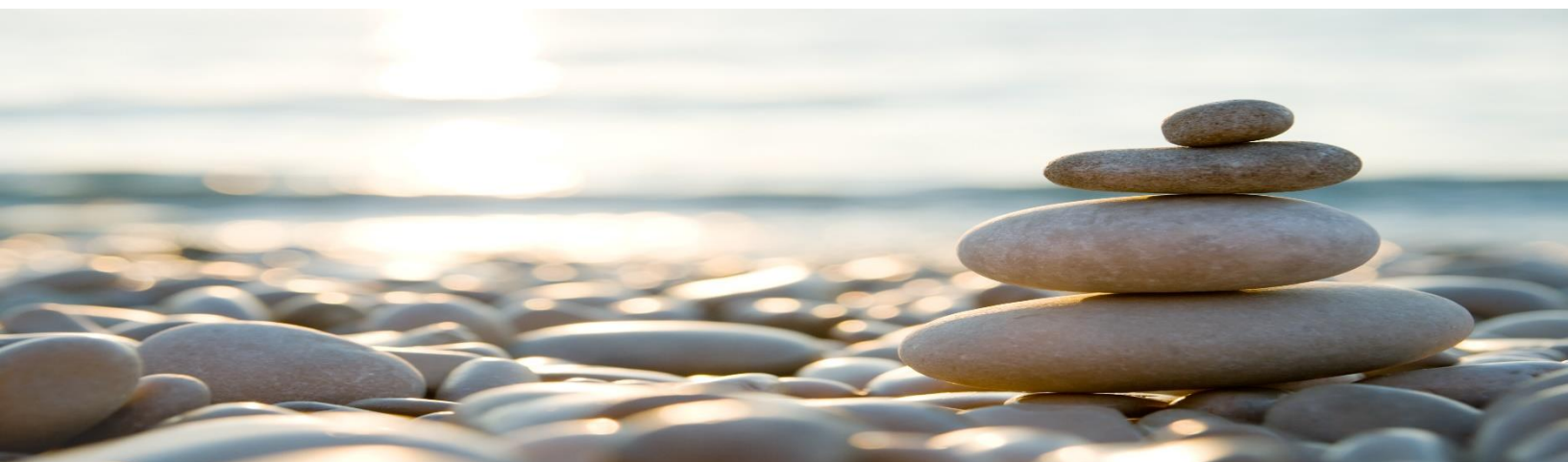
Owensboro Health offers paid time off (PTO) to full-time and part-time team members. PTO can be used for vacation, doctor's appointments, illness including satisfaction of the elimination period for short-term disability if applicable, holidays, and personal reasons. Refer to company policies for more details.

Travel Assistance Program

Whenever you travel 100 miles or more from home be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies, etc. For more information, call 1-800-872-1414 (in the US) or 1-609-986-1234 (outside the US). Reference # 01-AA-UN-762490.

It's always the right time

Saving for retirement is important for your financial future, whether you are retiring soon or years from now. The Owensboro Health 403(b) Safe Harbor Plan is designed to assist you in meeting your retirement goals.





Focus on wellness

Owensboro Health is committed to helping you feel your best and live well. We offer benefits and programs that support your total health and make it easier to pursue your wellness goals.

Wellness program

Our wellness program is available to all Owensboro Health team members. We provide educational opportunities, as well as activities to promote wellness throughout our organization. Activities include wellness events, on-site biometric screenings, blood drives and more. We have a Wellness Champion program extending to all areas of our health system. The Wellness Champion in your department acts as the liaison to share wellness information and upcoming opportunities

- **Virgin Pulse:** This is Owensboro Health's online wellness rewards platform that is available to all team members and eligible spouses. Review **LINK** for more information, visit join.virginpulse.com/owensborohealth, and call **1-888-671-9395** for plan questions.
- **Freedom From Smoking:** The American lung Association's Freedom From Smoking program is for individuals who are ready to quit smoking. For information, call **1-270-688-3291**.
- **Real Appeal:** This online program is offered at no cost to team members and covered spouses with BMI of 23 or higher. It includes online group sessions, a Success Kit containing workout DVD's, recipes, and kitchen items, and online tools to help monitor food intake, activity, and weight-loss progress. For information call **1-844-924-7325** and sign up today [Start Your Transformation Today | Real Appeal](#).
- **LifeSteps:** This program enables participants to develop personalized eating and physical activity plans, which incorporate small changes that add up to big changes for lifetime. For information, call **1-270-688-4804**.
- **Diabetes Prevention Program:** Lifestyle coaches can help you make lasting lifestyle changes, like eating healthier, increasing physical activity, and improving coping skills. For information call **1-270-688-4852**.
- **Corporate Fitness Membership:** Owensboro Health will pay the full cost of membership for full-time and part-time team members at various facilities. Spouses and family members are also eligible. Team members are responsible for required taxes. See **LINK** for more details.

Employee Assistance Program & Counseling Services

This confidential service provides assistance for everyday issues, at no cost to you. It's all part of our commitment to supporting your total well-being. Get help with work-life issues, referrals for clinical, legal, and financial services and more. To begin taking advantage of this valuable benefit, make an appointment at the Healthpark in Owensboro or at MultiCare in Madisonville.

Counseling services are available to address issues, including family, marriage and parenting worries, substance abuse issues, workplace crises and conflicts, interpersonal relationships, dealing with chronic illness, grief counseling, depression, anxiety, and other emotional stress. To access the EAP, call **1-270-688-1547** or **1-800-711-5752**, and/or visit OwensboroHealth.org/EAP. Visits are limited to six sessions per family member, per issue, per calendar year.

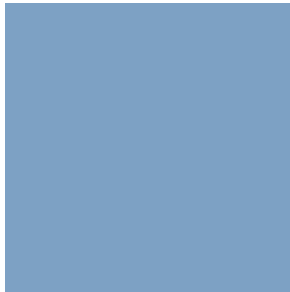
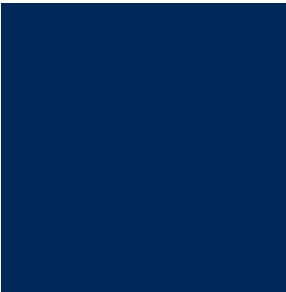
Questions about your wellness plans email welnessteam@owensborohealth.org



Contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan.

Benefit Plan	Provider	Phone Number	Website
Benefit Questions & Assistance	Owensboro Health Benefits Center	1-888-236-6014	mybenefitquestions@owensborohealth.org
Enrollment	Bswift	1-888-236-6014	Link (link.owensborohealth.org) > HR & Benefits > 2024 Benefits > Access Your Benefits
Medical • Nurseline • Pre-Certifications	UMR	1-800-207-3172 1-877-950-5083 1-866-494-4502	www.umar.com Owensboro Health Facility & Providers: Choose Owensboro Health Network In-Network Providers: Choose United Healthcare Choice Plus network
Pharmacy	Owensboro Health Outpatient Pharmacy Henderson Healthplex Pharmacy Express Scripts	1-270-417-6701 1-877-886-1678	Outpatient.pharmacy@owensborohealth.org Henderson Pharmacy www.express-scripts.com/owensborohealth
Know Your Rx	Know Your Rx	1-855-218-5979	www.KYRX.org
COBRA	UMR	1-800-207-1824	N/A
Health Savings Account (HSA)	HealthEquity	1-877-924-3967	My.healthequity.com
Flexible Spending Accounts (FSAs)	HealthEquity	1-877-924-3967	My.healthequity.com
Health Reimbursement Account (HRA)	UMR	1-800-207-3172	www.umar.com
Dental	Delta Dental	1-800-955-2030	www.deltadentalky.com Choose "Premier or PPO" Network
Vision	EyeMed	1-866-804-0982	www.eyemedvisioncare.com
Employee assistance program (EAP)	Owensboro Health	1-270-688-1547 1-800-711-5752	OwensboroHealth.org/EAP
Disability (STD, LTD)	Unum	1-866-779-1054	www.unum.com
Leave of Absence	Unum	1-866-779-1054	www.unum.com
Life Insurance	Unum	1-866-779-1054	www.unum.com
Accident, Critical Illness, & Hospital Indemnity	Unum	1-800-607-3366	www.unum.com
Retirement	Empower	1-877-778-2100	www.prudential.com/online/retirement
Tobacco Cessation Program	Owensboro Health	1-270-688-3291	Owensborohealth.org/services/community-wellness/freedom-from-smoking



This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by Owensboro Health. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While the guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern the plans' operation. The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.