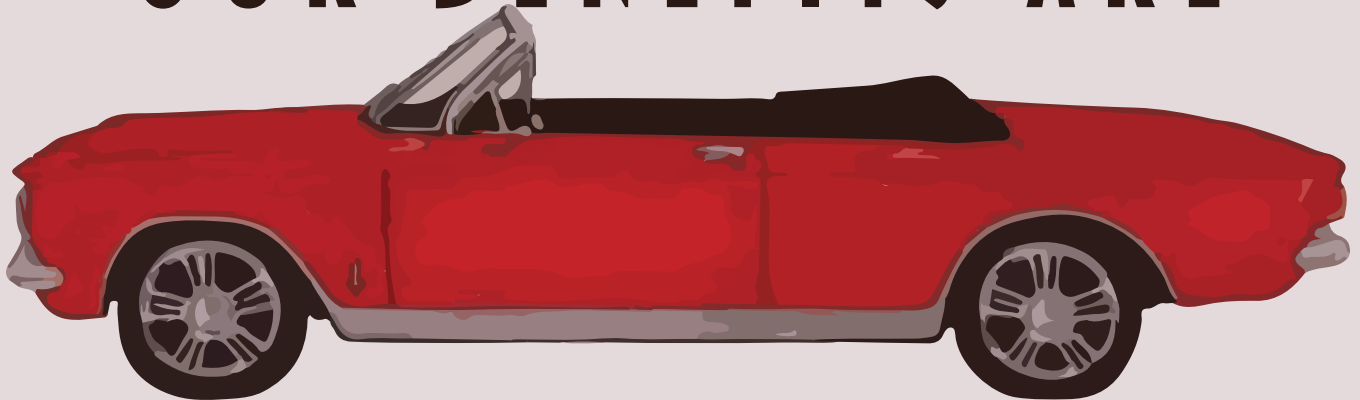


**OUR BENEFITS ARE**



***Classic***

**EMPLOYEE BENEFITS SUMMARY  
JANUARY 1, 2025**

VISIT:  
**[HTTPS://MEMBER.MAXWELLHEALTH.COM/LOGIN](https://member.maxwellhealth.com/login)**  
TO ELECT YOUR BENEFITS

# CHIP NOTICE

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, 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, dial **1-877-KIDS NOW**, or visit [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility.**

To see if any other states have added a premium assistance program since July 31, 2024 or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
**Employee Benefits Security Administration**  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, ext. 61565**

State	Website/E-mail	Phone
Alabama (Medicaid)	<a href="http://www.myalhipp.com/">http://www.myalhipp.com/</a>	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> E-mail: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>	1-866-251-4861
Arkansas (Medicaid)	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
California (Medicaid)	<a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHIP: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> HIBI: <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	<a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>	1-877-357-3268

State	Website/E-mail	Phone
Georgia (Medicaid)	HIPP: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> CHIPRA: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> All other Medicaid: <a href="https://www.in.gov/medicaid">https://www.in.gov/medicaid</a>	1-800-403-0864 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid">https://hhs.iowa.gov/programs/welcome-iowa-medicaid</a> CHIP: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> HIPP: <a href="https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp">https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp</a>	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>	1-800-792-4884 HIPP: 1-800-967-4660
Kentucky (Medicaid and CHIP)	Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a> KI-HIPP: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihhipps.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihhipps.aspx</a> KI-HIPP E-mail: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>	1-855-459-6328  1-877-524-4718
Louisiana (Medicaid)	<a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	<a href="https://www.mymaineconnection.gov/benefits/s/?language=e_n_US">https://www.mymaineconnection.gov/benefits/s/?language=e_n_US</a> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	<a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>	1-800-657-3672
Missouri (Medicaid)	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> <a href="mailto:HSHSHIPPPProgram@mt.gov">HSHSHIPPPProgram@mt.gov</a>	1-800-694-3084
Nebraska (Medicaid)	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="http://dhcfnv.gov/">http://dhcfnv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>	603-271-5218 or 1-800-852-3345, ext. 15218
New Jersey (Medicaid and CHIP)	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> CHIP: <a href="https://www.pa.gov/en/agencies/dhs/resources/chip.html">https://www.pa.gov/en/agencies/dhs/resources/chip.html</a>	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 or 401-462-0311 (Direct RIte)
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>	1-888-222-2542
Vermont (Medicaid)	<a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	<a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select">https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select</a>	1-800-432-5924

	<a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs</a>	
<b>Washington</b> (Medicaid)	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
<b>West Virginia</b> (Medicaid)	<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
<b>Wisconsin</b> (Medicaid and CHIP)	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>	1-800-362-3002
<b>Wyoming</b> (Medicaid)	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>	1-800-251-1269



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This benefit summary describes the benefit plans available to you as an employee of Spencer Hospital. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Spencer Hospital.

# IMPORTANT CONTACTS

Coverage	Contact	Phone	Website/E-mail
Medical	Wellmark	800-524-9242	<a href="http://www.Wellmark.com">www.Wellmark.com</a>
Dental	Delta Dental of Iowa	800-544-0718	<a href="http://www.deltadentalia.com">www.deltadentalia.com</a>
Vision	MetLife	855-638-3931	<a href="http://www.metlife.com">www.metlife.com</a>
FSA & HSA	WEX	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Life/AD&D/LTD	Prudential	800-311-4327	<a href="http://www.prudential.com">www.prudential.com</a>
Accident, Critical Illness, Hospital Indemnity	SunLife	800-247-6875	<a href="http://www.sunlife.com">www.sunlife.com</a>
Employee Assistance Program (EAP)	EFR Employee & Family Resources	800-327-4692	<a href="http://www.efr.org/myeap">www.efr.org/myeap</a>
Retirement	IPERS	800-622-3849 515-281-0053	<a href="http://www.ipers.org">www.ipers.org</a>
Additional Retirement	IA Retirement Investors' Club	515-242-5120	<a href="http://www.ric.iow.gov">www.ric.iow.gov</a>
Online Enrollment Platform	Maxwell Health	866-629-7445	<a href="http://www.maxwellhealth.com">www.maxwellhealth.com</a>
PTO Exchange	Spencer Hospital	-	<a href="http://www.ptoexchange.com">www.ptoexchange.com</a> <a href="mailto:support@ptoexchange.com">support@ptoexchange.com</a>

## Human Resources Contacts:

HR Generalist	Beth Henningsen	712-264-8451	<a href="mailto:bhenningsen@spencerhospital.org">bhenningsen@spencerhospital.org</a>
HR Generalist	Candace Daniels	712-264-6643	<a href="mailto:cdaniels@spencerhospital.org">cdaniels@spencerhospital.org</a>
HR Generalist	Jennifer Engel	712-264-6125	<a href="mailto:jengel@spencerhospital.org">jengel@spencerhospital.org</a>
HR Director	Micheal Schauer	712-264-6642	<a href="mailto:mschauer@spencerhospital.org">mschauer@spencerhospital.org</a>
Employee Health	Laura Manwarren	712-264-6636	<a href="mailto:lmanwarren@spencerhospital.org">lmanwarren@spencerhospital.org</a>
HR Assistant	Stacy Yarkosky	712-264-6205	<a href="mailto:Stacy.yarkosky@spencerhospital.org">Stacy.yarkosky@spencerhospital.org</a>

# KEY HIGHLIGHTS FOR 2025



## What's New?

- Health Savings Account Limits
  - \$4,300
  - \$8,550
- Flexible Spending Limits
  - \$3,300 Medical care maximum
  - \$3,300 Limited purpose maximum
  - \$5,000 Dependent care maximum

## What's Changing?

- Medical – moving to Wellmark, plans remain the same

## What's Remaining the Same?

- Dental – no changes
- Vision – no changes
- Voluntary Accident/Critical Illness/Hospital Indemnity – no changes
- Life & Disability – moving to Prudential, plan designs remain the same

**Please note:** your voluntary life rate could change should you age into a new age bracket at the beginning of the plan year



**Spencer Hospital**

*Healthier Together.*

# WELCOME!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.



## OPEN ENROLLMENT: TAKE ACTION!

**October 28, 2024 – November 15, 2024**

This Open Enrollment is a passive enrollment, meaning if you do not want to make any changes to your current benefits you do not need to do anything. If you would like to add/remove/change any current enrollments, you will need to log into Maxwell Health to make those updates. If you do not make any changes, your benefits will be continued from the 2024 plan year and begin again on January 1, 2025 and you will not be able to make updates until the next Open Enrollment unless you experience a Qualifying Life Event (QLE).

## QUALIFYING LIFE EVENTS

Your benefit elections made during Open Enrollment will be effective January 1, 2025. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

## IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation **WITHIN 30 DAYS** of the qualifying life change event.

Contact Candace Daniels or login to [www.maxwellhealth.com](http://www.maxwellhealth.com) to process a Qualifying Life Event.



# BENEFITS ELIGIBILITY



## ELIGIBILITY

If you are a full-time employee (budgeted 60-80 hours per pay period), part-time employee (budgeted 40-59 hours per pay period) or weekend package with benefits, you are eligible to enroll in the benefits described in this guide including medical, dental, vision, life-disability and optional supplemental products.

In accordance with Health Care Reform legislation, Spencer Hospital does have a one-year measurement period for hours of service and a one-year stability period, upon completion of one year of employment, so a PRN, CPT, or PT might qualify for FT health.

## NEW HIRE EFFECTIVE DATES

**Medical, Wellness, Dental, Vision, FSA, HSA, Voluntary benefits** - 1<sup>st</sup> of the month following date of hire

**Life & AD&D, Long-Term Disability** - 1<sup>st</sup> of the month following 90 days of employment

**Short-Term Disability** - After one full year of employment

**EAP, Deferred Compensation** - Upon hire

**IPERS** - Upon hire, except PRN must work two consecutive quarters making \$1,000 or more

# DEPENDENT ELIGIBILITY

If you are adding your spouse and/or children to Spencer Hospital's health, dental or vision insurance, we will need the following documents provided prior to start of coverage. Coverage will not start until documentation has been provided.

Relationship(s)	Required Documentation
Legal Spouse	<p><b>Standard Document:</b> Marriage certificate (recognized legal jurisdiction) + (1) Joint Document . <i>The state of Iowa recognizes common law marriage as a legal marriage. If you wish to cover your common law spouse, you will need to complete the Wellmark affidavit.</i></p> <p><b>In addition to your marriage certificate, you will be required to provide joint documentation.</b> Joint documentation is an item addressed to both parties and dated within the last 90 days.</p> <p><b>Examples of Acceptable Joint Documentation:</b> Utility Bill, Mortgage Statement, Auto Insurance Statement, Property Tax Statement or your 2016 or 2017 Federal Income Tax Form – 1040</p>
Biological/adopted child	<p><b>Standard Document:</b> Birth certificate or court document (paternity test or divorce decree)</p>
Stepchild	<p><b>Standard Document:</b> Birth certificate or court document (paternity test or divorce decree) &amp; confirm eligibility of the spouse</p>
Child placed for adoption	<p><b>Standard Document:</b> document establishing the child has been placed for the purpose of adoption</p>
Legal Guardianship	<p><b>Standard Document:</b> Court document assigning minor child to employee under permanent legal guardianship.</p>
Dependents over age 26	<p><b>Standard Document:</b> Birth certificate or court document</p> <p><b>Question:</b> Is this dependent married? If yes, please provide the date of marriage. Is this dependent enrolled as a full-time student at an accredited institution of higher education? If yes, please provide proof of their enrollment.</p>

If you do not have a required certificate or document copy, please order it immediately.

The vital statistics website (<http://www.cdc.gov/nchs/w2w.htm>) can help you determine the process for obtaining document copies. You may be required to contact the County Clerk's office directly and there may be non-reimbursable costs associated with obtaining new copies.



# CHOOSE YOUR MEDICAL PLAN

Your medical plans will be offered through Wellmark. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Open Enrollment will be effective January 1, 2025 and remain in effect until December 31, 2025 unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

## UNDERSTANDING YOUR PLAN

- 1 YOUR FAMILY** visits your provider (doctor/hospital) and shows their medical insurance card
- 2 YOUR DOCTOR OR PROVIDER** will bill your medical carrier
- 3 YOUR MEDICAL CARRIER** will process your claim, notify your provider, and send an Explanation of Benefits to you and your provider
- 4 YOUR RESPONSIBILITY** You are responsible to pay the amount due to your provider as shown on your EOB

### REGISTER ONLINE

Your connection to great healthcare is only a click away.

Register for an account at [www.mywellmark.com](http://www.mywellmark.com) so you can access time-saving tools, find tips for healthy living, choose a doctor, manage your EOBs, and more!



### DOWNLOAD THE MOBILE APP

With the Wellmark mobile app, you've got the tools you need to manage your healthcare from your smartphone.

To find an in-network health care provider or facility visit:  
<https://www.wellmark.com/member/find-provider>

# MEDICAL PLAN COMPARISON

## Traditional PPO Plan - Wellmark

Plan Feature	Spencer Hospital (Tier 1)	Alliance Select PPO (Tier 2)	Out-of-Network (Tier 3)
<b>Deductible (Calendar Year)</b>	\$1,000 single \$2,000 family* <i>*(single deductible per person)</i>	\$2,000 single \$4,000 family* <i>*(single deductible per person)</i>	\$4,000 single \$8,000 family* <i>*(single deductible per person)</i>
<b>Coinsurance</b>		20%	40%
<b>Out-of-Pocket Maximum (Calendar Year)</b>		\$3,500 single \$7,000 family	\$6,000 single \$12,000 family
<b>Doctor on Demand</b>		\$25 Copayment	N/A
<b>Preventive Care</b>		Covered 100%	Deductible, 40% coinsurance
<b>Primary Care Physician (PCP)</b>		\$25 PCP Copayment \$40 Non-PCP Copayment	Deductible, 40% coinsurance
<b>Chiropractic Services</b>		\$25 Copayment	Deductible, 40% coinsurance
<b>Emergency Room</b>		Deductible, 20% coinsurance	Deductible, 20% coinsurance
<b>Inpatient/Outpatient Services</b>		Deductible, 20% coinsurance	Deductible, 40% coinsurance
<b>Urgent Care</b>		\$40 Copayment	Deductible, 40% coinsurance

## UNDERSTANDING YOUR DEDUCTIBLES

The Traditional PPO Plan includes an embedded deductible, meaning the individual deductible in addition to the overall family deductible means that an individual participant may reach their deductible and begin having services paid by the plan regardless of whether the family deductible has been met.



# MEDICAL PLAN COMPARISON

## High Deductible Health Plan -Wellmark

Plan Feature	In-Network	Out-of-Network
<b>Deductible (Calendar Year)</b>	\$2,500 single \$5,000 family* <i>*(any combination of one or more family members)</i>	\$5,000 single \$10,000 family* <i>*(any combination of one or more family members)</i>
<b>Coinsurance</b>	0%	0%
<b>Out-of-Pocket Maximum (Calendar Year)</b>	\$2,500 single \$5,000 family	\$5,000 single \$10,000 family
<b>Doctor on Demand</b>	\$64 Copayment <i>Basic Medical Care</i>  \$84-\$203 Copayment <i>Mental Health Visits depending on length of visit</i>	N/A
<b>Preventive Care</b>	Covered 100% (Deductible waived)	Deductible, 0% coinsurance
<b>Primary Care Physician (PCP)</b>	Deductible, 0% coinsurance	Deductible, 0% coinsurance
<b>Chiropractic Services</b>	Deductible, 0% coinsurance	Deductible, 0% coinsurance
<b>Emergency Room</b>	Deductible, 0% coinsurance	Deductible, 0% coinsurance
<b>Inpatient/Outpatient Services</b>	Deductible, 0% coinsurance	Deductible, 0% coinsurance
<b>Urgent Care</b>	Deductible, 0% coinsurance	Deductible, 0% coinsurance

## UNDERSTANDING YOUR DEDUCTIBLE

The High Deductible Health Plan includes a non-embedded deductible, meaning all participants' out-of-pocket expenses count toward the family deductible until it is met. The family deductible can be met by any one or combination of plan participants, at which time the plan will begin paying services for all participants.



# TIER 1 PROVIDERS

Location Name	City
Abben Cancer Center of Spencer Hospital	Spencer
Avera Home Medical Equipment	Spencer
Avera Medical Group Spencer a Department of Spencer Hospital	Spencer
Avera Medical Group Spencer: Advanced Gynecology	Spencer
Hartley Family Care	Hartley
Iowa Spine Care	Spencer
Milford Family Care	Milford
Northwest Iowa Anesthesia Associates	Spencer
Northwest Iowa Bone, Joint & Sports Surgeons, PC	Spencer
Northwest Iowa Ear Nose & Throat, PC	Spencer
Northwest Iowa Surgeons, PC	Spencer
Northwest Iowa Urologists, PC	Spencer
Physician's Laboratory Ltd	Sioux Falls
Physicians Laboratory of Northwest Iowa, Ltd	Spencer
Rehab @ the Clinic	Spencer
Sioux Rapids Family Care	Sioux Rapids
Spencer Hospital – Spirit Lake Dialysis	Spirit Lake
Spencer Municipal Hospital	Spencer
Warner Dialysis Center	Spencer

# PHARMACY

## Wellmark – BlueRx Value Plus

		Traditional PPO	HDHP
<b>Out of Pocket Maximum</b>		\$3,600 Single \$7,200 Family	N/A
<b>Retail 30-day supply</b>	<b>Tier 1</b>	10% Coinsurance with minimum \$5, maximum \$15	<b>Deductible, 0% Coinsurance</b>
	<b>Tier 2</b>	10% Coinsurance with minimum \$30, maximum \$60	
	<b>Tier 3</b>	10% Coinsurance with minimum \$50, maximum \$100	
	<b>Specialty</b>	10% Coinsurance with maximum \$250	
<b>Mail order</b>	<b>90 Days</b>	<b>2.5 Copays</b>	<b>N/A</b>

***\*To find a list of Drugs in the BlueRx Value Plus formulary visit:  
<https://www.wellmark.com/member/prescription-drugs>***

### PrudentRx

PrudentRx\* offers a third-party (manufacturer) copay assistance program that may help save you money on your specialty medications. If you have a chronic condition and take specialty medications on the *PrudentRx Drug List* you could pay nothing out of pocket!

Enrollment in the program will be started automatically, but you must speak with a PrudentRx advocate to finalize enrollment. If you are currently taking a specialty medication, you will receive a letter in the mail; shortly after, PrudentRx will begin their telephonic outreach.

*\*Members that do not fill eligible medications through PrudentRx will be subject to 30% coinsurance which does not count toward out-of-pocket maximum.*

### Send Medications Right to Your Home

Home delivery is a convenient, cost-effective and safe option for medications you take regularly. There are four ways to place a new home delivery order:

1. By ePrescribe: Your doctor can send an electronic prescription
2. Go online: Visit the website on your ID card
3. By app: Open the Wellmark app, which you can download from the App Store or Google Play
4. By phone: Call the toll-free number on your ID card

# PHARMACY

## Wellmark – BlueRx Value Plus

		Traditional PPO	HDHP
<b>Out of Pocket Maximum</b>		<b>\$3,600 Single \$7,200 Family</b>	<b>N/A</b>
<b>Retail 30-day supply</b>	<b>Tier 1</b>	<b>10% Coinsurance with minimum \$5, maximum \$15</b>	<b>Deductible, 0% Coinsurance</b>
	<b>Tier 2</b>	<b>10% Coinsurance with minimum \$30, maximum \$60</b>	
	<b>Tier 3</b>	<b>10% Coinsurance with minimum \$50, maximum \$100</b>	
	<b>Specialty</b>	<b>10% Coinsurance with maximum \$250</b>	
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4. By phone: Call the toll-free number on your ID card

# GETTING STARTED WITH Rx mail service

The convenient,  
cost-effective way to  
get your prescription.

Have up to a 90-day supply of maintenance medication, including refills, mailed directly to you. No more lines, which saves you time.

Easily and conveniently enjoy delivery of your medications to your home, or other location of your choice, with CVS Caremark® Mail Order Pharmacy Services.



## THINGS TO HAVE READY

1. Wellmark ID number
2. Name
3. Date of birth
4. Email address
5. New prescription for 90-day fill from your doctor



## REGISTER AT CAREMARK.COM

(Accessible through myWellmark.com). Or, let CVS Caremark walk you through registration with FastStart® by calling 866-611-5961.

1. Visit Caremark.com and select **Register Now**.
2. Create a new, unique user ID.
3. Set up your mail order and contact preferences, such as auto refill, text alerts, and payment information.
4. Easily access your pharmacy information through Caremark.com and myWellmark.com.



## SET UP MAIL ORDER

1. Select **Start Mail Service** under Prescriptions tab in your Caremark.com account.
2. CVS Caremark will accept your new 90-day prescription in a number of ways.
  - a. Select **Request New Prescription** and complete the required information. CVS Caremark will then reach out to your doctor.
  - b. Print the mail order form from your Caremark.com account and send that in along with a hard copy prescription.
  - c. Call CVS Caremark at 866-611-5961, and a customer care representative will then reach out to your doctor.
  - d. Your doctor can send in a new 90-day prescription to CVS Caremark.

# Enroll with CVS SPECIALTY®

## Convenient and cost-effective access to your specialty drugs

**ORDERING SPECIALTY DRUGS WITH YOUR WELLMARK HEALTH PLAN:** Wellmark understands that when you have a chronic or complex disease, having a convenient way to access your specialty drugs is important. That's why we offer CVS Specialty to provide competitive rates and professional expertise you can trust.

### There are three ways to get started with CVS Specialty:

<p><b>CALL THE PHARMACY</b></p> 	<ul style="list-style-type: none"> <li>• Call 800-237-2767.</li> <li>• Identify yourself as a Wellmark Blue Cross and Blue Shield member.</li> <li>• A representative will collect your information and contact your physician to obtain a new prescription.</li> </ul>
<p><b>ENROLL ONLINE</b></p> 	<ul style="list-style-type: none"> <li>• Go to <a href="http://Wellmark.com/Prescription">Wellmark.com/Prescription</a>.</li> <li>• Click Specialty Drugs.</li> <li>• Click the "create a patient account to enroll" link under CVS/caremark to begin the process.</li> <li>• If your prescription has a copay assistance program, you may need to call the drug manufacturer to enroll.</li> </ul>
<p><b>ASK YOUR DOCTOR</b></p> 	<ul style="list-style-type: none"> <li>• Ask your physician to fax a completed enrollment form, found at <a href="http://CVSSpecialty.com">CVSSpecialty.com</a>, to 800-323-2445.</li> <li>• A representative will contact you for any information needed to complete the order.</li> </ul>

**PLEASE NOTE:** You may experience longer claims processing for specialty drugs, which could cause your out-of-pocket accumulations to appear inflated while your claim is being processed.

### Where do I get my specialty drugs?

Once you enroll with CVS Specialty, your prescription can be delivered directly to you at home or work, or you may pick it up at a CVS pharmacy near you. With CVS Specialty, you can:

- Refill prescriptions and check order status from your computer or phone.
- Pick up prescriptions locally or have them shipped to you.
- Talk to your CareTeam, led by pharmacists and nurses, who can assist with managing side effects, checking dosage and medication schedules and helping to answer all your questions.
- Access injection training, home infusion and other services.
- Receive help with third-party copay assistance programs, if available, which may lower your out-of-pocket costs.



## How do I know if I take a specialty drug?

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.

If you are unsure whether your prescription falls into the “specialty drug” category, simply:

- 1. Go to Wellmark.com/Prescription.**
- 2. Click on the name of your formulary to search the Wellmark Drug List.**
- 3. Select your plan name.**

*Note: If you don't know your formulary name, you can find it by logging in to myWellmark® and viewing your Coverage Manual or Summary of Benefits and Coverage (SBC), or by calling the Customer Service Number on the back of your Wellmark ID card*

- 4. Search the drug by name.**

## Get more from your health plan

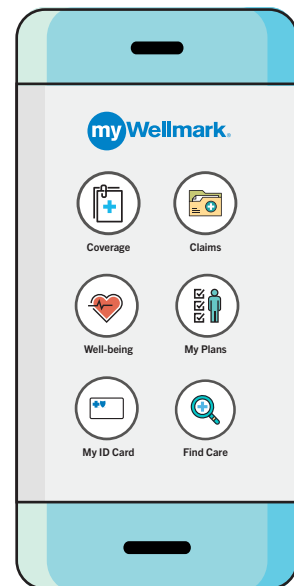
Check claims details, view health care spending, find an in-network doctor, use tools to understand your benefits and more. It's all available with myWellmark, your one-stop source for personalized health care information.

Plus, get the most out of your prescription drug benefits:

- Use the Check Drug Cost tool to see what you will pay.
- Check drug interactions and generic alternatives.
- View prescription history.
- Use the year-to-date spend report to view your spending history for provider and pharmacy claims.

### HAVEN'T REGISTERED YET? IT'S EASY!

Go to [myWellmark.com](https://mywellmark.com) to get started.



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Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).



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CVS Caremark® is a registered trademark of CVS Health Corp., an independent company that provides pharmacy services on behalf of Wellmark Blue Cross and Blue Shield. This website contains references to brand-name prescription drugs that are trademarks or register trademarks of pharmaceutical manufacturers not affiliated with CVS/caremark.



# Reduce out-of-pocket costs on your specialty medications

*We're introducing an innovative way to help you save*

Your specialty prescription benefit plan may look a little different next year.

## Here's what's new

CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications.\*

## How it works

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable.\*\* Participating members will have a **\$0 out-of-pocket** cost on eligible specialty medications!†

## How to get started

Your enrollment in the program will begin automatically, but additional steps may be needed.†† You can choose to opt-out at any time.‡

We'll send more information before we make this plan change. In the meantime, you can continue to fill your prescriptions as usual.



\*Due to limitations that exist within various external pharmacy systems, implementing the PrudentRx solution on high-deductible health plans (HDHPs) with health savings accounts (HSAs) will be limited to only those medications included on the client's specialty drug list and dispensed by CVS Specialty® and will not include limited distribution drugs.

\*\*Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program.

†Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for a final \$0 out-of-pocket cost, unless the member has been prescribed a medication that qualifies as "preventive care" under the Internal Revenue Code, which is administered and enforced by the Internal Revenue Service.

††Some manufacturers require you to sign up to obtain copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take.

‡If you choose to opt out of the program or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.



# Add convenience with a virtual visit benefit

## Give your busy employees 24/7 access to care at a lower overall cost.

Getting sick is bad enough without having to get out of bed and go to the doctor. With a virtual visit benefit, your employees can connect face-to-face with a doctor from virtually anywhere using a smartphone, tablet or computer.

Virtual visits are less expensive than traditional office visits. And since doctors are available **24 hours a day, 7 days a week, 365 days a year**, your employees can schedule their visits before or after their working hours or on holidays if necessary. You may even save an expensive trip or two to the emergency room.

## With Wellmark Blue Cross and Blue Shield, you get more.






Wellmark proudly offers Doctor On Demand® to meet your virtual visit needs. You will get:

- Pay only for the care used
- Seamless claims integration and quarterly reporting
- Plan design flexibility
- Employee communications support



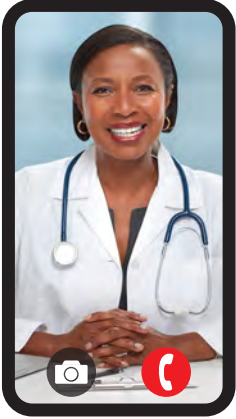
## A solution for every workforce

All employee populations will benefit from the convenience and cost effectiveness of virtual visits. Even more so if your employees:

-  Have tight schedules or short lunch breaks
-  Work or live in rural locations where access to health care is limited
-  Are busy adults caring for children or aging family members
-  Have high-deductible health plans (HDHP)
-  Travel often for their job



# Help for the most common conditions



Doctor On Demand is convenient, easy and integrated with your Wellmark benefits plan.

With more than 1,400 board-certified physicians and 300 psychologists in all 50 states, Doctor On Demand is able to treat hundreds of the most common medical conditions, including prescribing medication if needed<sup>1</sup>.

#### Your employees can see a doctor for:

- **Cold and flu**
- **Bronchitis and sinus infections**
- **Urinary tract infections**
- **Sore throats**
- **Allergies**
- **Fever**
- **Headache**
- **Pink eye**
- **Skin condition**
- **Behavioral health coaching**
- **Other conditions such as mental health (if covered by your health plan)<sup>2</sup>**

<sup>1</sup> Doctor On Demand physicians do not prescribe Schedule I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>2</sup> Mental health treatment cost share is subject to group plan coverage. For plans that include benefits for mental health treatment, Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and chemical dependency. For group plans without mental health treatment services, you may be able to access the services but will pay full cost. For more information, call Wellmark at the number on your ID card.



## GET STARTED TODAY!

Adding Wellmark's virtual visit benefit is easy. To get started or learn more, please contact your authorized Wellmark account manager.



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

Wellmark's virtual health care visit benefit is made available through an independent company, Doctor On Demand, Inc., and the telemedicine services are provided by licensed physicians practicing within a group of independently owned professional practices. Doctor On Demand, Inc. does not itself provide any physician, mental health or other healthcare provider services. Doctor On Demand operates subject to state laws. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician.

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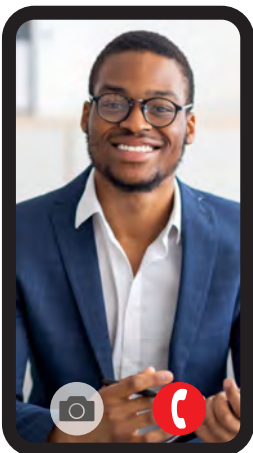
Doctor On Demand by Included Health is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Doctor On Demand, Inc.

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# Feeling blue? Virtual visits are here for you

When it comes to coping with mental health, you're not alone. Virtual visits can be available to you day or night all from the comfort of your home.



**dr.** on demand  
by Included Health

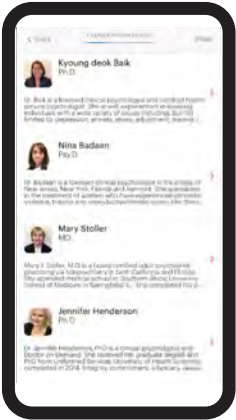
**MENTAL HEALTH.\*** It's a topic many avoid or are timid to discuss. But, according to NAMI.org (National Alliance on Mental Health):

**1 in 5** adults live with a mental health condition.

**60%** aren't receiving the treatment they need.

\*Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. Please refer to your coverage manual for complete benefits information.





Review and choose your doctor

## Comfortable, connected, confidential

As a part of your health benefits, you can connect with a licensed therapist — or psychiatrist for more complex issues — to listen and help you find solutions.

## Ready when you are

Make time for you and your overall health and well-being by scheduling your Virtual visit today.



Easily scheduled appointments — flexible to YOUR schedule.



Review hand-picked, board-certified providers and their profile.



Accessible anywhere — at the office or from your home.



Private and confidential.

### WANT MORE INFORMATION?

Visit [DoctorOnDemand/Wellmark.com](https://www.DoctorOnDemand/Wellmark.com), or contact Wellmark customer service at the phone number listed on the back of your ID card.



## Virtual visits can be used for:

- Depression
- Workplace stress
- Relationship issues
- Trauma and loss
- Social or general anxiety
- Addictions



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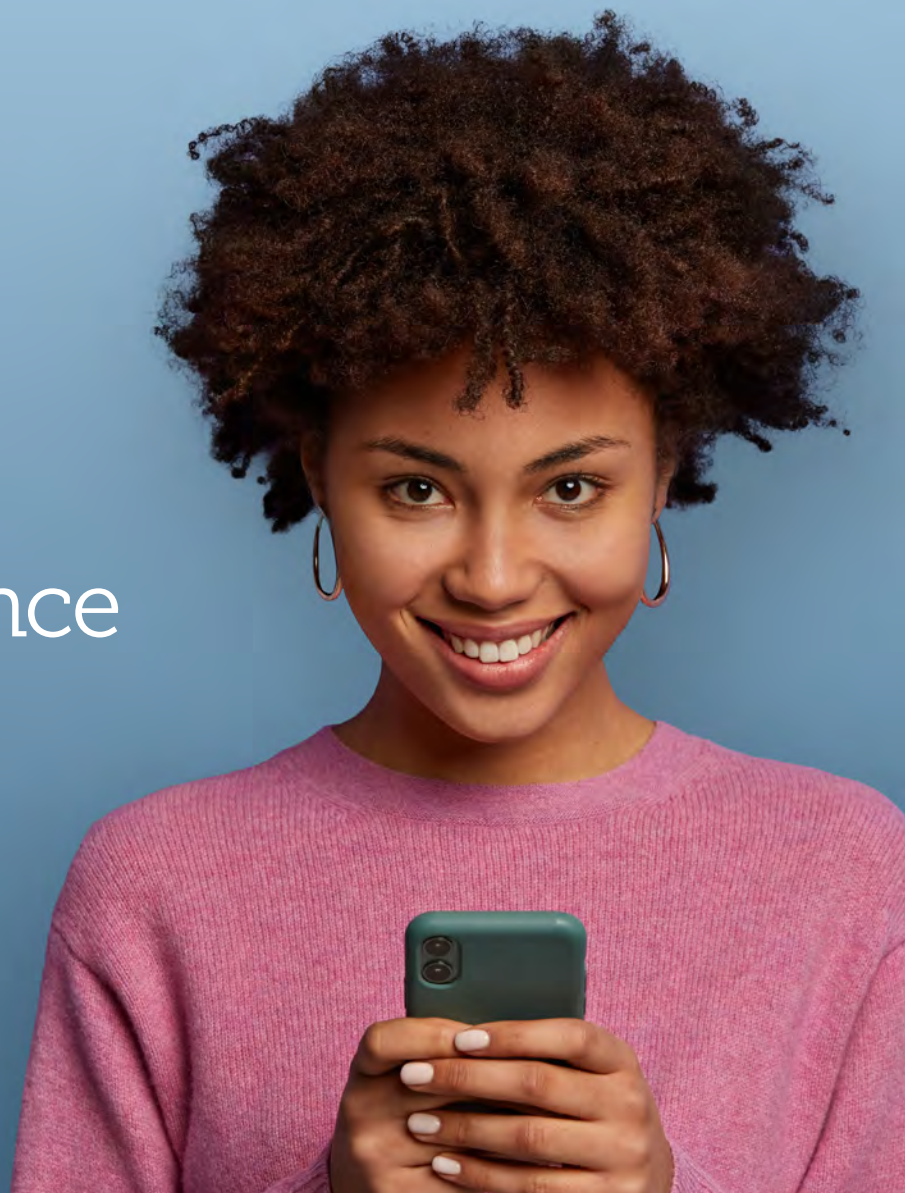
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# Health insurance made easy

Get more from your health plan by  
registering at [myWellmark.com](https://myWellmark.com).



Your personal health care information is at your fingertips with myWellmark® – no matter your location – with tools, resources and insights to help you manage health care spending and live a healthier life.



**Get easy, on-the-go  
access to tools and  
resources that help  
you manage health  
care spending.**

## **Use myWellmark to better understand and get the most from your health insurance benefits.**

### **With myWellmark, you can:**

- Estimate your cost of care for procedures and services before you go.
- View detailed claims information, including cost breakdown and status tracker.
- Visit the usage page to see how you are using your benefits.
- Receive electronic versions of your Explanation of Benefits (EOB).
- Find a trusted provider in your plan's network.
- See relevant information related to your specific coverage.

myWellmark streamlines your health insurance information and makes it easier to find what you need, when you need it, on any device.

### Get the information you need

Using your specific health plan benefits and a powerful suite of tools, myWellmark helps you:

- Find an in-network provider near you.
- Know what your visits will cost before you go.
- See your doctor's quality score and patient rating.
- Read reviews from other patients and leave your own.

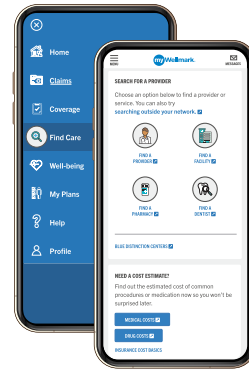
### Keep tabs on claims and spending

On your personalized myWellmark, you'll see an at-a-glance overview of recent claims activity and whether a claim is paid, pending or denied (and why). Need more details, including your share of the cost? Just click on any claim.

### Know your benefits inside and out

When it comes to your coverage and benefits, myWellmark has you covered. You're able to:

- Keep track of services you've used.
- Determine potential copay or coinsurance costs for in and out-of-network services.
- See how close you are to meeting your deductible and out-of-pocket maximums.
- Choose how you would like to receive communications and important documents related to your benefits.
- Visit the usage page to understand how you are using your benefits.



## Your health care — at your fingertips.

Get easy, on-the-go access to tools, resources and insights that help you manage health care spending and live a healthier life. It's all available in the myWellmark mobile app. The best part? **It's free.**

### With the mobile app, you can:

- **Log in securely** using fingerprint or facial recognition technology.\*
- **View in-network doctors** and hospitals.
- **Get health answers** over the phone with one tap of a finger.
- **Connect directly** to your provider's office or another health professional.
- **Find the closest doctor** or facility and get driving directions.
- **View and email** your mobile ID card for easy, on-the-go access.

\*If supported by your mobile device.



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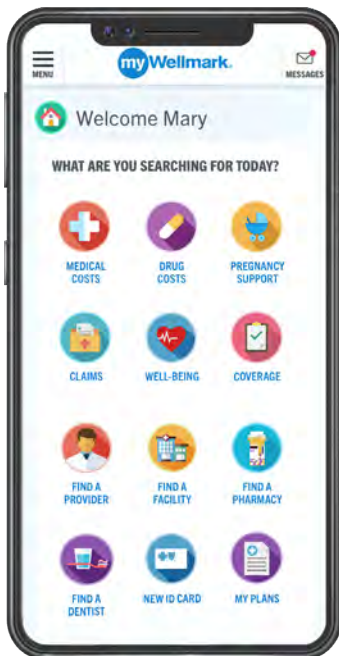
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# Go MOBILE

Manage your health with the the Wellmark® Blue Cross® and Blue Shield® app

Get mobile access to your favorite myWellmark® tools.



For illustrative purposes only.

## Use these helpful tools on-the-go:

**CLAIMS** — Track the status of claims, along with sort and filter capabilities. Opt-in for digital Explanation of Benefits (EOB) to get notifications when they're ready.

**COVERAGE** — The app features your personalized health benefits right at your fingertips, which include copay and deductible amounts and out-of-pocket maximums.

**FIND CARE** — Find in-network health care providers to help save you money. You can also access patient reviews and ratings for hospitals and doctors.

**FIND COSTS** — Use the cost estimator tool to find how much you'll pay for common procedures and services.

**WELL-BEING SERVICES** — Get started on your well-being journey with Blue365® discounts, blogs and whitepapers through a leading health expert — WebMD®.

**VIEW AND EMAIL** your ID card from your smartphone.





For illustrative purposes only.

## REGISTER TODAY!

Download the Wellmark mobile app at [myWellmark.com](http://myWellmark.com), the App Store® or get it on Google Play™.

## Get the care you need, when you need it.

In addition to finding important information about your health plan benefits, the Wellmark mobile app can help you get the care you need.



- **View doctors and hospitals** within the Wellmark health plan network.
- **Find the closest doctor or facility** using GPS technology.
- **View a map** or get driving directions to your doctor or hospital.



- **Share doctor, dentist, or facility information** by text or email, or save to your favorites for easy access in the future.
- **Connect directly** to your health care provider's office or to a health professional.
- **Get health answers** over the phone with one tap on the phone's screen.



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Blue365® is a discount program available to members who have medical coverage with Wellmark. This is not insurance.

WebMD® is a separate company that provides wellness services on behalf of Wellmark Blue Cross and Blue Shield.

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# SAFE, SECURE AND PROTECTED



**Your Wellmark health insurance coverage keeps you safe, secure and protected from more than the cost of health care. Just by being a member, you and your dependents have exclusive, free access to identity protection services called IDX™ Identity. It's just another way you get more as a Wellmark member.**

## Priceless peace of mind

Join thousands of people around the country who have already chosen IDX Identity for identity protection services.

### With IDX Identity, you can:



**Monitor your credit record.**



**Keep track of your online activity 24 hours a day, seven days a week.**



**Have access to complete identity recovery if fraudulent activity is found.**

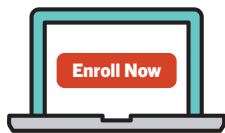


# Enroll in identity protection services today!

Register or sign in to myWellmark® at myWellmark.com to get started.



1. Select Identity Protection under Do More and click the Enroll/Log in link.



2. Select Enroll Now from the home page.



3. Fill out the Group ID and Subscriber ID (also known as your Wellmark ID number). Both are found on your Wellmark ID card.



4. Enter your personal information and create a username and password.



5. To activate credit monitoring, enter your birth date and Social Security number.

## Rather enroll over the phone?

**JUST CALL 866-486-4812** and make sure you have your Wellmark ID card handy.

## Identity protection services aren't the only ways you get more for being a Wellmark member.

As part of your health plan, you also have access to products and services like:



**myWellmark** — your one-stop-shop for tools, resources and insights to help you manage health care spending and live a healthier life.



**BeWell 24/7<sup>SM</sup>** — get connected with a real person who can help you with a variety of health-related concerns. Just call **844-84-BEWELL (239355)**.



**Blue365<sup>®</sup>** — find exclusive ways to save on top wellness services and products you use every day.



**Blue<sup>SM</sup>** — simply visit Wellmark.com/Blue to stay informed on health plan updates and the latest in health and wellness.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association. Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross<sup>®</sup> and Shield<sup>®</sup> symbols, Blue365<sup>®</sup> and myWellmark<sup>®</sup> are registered marks and BeWell 24/7<sup>SM</sup> and Blue<sup>SM</sup> are service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue365<sup>®</sup> is a discount program available to members who have medical coverage with Wellmark. This is not insurance.

IDX<sup>TM</sup> Identity is an independent company providing identity protection services on behalf of Wellmark Blue Cross and Blue Shield. Wellmark<sup>®</sup> is a registered mark of Wellmark, Inc.

# HEALTH SAVINGS ACCOUNT (HSA)

WEX

## WHAT IS A HEALTH SAVINGS ACCOUNT?

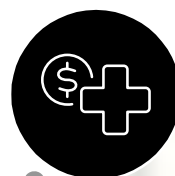
A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. High deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- **Lower paycheck costs** — allowing you to keep control of more of your money
- **Tax-advantaged savings account** — enrolling in and contributing to a Health Savings Account (HSA) helps you pay your deductible and out-of-pocket costs
- **Comparable benefits** — these plans use the same networks that other plans offer, and in-network preventive care is still covered at 100%

For a list of eligible expenses, see IRS Publication 502, available at [www.irs.gov](http://www.irs.gov).

## WHO IS ELIGIBLE FOR AN HSA?

- Must be enrolled in a high deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP
- Cannot be enrolled in a traditional health care FSA in the same calendar year
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months





# HEALTH SAVINGS ACCOUNT (HSA) (CONT.)

## HOW MUCH CAN I CONTRIBUTE?

- Employee only coverage: **\$4,300** per calendar year
- Employee plus dependents coverage: **\$8,550**
- If you are 55 or older, you can make an additional annual catch-up contribution of **\$1,000**

Coverage Level	Total HSA Contribution Allowed for 2025
Employee Only	\$4,300
Employee + Spouse	\$8,550
Employee + Child(ren)	\$8,550
Employee + Family	\$8,550

## HSAs AND YOUR TAXES

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

**Note:** You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.



# FLEXIBLE SPENDING ACCOUNT (FSA)

WEX



Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

## HEALTH CARE FSA

### Who can participate?

Employees who are not enrolled in the high deductible health plan.

### What are the contribution limits?

Employees can contribute up to \$3,300 in 2025.

### What is an eligible expense?

Employees Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at [www.irs.gov](http://www.irs.gov).

## LIMITED PURPOSE FSA

### Who can participate?

Employees enrolled in the high-deductible health plan.

### What are the contribution limits?

Employees can contribute up to \$3,300 for 2025. You can use the funds for any qualified dental or vision expenses. No medical plan co-pays, deductibles, prescription drugs or alternative healthcare are eligible expenses through a LP-HFSA.

### What happens at the end of the year?

For both Limited Purpose and Health Care FSAs, a balance of less than \$20 or more than \$660 will be forfeited at the end of the year. However, any remaining balance between \$20-\$660 can be used the following plan year once funds are rolled over mid-April. Estimate your contributions carefully so you can avoid losing money.

The Health Care FSA allows a 90-Day Runout Period: Expenses can be submitted through **3/31/25**.

## DEPENDENT CARE FSA

### Who can participate?

Any employee.

### What are the contribution limits?

Employees can contribute up to **\$5,000** annually per family or **\$2,500** if filing separately.

### What is an eligible expense?

Child day care, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at [www.irs.gov](http://www.irs.gov).

### What happens at the end of the year?

FSA funds expire at the end of each year. Use it or lose it. Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.



# Benefits Technology & Resources



## Benefits debit card

The benefits debit card is the fastest and most convenient way to pay for eligible expenses. Just one debit card is all you need for your benefits regardless of how many plans you have with us.



## Benefits eligible expenses

There are thousands of eligible procedures, items and expenses based on your plan. View our interactive list of eligible expenses at [www.wexinc.com/insights/benefits-toolkit/eligible-expenses/](http://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/)



## Knowledgebase

Once you're enrolled, check out the knowledgebase to quickly search for answers to your questions. The knowledgebase boasts millions of views of our microvideos, articles and step-by-step how-tos empowering you to get the most out of your benefits. Have a question? Visit any time of day or night by logging in to your online account on [www.wexinc.com](http://www.wexinc.com).



## Benefits mobile app & participant portal

Access your benefits 24/7 with the WEX mobile app. Our app is free, convenient and offers real-time access to all your benefits accounts. With our benefits mobile app you can:

- Get access to your benefits funds faster with in app provisioning - no need to wait for your physical card to arrive in the mail
- Get instant updates on the status of your claims.
- File a claim and upload documentation in seconds using your phone's camera.
- Scan an item's bar code to determine if it's an IRS Code Section 213(d) eligible expense.
- Report a card as lost or stolen, which cancels the card and ships you a new one.
- Log in through face recognition or fingerprint (depending on your phone).
- Check your balance and view account activity.
- Reset login credentials.

## Don't have a smartphone?

Go to [www.wexinc.com](http://www.wexinc.com), select Login, then Benefits Accounts, and then select a Participant Accounts option. This page provides login buttons for accessing your online account, along with helpful resources like a benefits knowledge base, a link to current eligible expenses, and chat.

Download the mobile app



## Have questions?

Our Participant Services team is available Monday - Friday 6:00 a.m. to 9:00 p.m. Central time.

**Questions when enrolled:** 1-866-451-3399

**Questions before you enroll:** 1-844-561-1337

**Submit questions at [www.wexinc.com](http://www.wexinc.com),** select Support, then Contact customer service team, then Contact WEX benefits

**Submit a form:** [forms@wexhealth.com](mailto:forms@wexhealth.com)

**Live chat:** go to [www.wexinc.com](http://www.wexinc.com), select Login, then Benefits Accounts, and then select a Participant Accounts option.

# FSA TAX SAVINGS WORKSHEET

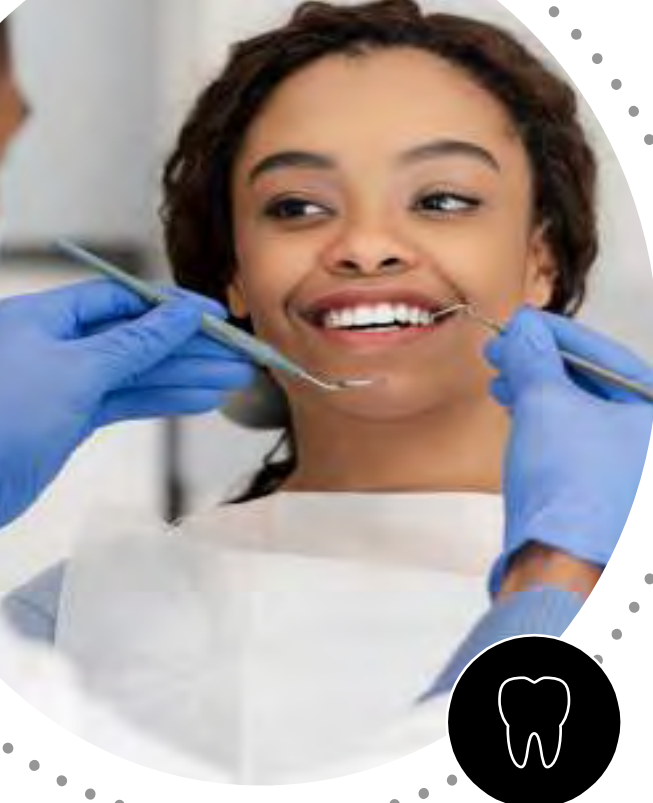


What will you do with the money you save by participating in the Flex Plan?

Use this worksheet to help determine your potential tax savings.

FSA Reimbursement Account Expenses							
Medical		Vision		Dental		Dependent Care	
Deductibles	\$	Exams	\$	Routine Exam	\$	Children	\$
Copays	\$	Eye Surgery	\$	Fillings/ Crowns	\$	Adults	\$
Prescriptions	\$	Lenses/ Frames	\$	Orthodontics	\$		
Other	\$	Contacts	\$	Other			
Total	\$	Total	\$	Total	\$	Total	\$

Estimated Annual Expenses & Tax Savings	
Total Medical + Vision + Dental Expenses	\$ _____
Total Dependent Care Expenses	+ \$ _____
Total Expenses	\$ _____
Tax Bracket Percentage (see below)	X _____
Annual Tax Savings	\$ _____
Number of Pay Periods	/ _____
Estimated Savings Per Pay Check	\$ _____
Tax Estimate Table	
Annual Household Earnings*	Estimated Tax Rate
\$0 - \$20,550	10%
\$20,551-\$83,550	12%
\$83,551 - \$178,150	22%
\$178,151 - \$340,100	24%
\$340,101 - \$431,900	32%
\$431,901 - \$647,850	35%
> \$647,851	37%
*married, filing jointly	



# DENTAL PLAN

## Delta Dental of Iowa

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Dental coverage is offered for basic and major services. You and your eligible dependents may enroll in the dental plan administered by Delta Dental of Iowa.

If you use PPO providers, you will receive greater benefits. To locate a preferred provider, visit [www.deltadentalia.com](http://www.deltadentalia.com) or call (800) 544-0718.

Plan Features	PPO	Premier	Out-of-Network
<b>Deductible per person</b>	\$50	\$75	\$100
<b>Plan Maximum</b>	\$1,000 with Carryover-To-Go		
<b>Diagnostic &amp; Preventative Services (Deductible waived)</b> <i>Dental cleanings, oral evaluations, fluoride application, x-rays, sealant applications, space maintainers</i>	No Cost	10% Coinsurance	30% Coinsurance
<b>Routine &amp; Restorative Services</b> <i>Cavity repair, tooth extractions, emergency treatment, general anesthesia/sedation, restoration of decayed or fractured teeth, limited occlusal adjustment, routine oral surgery</i>	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 50% Coinsurance
<b>Major Services</b> <i>Root canals, gum &amp; bone diseases, high-cost restoration (crowns, inlays, onlays), dentures, bridges, implants</i>	Deductible, 50% Coinsurance	Deductible, 50% Coinsurance	Deductible, 60% Coinsurance
<b>Orthodontia (Deductible waived)</b> <i>Covers dependents to the age of 26 and adults</i>	50% Coinsurance	50% Coinsurance	50% Coinsurance
<b>Orthodontia Lifetime Maximum</b>		\$1,000	



# VISION PLAN

## Metlife

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your vision insurance is provided by Metlife and entitles you to specific eye care benefits.

To find an in-network provider please visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call (855) 638-3931.



	In Network	Out Of Network Reimbursement
<b>Type of Service</b>		
<b>Exam</b>	<b>\$10 Copay</b>	<b>Up to \$45</b>
<b>Materials</b>	<b>\$10 Copay</b>	<b>N/A</b>
<b>Eyeglass Lenses Materials &amp; Frames</b>		
<b>Single Vision Lenses</b>	<b>\$10 Copay</b>	<b>Up to \$30</b>
<b>Standard Lined Bifocal Lenses</b>	<b>\$10 Copay</b>	<b>Up to \$50</b>
<b>Standard Trifocal Lenses</b>	<b>\$10 Copay</b>	<b>Up to \$65</b>
<b>Lenticular</b>	<b>\$10 Copay</b>	<b>Up to \$100</b>
<b>Progressives</b>	<b>Up to \$55 Copay</b>	<b>Up to \$50</b>
<b>Frames</b>	<b>\$150 retail allowance with an additional 20% off balance (\$85 Costco allowance)</b>	<b>Up to \$70</b>
<b>Contact fitting and evaluation</b>	<b>\$60 Maximum Copay</b>	<b>Up to \$105</b>
<b>Elective Contacts</b>	<b>\$150 Allowance</b>	<b>Up to \$210</b>
<b>Medically Necessary Contacts</b>	<b>Covered in full after eyewear Copay</b>	<b>N/A</b>
<b>Lasik Vision</b>	<b>15% off regular price or 5% off a promotional offer</b>	<b>N/A</b>
<b>Frequency of Services</b>		
<b>Eye Exam</b>	<b>Once every 12 months</b>	
<b>Lenses or Contacts</b>	<b>Once every 12 months</b>	
<b>Frames</b>	<b>Once every 24 months</b>	

# LIFE INSURANCE

## Prudential

### BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by Spencer Hospital, so you will automatically be enrolled at no cost to you. Your coverage will be 1 times your salary, up to \$500,000.

### SUPPLEMENTAL LIFE INSURANCE

You may purchase additional life insurance at group rates:

- Available 1 or 2 times your Basic annual earnings, up to \$500,000
- You pay the full cost of this plan and the amount deducted depends on the age of the associate and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible or an election over \$200,000 is made, you are subject to medical underwriting by the carrier

**Note:** Upon loss of eligibility or termination of employment, you and/or your dependents may elect to continue your employer-sponsored Basic or Voluntary Term Life Insurance coverage by either porting or converting it.

*Don't forget to designate a beneficiary!*

### GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.



### LIFE INSURANCE FOR SPOUSES AND DEPENDENTS

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of \$5,000 up to a max of \$250,000, not to exceed 50% of employee's election
- Can elect up to \$25,000 without medical underwriting as a new hire
- Child life is available from 6 months to 19 or to 23 years old if a full-time student: \$5,000 or \$10,000; reduced benefit of \$500 is payable for a child from 14 days to 6 months; No benefits for a child from birth to 14 days
- Children are not subject to medical underwriting
  - The cost remains the same regardless of the number of children you have

*Note: Employee rates automatically increase with age.*

### IMPUTED INCOME

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

# DISABILITY INSURANCE

At Spencer Hospital, we want to do everything we can to protect you and your family. That’s why Spencer Hospital pays for the full cost of long-term and short-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, LTD benefits will provide a partial replacement of lost income. Long-Term Disability (LTD) begins as soon as 90 days from the date of your disability. LTD is provided through Prudential.

Spencer Hospital also provides Short-Term Disability (STD) for full-time, part-time, and weekend package benefit eligible employees. You are not eligible to received STD benefits is you are receiving workers’ compensation benefits.

Long-Term Disability	Class 1	Class 2
<b>Class Description</b> <i>(must be schedule to work a minimum of 30 hours per week)</i>	All Eligible Employees earning \$120,000 or more per year	All other Eligible Employees
<b>Benefit Percentage</b>	60% of monthly earnings	
<b>Maximum Benefit Amount</b>	\$15,000	\$6,000
<b>Guaranteed Issue Amount</b>	\$10,000	\$6,000



**Pre-existing condition limitation for Long-Term Disability:** If you’ve received medical treatment consultation, care, or services, including diagnostic measures, or have taken prescribed drugs or medicines within three months prior to the effective date for any injury or sickness, a period of disability related to that diagnosis will not be covered for 12 months after your effective date. Pregnancy is not considered a pre-existing condition if you enroll when you are first eligible.

Short-Term Disability	
<b>Benefits Begin</b>	After using 24 Hours of PTO
<b>Maximum Benefit Period</b>	13 Weeks
<b>Percentage of Income replaced</b>	60% of Weekly Earnings
<b>Pre-existing Condition waiting period</b>	Not Applicable

# VOLUNTARY BENEFITS

Sunlife

## HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

### How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your medical insurance, medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.

### Covered Expenses Include:

- Hospital admission
- Hospital confinement
- Hospital intensive care
- Surgical care
- Diagnostic and imaging
- Transportation and lodging

## CRITICAL ILLNESS INSURANCE

While Medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, stroke or a heart attack, Medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you focus on your recovery.

### How Will a Critical Illness Claim Get Paid?

After purchasing Critical Illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things including:

- Childcare costs
- Medical and living expenses
- Travel expenses for you and your family
- Lost wages from missed time at work

### Covered Expenses Include:

- Heart attack
- Multiple Sclerosis
- Stroke
- Alzheimer's disease
- Parkinson's disease
- Major organ failure

Full Benefit Summaries and Rates are available on Maxwell Health





# VOLUNTARY BENEFITS (CONT.)

Sunlife



## ACCIDENT INSURANCE

Accident insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

### How Does Accident Insurance Work?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit
- Coverage is available for you, your spouse and eligible dependent children
- You do not need to answer medical questions or have a physical exam to get basic coverage
- Accident insurance covers injuries that happen on the job or **[off the job]** — unlike workers' compensation, which only covers on-the-job injuries
- Benefit payments are not reduced by any other insurance you may have with other companies

### Covered expenses typically include:

- Emergency room visits
- Hospital stays
- Fractures and dislocations
- Medical exams
- Physical therapy
- Transportation and lodging

Full Benefit Summaries and Rates are available on Maxwell Health

# RETIREMENT

## Deferred Compensation

You may participate in this tax-deferred 457 (b) tax plan, issued by Empower through the Iowa Retirement Investor's Club. Life plan funds are available. Rollover is available for qualifying 401k, 403(b), and other retirement accounts. This is through Iowa Retirement Investor's Club. The RIC enrollment form is found at the back of this book and also in Policy Manager.

### Employee Eligibility:

Full Time: 60-80 hours/pay period

Part-Time: 40-59 hours/pay period

Casual Part-Time or Weekend  
Package



## Iowa Public Employees' Retirement System (IPERS)

As a municipal hospital, Spencer Hospital is able to offer the Iowa Public Employees' Retirement System (IPERS) to all qualifying employees as a retirement vehicle. This defined benefit is a mandatory state retirement program designed as a supplement to Social Security.

### Employee Eligibility:

All employee classifications. (As long as certain requirements are met)

### Effective Date for New Participants:

Immediately upon meeting IPERS eligibility requirements.

The lifetime monthly benefit you receive is defined; it is calculated using a formula. Your benefits grow with you during your working career. The average monthly benefit paid to members retiring in the fiscal year of 2022 was \$2,023.

Normal retirement age is one of the following, whichever comes first:

- 1) Age 65
- 2) Age 62 if you have 20 or more years of covered IPERS employment (60/20)
- 3) When your years of service plus your age equals or exceeds 88 (Rule of 88)

### Contribution Levels:

**Employee:** 6.29% of covered wages through payroll deductions (Paramedics: 6.21%)

**Hospital:** 9.44% (Paramedics: 9.31%)



For specific questions related to you and your retirement goals, contact IPERS at 800-622-3849 or visit [www.ipers.org](http://www.ipers.org)



## Financial Advisors Representing Spencer Hospital

Iowa Retirement Investors' Club (RIC) 457 Deferred Compensation Plan

Employees may work with any other financial advisor appointed with MassMutual and the Iowa Retirement Investors Club plans.

<b>A.J. Spielman Nick Anderson Jan Spielman Erika Wachholz</b>	Ameriprise Financial Services, Inc. 116 W 8th St., Spencer, IA 51301 712-262-1777
<b>Cole Milbrath Leonard Langner Tyler Adams</b>	LPL Financial Corporation (Prairie Plans) 509 Grand Ave, Spencer, IA 51301 712-262-2600
<b>Jennifer Irvine</b>	Edward Jones 112 W 6th St. Spencer, IA 51301 712-262-0142
<b>Richard Noah</b>	LPL Financial Corporation 1200 W. 18 <sup>th</sup> St., Ste.1, Spencer, IA 51301 712-580-5432
<b>Levi Morris</b>	LPL Financial Corporation (Community Bank) 1812 Hwy. Blvd., Spencer, IA 51301 712-262-3030
<b>Anthony (Tony) Elbert</b>	Edward Jones 3131 Main Street, Emmetsburg, IA 50536 712-852-9074
<b>Steven Jones</b>	Ameriprise Financial Services Inc. 1005 Broadway, Emmetsburg, IA 50536 steven.jones@ampf.com (c) 515-419-1600
<b>Christopher Fuhrman</b>	Edward Jones 1724 Hill Ave., Spirit Lake, IA 51360 712-336-4172
<b>Richard Vander Wel</b>	Woodbury Fin Svcs Inc 1701 Chicago Ave, Unit 101, Spirit Lake, IA 51360 712-339-9021
<b>Bradley Schmitz</b>	LPL Financial Corporation 1525 18 <sup>th</sup> Street, Spirit Lake, IA 51360 712-332-0505
<b>Amy Hotovec Brandon Madison</b>	Edward Jones 2207 Okoboji Ave Milford, IA 51351 712-338-9393

# OTHER DISCOUNTS AND MISC BENEFITS

## **ATHLETIC ENHANCEMENT MEMBERSHIP**

**Employee and Spouse Membership**- Employee pays \$44 for the first month and the benefit is free.

\*Tax implications of the value of the benefit may apply.

## **SERVICE AWARDS**

Service awards are presented to employees for every five years of continuous employment with the hospital.

## **Outpatient Discount**

Employees may receive a 20% discount on all hospital outpatient charges if they carry health insurance and the bill is paid within 60 days of the invoice date. A 10% discount applies if no health insurance is carried. This discount cannot be combined with any other discount available in Patient Accounts.

## **Cafeteria Discount**

While working you receive a 20% discount on your own meals in the hospital's cafeteria. Payment may be made through payroll deduction or cash. Note: Some items such as vendor-provided soda pop and ice cream treats may be ineligible for this discount.

## **YMCA Discount**

The Spencer Family YMCA offers a membership discount to Spencer Hospital employees.

Various other discounts are offered to our employees.

More information on these discounts can be found on Policy Manager.

## **Vaccinations**

You may receive certain vaccinations, including flu, recommended by the hospital at no cost.

## **Holiday Savings Club**

The Holiday Savings Club is a way to put aside money throughout the year without being tempted to spend it. The total account value you elect will then be dispersed before the holiday season (early November) giving you a little extra cushion to use as you'd like.

All budgeted full-time, part-time and weekend package employees may participate. The benefit is only open for election once a year during open enrollment with an effective date of the following January. Elections are deducted a total of 22 pay periods. For example, if you elect \$100 a pay period, you would have \$2,200 paid back to you in mid-November.

Note: You can elect Holiday Savings Club in Maxwell Health OR by completing the form in this booklet and bringing to HR during open enrollment.

## **Awardco**

Spencer Hospital recognizes employees for each year of service. When an employee hits a milestone of their first year and then on their 5th, 10th, and every five years thereafter, they are awarded in points through Awardco. Awardco is a platform that assigns you points equivalent to Amazon dollars and then you can pick your service award gift. [www.awardco.com](http://www.awardco.com).



# OTHER DISCOUNTS AND MISC BENEFITS CONT'D

## TUITION ASSISTANCE & EDUCATIONAL PROGRAMS

Tuition Assistance is a Spencer Hospital benefit designed to promote the personal and professional growth and development of employees. To learn more about this benefit, contact Danelle Stumbo in Human Resources Development at extension 6623.

**EMPLOYEE ELIGIBILITY:** Full-time: 60-80 hours/pay period  
 Part-time: 40-59 hours/pay period  
 Weekend Package

**EFFECTIVE:** After one year of employment

If you are a full-time employee, based on Tuition Assistance budget, awards equal up to:

- AA degree or Initial Certifying Exam: the amount of the award is 50% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to \$2,000 per fiscal year.
- Bachelor degree: the amount of the award is 75% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to \$3,000 per fiscal year.
- Graduate degree: the amount of the award is 75% of the qualifying educational expenses (textbooks, travel expenses are non-qualifying expenses), up to \$4,000 per fiscal year.

## EDUCATIONAL PROGRAMS

You may attend all hospital-sponsored educational programs free of charge (unless stated otherwise per program). Examples of classes includes: Basic Life Saving (BLS) and Advanced Cardiac Life Support (ACLS) classes. If you are governed by continuing education requirements, you are eligible annually for eight hours of wages to attend an approved outside program.

**EMPLOYEE ELIGIBILITY:** All employes with budgeted hours

**EFFECTIVE:** Upon Hire

## PATERNITY AND ADOPTION LEAVE

A Paternity and Adoption pay plan is a benefit provided by the Hospital to eligible employees to spend paid time bonding with their new baby or child. Qualified employees include non-childbearing parents through either birth or adoption of a baby.

<b>Plan Overview</b>	
Maximum Benefit Period	2 Weeks
Percentage of Income Replaced	60% of Weekly Earnings
Exclusions	If qualify for STD, do not qualify for this as well. Adoptions must be for children 17 and younger.

# Weight loss isn't one-size-fits-all

Meet Wondr, the weight-loss program that fits you.

Wondr is a skills-based digital weight-loss program that teaches you the skills to:

- ✓ Lose weight
- ✓ Increase your energy
- ✓ Improve your sleep

and be your healthiest self—while eating the foods you love. Our program is based on behavioral science and takes a personalized approach that fits into your life—at no cost to you.\*



Get started today at [wondrhealth.com/spencerhospital](https://wondrhealth.com/spencerhospital)



## Science-backed video lessons

Every week, experts in diet, exercise, sleep, stress, and more, will teach you behavior-change skills to feel better and live stronger, for life.



## Exclusive rewards

Celebrate progress toward your health goals with rewards like exclusive recipes and meal plans to help keep you accountable along the way.



## Content tailored to YOU

Based on your health profile, we serve up relevant, bite-sized content from our library, that addresses your unique challenges and goals.



## A supportive community

WondrLink is our online community, where our coaches are ready to support and encourage you every step of the way. Plus, you can share and gain tips and tricks from participants like you.

\*Employees, spouses and covered dependents age 18 and over enrolled in the medical plan are eligible to apply to the program.

# PAID-TIME OFF

Paid time you receive while away from work. You may use this time for vacation, holiday, illness, or personal reasons pending manager approval.

**EMPLOYEE ELIGIBILITY:** Full-time: 60-80 hours/pay period  
Part-time: 40-59 hours/pay period

**EFFECTIVE:** Starts accruing immediately, available for use after 90 days of employment. Employees may use PTO to supplement holidays within the first 90 days of employment.

## Annual PTO accrual (80 hours/pay period)

	Annual Accrual	Maximum Days	
<b>0-4 years</b>	22 days (.084615/hr)	46.50 days (372 hours)	
<b>5-9 years</b>	27 days (.103846/hr)	46.50 days (372 hours)	*Directors start accruing at this level
<b>After 10 years</b>	31 days (.11923/hr)	46.50 days (372 hours)	*President, Vice Presidents, and Providers start accruing at this level

### PTO Exchange

PTO Exchange allows employees to exchange unused PTO days for goods and services at any time, throughout the plan year. Spencer Hospital employees can exchange some of their unused PTO for 457b contributions, 529, Student Loan/Tuition Reimbursements, Charitable Donations, Travel Purchases or Cash Payments.

All employees who are eligible to receive and participate in Spencer Hospital's paid time off (PTO) program are eligible to participate in PTO Exchange, but must have at least 80 hours of accrued PTO to do an exchange. Employees can exchange up to 200 hours of PTO each year beyond the 80 protected hours. There is a 10% service charge, as the IRS will not allow us to provide a dollar-for-dollar exchange for PTO.







# How PTO Exchange Works And How To Use It

Download the mobile app to make exchanges on the go!

iPhone Download



Android Download



Spencer Hospital  
Healthier Together.

## Spencer Hospital is proud to offer PTO Exchange!






Through a partnership with PTO Exchange, Spencer Hospital employees have the option to convert a portion of their unused PTO into cash, retirement contributions, charitable donations, student loan repayments and travel rewards!

This benefit is available for all employees who are eligible to receive and participate in Spencer Hospital's PTO program.

### Key points

- Employees can only exchange a maximum of **200 hours** per year
- Employees must have a minimum balance of **80 hours** accrued before they can make an exchange

## Not sure where to start? Follow these simple steps to begin:

- 1** Navigate to [www.ptoexchange.com/signin](http://www.ptoexchange.com/signin).
- 2** Enter your email address and click next.  
**Note:** If you have not set up your account, a validation link will be sent to the email address you entered. Please check your email, open the validation link and create your password. Passwords must be at least 12 characters containing 1 upper case, 1 lower case, 1 number, and 1 special character
- 3** On your dashboard, you will see the amount and value of PTO hours available for exchange.
- 4** Select the option for which you'd like to make an exchange. The following are available to all Spencer Hospital employees:  
      
CASH OUT   TRAVEL   GIVING   RETIREMENT   EDUCATION
- 5** Fill out the exchange form and click submit.
- 6** **Your exchange will be reflected on your next paycheck.** Please email [support@ptoexchange.com](mailto:support@ptoexchange.com) if you need assistance.



# EMPLOYEE CONTRIBUTIONS

## PER PAY PERIOD

Medical	Full Time Employees PPO Plan	Full Time Employees HDHP Plan	Part-time Employees PPO Plan	Part-time Employees HDHP Plan
Employee	\$90.00	\$50.00	\$197.00	\$114.00
Employee & Spouse	\$280.00	\$150.00	\$400.00	\$240.00
Employee & Child(ren)	\$230.00	\$130.00	\$333.00	\$205.00
Family	\$290.00	\$175.00	\$405.00	\$261.00

Dental	Per Pay Period
Employee	\$15.00
Employee & Spouse	\$27.50
Employee & Child(ren)	\$27.50
Family	\$45.00

Vision	Per Pay Period
Employee	\$4.22
Employee & Spouse	\$8.46
Employee & Child(ren)	\$7.16
Family	\$11.81



# WAGE INCENTIVES

Here at Spencer Hospital, we recognize the importance of maintaining competitive wages and recognizing career milestones of our employees.



INCENTIVE	ELIGIBILITY	DESCRIPTION
Additional Weekend Pay	All employee classifications	Additional weekend shifts approved by management; eligible employees are paid an additional \$3-\$5 per hour for extra weekends. Weekend Package after 42 weekends or 126 shifts.
BSN Credit	Staff nurses	Eligible staff nurses will receive a 3% increase to their base wage with verification of a Bachelor of Science in Nursing.
Call Pay	All employee classifications	Eligible employees will receive \$2.25 per hour for all time spent on call status.
Callback Pay	All employee classifications	Regularly scheduled employees who are granted call-back status by hospital admin and are called to work non-scheduled time will receive 1½ times their regular hourly rate for time worked, plus an additional half hour for travel time.
Charge Pay	All employee classifications	Charge personal is assigned by manager; an additional \$0.75 - \$1.50 per hour is paid for eligible hours while in the charge role.
Double-shift Pay	All employee classifications	Staff members who work an entire double shift, or 4 hours past a 12-hour shift, will be compensated at a rate of 1½ times their regular hourly rate for the second shift.
Holiday Pay	All employee classifications	If you are scheduled and work on any one of the seven holidays recognized by the hospital, you will be compensated at 1½ times your regular hourly rate.
Instructor Incentive Pay	All employee classifications	Employees teaching an approved continuing education class are eligible for a \$6 per hour differential for both instructor and prep time.
Overtime Pay	All employee classifications	You will be paid 1½ times your regular hourly wage for all time worked over 40 hours per week.
Preceptor Pay	Staff nurses	After one year of employment, eligible preceptors can receive \$1.25 per hour.
Shift Differential	All employee classifications	Eligible staff members are paid an additional \$1.25 per hour for the 2:30p-11p shift and \$1.75 per hour for the 11p-7:15a shift, if at least 4 hrs worked in timeframe.
Weekend Differential	All employee classifications	Eligible staff members are paid an additional \$.85 per hour for all weekend shifts beginning on Friday 7p to Monday 7:15a.

# 2025 Spencer Hospital Employee/Spouse Wellness Screens



Tues. 1/7 & Wed. 1/8

5:30-8:30 AM

Tues. 1/16

6:30-7:30 AM

@ Human Resources

**FREE** to all employees and spouses on our health plan.

**\$10** for any employee/spouse not on the health plan.

To signup:







# CORE EAP BENEFIT SUMMARY

EFR EMPLOYEE & FAMILY RESOURCES

Maintaining work-life balance is more stressful than it's ever been. An Employee Assistance Plan (EAP) provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members to help with small concerns, big problems, and everything in between. **Your EAP benefits are cost free to you, confidential, and available 24/7/365.** Let us help you get the services and resources you need. Here are some of issues and concerns we can help with:

- ✓ Managing Stress
- ✓ Relationship Concerns
- ✓ Personal Growth & Development
- ✓ Coping with Anxiety or Depression
- ✓ Personal Family or Legal Issues
- ✓ Caring for Elderly Family Members
- ✓ Credit Concerns and Reports
- ✓ Identity Theft Resolution
- ✓ Resources for Elder Care
- ✓ Managing Budgets and Debts
- ✓ Legal Questions & Concerns
- ✓ Tax-Related Questions

SERVICE PROVIDED	PER PERSON	SERVICES PROVIDED ARE CONFIDENTIAL AND AT NO COST TO THE COVERED PERSON
Phone-Based Support	Unlimited	Call us anytime you have an issue, concern, or question. Calls are answered by masters-leveled clinicians.
In-person Counseling	6 Sessions per circumstance, per year	Confidential, in-person assessment and counseling with a licensed mental health therapist near your home or work location. Each member of your family is eligible for counseling services for each separate incident or set of circumstances within a rolling 12-month period. <i>*incidents involving multiple family members will be assessed based on specific circumstance</i>
Telephonic Life Coaching	6 Sessions per year	Confidential scheduled telephonic sessions with a life coach for matters such as improving time management skills, work-life integration, goal setting, communication skills, and other areas of personal growth. Sessions renew annually.
Telephonic Financial Consultation	1 session per issue	For each separate issue/concern a 30 minute telephonic consultation with a financial professional with expertise in the area of concern. Access to a free financial check-up, financial library and a large variety of financial tools & calculators at <a href="http://efr.clcmembers.com/">http://efr.clcmembers.com/</a> .
In-Person or Telephonic Legal Consultation	1 session per issue	For each separate issue/concern a 30 minute telephonic or in-person consultation with a licensed attorney with expertise in the area of need. If the member chooses to retain the attorney for ongoing legal representation, it will be provided at 25% discount off the attorney's usual rate. Access to over 5000 free self-help (& fill-in) legal documents and a variety of other legal information is available at <a href="http://efr.clcmembers.com/">http://efr.clcmembers.com/</a> . <i>All legal issues are covered except employment related, which are specifically excluded.</i>
Eldercare Resources	As needed	Information, referral resources and support for those caring for an aging parent or other family member, including connections to local resources for in-home care, alternative living arrangements, legal and financial issues and more.
Childcare Resources	As needed	Childcare resource referrals where locally available. Referrals are only to state licensed/ certified childcare providers.
Identity Theft Resolution Services	As needed	Services will be provided by a highly trained FCRA certified fraud resolution specialist (or licensed attorney) assisting with restoring identity and good credit.
Additional Benefits & Resources		<i>Real Life Solutions</i> (monthly newsletter), a library of previously recorded webinars and recorded benefit orientation webinars and other information is available via your HR manager or on our website <a href="http://www.efr.org">www.efr.org</a>



EFR EMPLOYEE & FAMILY RESOURCES



Use your EAP on-the-go  
with features like:

- Chat with a counselor
- Read EFR's blog
- Listen to Emotion Well podcast
- Register for webinars
- And more!

**Download the EFR mobile app today!**  
*scan the QR code below*



**TAKE EFR  
WHEREVER YOU GO**



# ADDITIONAL DISCOUNTS

Many of the flyers have explanations and instructions. Below are tid-bits to help you out. Should you have questions we would suggest to take the information to the business and see how they can help!

**Connect Your Home:** Thinking about becoming a customer to Dish or DIRECTV? Take advantage of great savings with a 2 year contract and save, save, save! Typically applies to NEW 2 year contracts. Additional offers include internet from CenturyLink and Exede Internet, also home security systems from ADT and Vivint Smart Home. For full details go to: <https://www.connectyourbenefits.com/cyb/?groupid=1253525>. The link may also be found on Policy Manager.

**Game State:** Game State is Spencer's go-to place for board games, card games, table top war games, and role playing games. Receive a 10% discount on all products, events, and memberships. Located at 8 West 5th Street. Phone: 580.4614 or contact by email: [gamestategames@gmail.com](mailto:gamestategames@gmail.com). Please bring SH badge for discount.

**Homes for Heroes:** Need assistance in buying or selling a home? Looking into a mortgage or refinance? Let them help you with this process and save you money. Visit [www.homesforheroes.com](http://www.homesforheroes.com) or call Jenn Hoberg (Homeowners Financial Group) @ 515.865.8047 and Erica Schultes (Exit Reality) @ 712.330.0120. Give either of them a call and see how they can help. All Spencer Hospital employees are eligible for this program.

**Tickets at Work:** A cost -free benefit which provides access to thousands of discounts (Movie Buffs, Travel Bugs, Thrill Seekers, Entertainment Enthusiasts, Sports Fanatics). Please use personal email when becoming a member.

**Vision Discounts:** May not combine with insurance and does not include eye exam. Bring SH badge to receive discount.

**Northwest Vision Care:** Available for employees, spouses and dependents. 40% off Frames, 20% off Lenses (Glasses). Some exclusions apply. Spencer location only: 714 South Grand Ave. Phone: 262.3982.

**Walmart:** Employees only will receive a 10% discount on Contacts, Lenses, and Frames. Spencer location only: 500 11th Street. Phone: 262.5451.

**The above list may not be update to date. Additional discounts will be added in periodically. Be sure to check them out on Policy Manager so you do not miss out!**



# See better – live better

## Delta Dental Vision provided by EyeMed Vision Care

Your eyes say a lot about you – from your emotions to vision and your overall health. And, when you're proactive about protecting your eyes, the impact is clear.

Regular eye exams not only correct vision problems, they also can reveal early warning signs of more serious health conditions such as hypertension, cardiovascular disease and diabetes. So, schedule exams annually and you'll be set on a path to better health.

## Keep on saving

You can use your EyeMed discount as often as you like, all year long, on nearly all your vision care purchases at EyeMed's participating providers.

## Visit [eyemed.com](http://eyemed.com) to learn more

Need to locate a provider? Want to learn about vision wellness? Visit [eyemedvisioncare.com/deltadental](http://eyemedvisioncare.com/deltadental).



### Locate a provider

You love choices - and so do we. That's why our network has thousands of independent doctors and retail providers.



### Schedule an appointment

Call ahead or stop by one of the many providers that offer walk-ins. Most also have evening and weekend hours to fit any schedule.



### Show your ID card

When you arrive, let the provider know you have an EyeMed discount through Delta Dental.

Please note your discount cannot be combined with any other discounts, coupons or promotional offers.

### DELTA DENTAL

Member/Patient Services:  
1.866.246.9041  
ACCESS DISCOUNT PLAN

DELTA DENTAL  
Discount Plan#: 9231093

Signature: \_\_\_\_\_

This is not insurance.  
Dependents are eligible.



Please detach carefully at perforation and keep card in your wallet.



# Delta Dental

Discount plan  
 Access network  
 Discounted exam and a defined materials discount

Vision care services	Member cost
Exam and dilation as necessary .....	\$5 off routine exam \$10 off contact lens exam
<b>Complete pair of glasses purchase*:</b> Frame, lenses and lens options must be purchased in the same transaction to receive full discount.	
<b>Standard plastic lenses:</b>	
Single Vision .....	\$50
Bifocal .....	\$70
Trifocal .....	\$105
<b>Frames</b>	35% off retail price
<b>Lens options:</b>	
UV treatment .....	\$15
Tint (solid and gradient) .....	\$15
Standard plastic scratch coating .....	\$15
Standard polycarbonate .....	\$40
Standard progressive lens (Add-on to bifocal) .....	\$65
Standard anti-reflective coating .....	\$45
Other add-ons and services .....	20% off retail price
<b>Contact lens materials: (Discount applied to materials only)</b>	
Disposable .....	0% off retail price
Conventional .....	15% off retail price
<b>Laser vision correction**:</b>	
LASIK or PRK .....	15% off retail price or 5% off promotional price
<b>Frequency:</b>	
Examination .....	Unlimited
Frame .....	Unlimited
Lenses .....	Unlimited
Contact lenses .....	Unlimited

**THIS IS NOT INSURANCE**

\*Items purchased separately will be discounted 20% off of the retail price.

\*\*Since LASIK and PRK vision corrections are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your location. For a location near you and the discount authorization, please call 1.877.5LASER6.

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount. The 20% off discount does not apply to EyeMed providers' professional services or contact lenses. Retail prices may vary by location. All discounts cannot be combined with any other discounts or promotional offers.

This discount design is offered with the EyeMed Access panel of providers.

**EyeMed Member/  
Patient Services:**  
Visit [eyemed.com](http://eyemed.com) or call the number on the front of this card.

**EyeMed Doctors/  
Providers Only:**  
Visit [eyemed.com](http://eyemed.com) to receive plan information or authorization online or call 1.800.521.3605.

**Limitations/Exclusions:**

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan
- Services provided as a result of any Worker's Compensation law
- Discount is not available on those frames where the manufacturer prohibits a discount

Visit [eyemedvisioncare.com/deltadental](http://eyemedvisioncare.com/deltadental) for more information or to locate a provider near you.



# SPENCER

## GOLF & COUNTRY CLUB

### A TABLE IS WAITING FOR YOU!

As a Spencer Hospital Employee please use the gift of a Corporate Dining Pass to dine at the Spencer Golf & Country Club. Enjoy the clubhouse atmosphere with friendly staff, tasty food & drinks, along with a beautiful view of the golf course all year round. Available to all Employees & you are welcome to bring family & guests along.

Simply stop by Human Resources for a Dining Pass, register by completing the card & bring with you on your first visit.

Check out their menu online @ <http://www.spencergolfcc.com> or their Facebook page @spencergolfcc to stay up to date.

Please contact Human Resources for more information x 6205.



# **Dunham's** **S P O R T S**® Discount Program



**We're going digital! Text the keyword SH to 78557, or Scan the QR code with your camera on your smartphone, to upload a copy of your company discount card to your mobile wallet. Once your card is saved to your wallet you can have the cashier scan the barcode for your discount.**



**Don't forget, you can save more when purchasing multiple items by using a Dunham's barcoded coupon on your first item and your company discount card on remaining items. Savings are valid on regular prices, including store special tagged items. Exclusions apply. See your company discount card and any Dunham's barcoded coupon for exclusions and details.**

Message & Data Rates may apply. Privacy Policy: <https://www.dunhamssports.com/privacy-policy.html>  
Terms & Conditions: <https://www.dunhamssports.com/customer-service/terms-conditions/terms.html>



# U.S. Bank Workplace Banking for Your Faculty and Staff

Workplace Banking from U.S. Bank is all about convenience. The program includes a valuable package of discounts and benefits on U.S. Bank products and services.

**FREE** Checking with No Minimum Balance and No Monthly Maintenance Fee<sup>1</sup>

**FREE** First Order of Checks<sup>2</sup>

**FREE** U.S. Bank ATM Transactions at more than 5,000 U.S. Bank ATMs<sup>3</sup>

**FREE** U.S. Bank Visa<sup>®</sup> Check Card with Rewards<sup>4</sup>

**FREE** Internet Banking, Internet Bill Pay and Online Statements

## Exclusive Workplace Banking Benefits and Discounts

- 1/4% Bonus Interest Rate on a Certificate of Deposit<sup>5</sup>
- No Minimum Balance Requirement on a U.S. Bank Money Market Account
- 1% Discount on an Installment Loan Interest Rate with AutoPay<sup>6</sup>
- 25% Off a Mortgage Loan Origination Fee up to \$850 with AutoPay<sup>6</sup>
- 50% Continuous Discount on any size Safe Deposit Box<sup>7</sup>
- No Service Charge for U.S. Currency Travelers Cheques
- Free Personal Financial Consultation
- Exclusive Features on U.S. Bank Visa Cards



[usbank.com/campusbanking](https://usbank.com/campusbanking)

1. All regular account opening procedures apply. Minimum \$100 deposit required to open a U.S. Bank checking account. Non-routine transaction fees apply. 2. Free U.S. Bank logo-style checks or 50% off any other style (limit 150). 3. ATM transaction fees may apply at non-U.S. Bank ATMs. 4. Checking That Pays<sup>®</sup> offers reward programs for check cards that can be added to any U.S. Bank personal checking account. Customers can only elect one Checking That Pays<sup>®</sup> check card reward program per account. Only purchases that do not require a PIN to be entered qualify for rewards. Cash advance and ATM transactions do not qualify. Transaction fees may apply when check card is used as an ATM card. 5. Substantial penalty for early withdrawal on CDs. 6. Subject to credit approval. 7. Subject to availability, safe deposit boxes may not be available in all branches. Rentals sales subject to change. See Banker for current rates. Safe deposit box and contents not FDIC insured, nor covered by U.S. Bank's insurance policy. Customers must secure their own insurance, if desired. Subject to the terms and conditions of the safe deposit box lease agreement. Deposit products offered by U.S. Bank, N.A. Member FDIC.



# A Cornucopia of Savings

**CELEBRATING HISPANIC HERITAGE MONTH**

Now through October 15, join us as we embrace unity through a special collection of brands, offers and events that support the Hispanic and Latinx American community.



## SAVE ON FALL ESSENTIALS

- **NFL Tickets:** Score big with tickets using Preferred Access
- **Samsung:** Save big on 4K, 8K, and Lifestyle TVs
- **Travel and Events:** Enjoy savings on theme park and event tickets, airfare, hotels, and rental cars



### Scary Good Deals

It's time to trick or treat. Make sure you have a hauntingly good time this holiday with savings on:

- Shop Disney: Save on must-haves for Halloween night
- Harry & David: Save 15% on Halloween gift and sweet boxes



### Fall Favorites for Less

Refresh your wardrobe or get a head start on holiday shopping and enjoy savings like:

- Sam's Club: Get 55% off a new membership
- Hunter: Save 20% sitewide on boots, clothing, bags, and more



### Mental Health Awareness

October 10th is World Mental Health Day. Take care of your mind, body, and well-being with these great offers:

- Calm: Save 40% on the #1 app for sleep, meditation, and relaxation
- Transform App: Get 50% off a 1-year subscription



Make the most of your TicketsatWork membership! Get instant access to exclusive deals, limited-time offers and members-only perks on the products, services and experiences you need and love. With something to excite every interest, it's time to spend less and enjoy more this season.

## New to TicketsatWork? Getting Started is Easy.

- 1 Visit [TicketsAtWork.com](https://www.ticketsatwork.com)
- 2 Click *Become a Member*
- 3 Enter your company code or work email to create an account

COMPANY CODE









SpencerTix1

NEED HELP? CALL US: 1-800-331-6483 • EMAIL US: [CUSTOMERSERVICE@TICKETSATWORK.COM](mailto:CUSTOMERSERVICE@TICKETSATWORK.COM)

\*Prices and Offers are subject to availability and subject to change without notice. Please review the terms and conditions for offers.

## Spencer Hospital- IA2039:

Premier member organizations can offer their employees exclusive access to discounts from Premier contracted suppliers. For additional information on these employee discounts, please contact your facility personnel responsible for implementing employee discounts.

Category	Suppliers	Overview	How to access the discount
<b>Car Rental Services</b> Expires 10.31.26		Up to 10% off leisure and professional travel rates and free Hertz Gold Plus Rewards enrollment.	Visit <a href="http://www.hertz.com">www.hertz.com</a> . When ready to book: Check the "Enter a Discount or Promo Code" box. Enter your facility's CDP-ID number in the 'Discount/CDP/Club Code' box to receive discounted rates. <b>CDP-ID:</b>
<b>Flooring Products and Services</b> Expires 11.30.27		28% off retail pricing of flooring products and services.	Orders should be placed at <a href="http://www.forboflooringna.com">www.forboflooringna.com</a> .
		10% off coupon for flooring products, excluding installation and underlayment.	Request coupon from <a href="http://www2.mohawkflooring.com/FriendsandFamily/mohawk.aspx">www2.mohawkflooring.com/FriendsandFamily/mohawk.aspx</a> , and present coupon to Mohawk retailer. Minimum purchase requirements of 30 square yards for carpet and 150 square feet for wood, laminate and ceramic
		10% off Premier-contracted pricing for <b>pre-paid</b> flooring products and services.	Orders must be placed with Shannon Specialty Floors customer service at 800.522.9166 or <a href="mailto:teknoflororders@hmtx.global">teknoflororders@hmtx.global</a> . Individuals must identify themselves as Premier member employees and prepay for their orders.
<b>Furniture and Systems, Seating and Accessories</b> Expires 12.31.26		Specific discounts on select Herman Miller products include direct-to-home delivery or home "white glove" delivery.	Orders must be placed at <a href="https://www.millerknoll.com/work-from-home-program">https://www.millerknoll.com/work-from-home-program</a> <b>Discount Code: PREMIER</b>
<b>Mobile Wireless Carriers</b> Expires 07.31.27		25% off voice and data plans for eligible healthcare classes of trade.  Excludes unlimited data plans.	Employees sign up for the discount online at <a href="http://www.att.com/wireless/premiergpo">www.att.com/wireless/premiergpo</a> . Enter your facility's eight-digit FAN code to access the online portal. Put a "0" at the beginning if provided a seven-digit code. <b>03036282:</b>
		12% discount on unlimited data plans for eligible classes of trade.	Email <a href="mailto:gpoprograms@t-mobile.com">gpoprograms@t-mobile.com</a> to enroll. <i>T-Mobile requires member company to have an active business account with T-Mobile and their account must be enrolled in the GPO program.</i>
		Up to a 22% discount on voice and text plans for eligible healthcare and non-healthcare classes of trade (19% discount without e-billing enrollment).  25% discount on accessories.  Excludes unlimited data plans. Enrollment in e-billing is required to receive a full discount.	Visit a local Verizon Wireless store or <a href="http://www.verizonwireless.com/discount">www.verizonwireless.com/discount</a> and validate proof of employment by email address or paystub. <b>To validate by email address:</b> Choose existing Verizon customer and enter your mobile phone number or Verizon user ID. Click validate by email address and enter your work email address. <b>To validate by paystub:</b> Choose existing Verizon customer and enter your mobile phone number or Verizon user ID. Click validate by paystub. Complete customer and employer information on Employment Validation Form. Click choose file and select paystub. The paystub must be issued within the last 60 days.

Category	Suppliers	Overview	How to access the discount
<b>Office Supplies and Business Services</b> Expires 07.31.26		10% off regularly-priced items (excluding technology, ink and toner, business equipment, custom printing, copy and print services, U.S. postage, gift cards, warranties and clearance items); sale items subject to a 10% discount or sale price, whichever is cheaper.	<a href="#">Register online</a> to set up an account. Download the ODP Business Solutions mobile app, and use the QR code that was activated at registration when purchasing items in stores.
		By registering a personal phone number with Staples, members and its employees will receive Tier 1 contract pricing at the Staples retail outlets.	<a href="#">Register online</a> to set up an account. The cell phone number you input on the registration form will be the one you should use at checkout registers in stores to access the Premier-negotiated discount. See <a href="#">Staples Retail Program Changes flyer</a> for additional details.
<b>Paint and Related Sundries</b> Expires 02.28.25		25% discount off includes PPG UltraLast™, Manor Hall®, Pure Performance®, Break-Through®, Hi-Hide® Advantage™ 900, Seal Grip®, Permanizer®, Acri-Shield® Max, Sun Proof®, Deft®, Flood® and ProLuxe®. (exclusions apply)	Present this <a href="#">coupon</a> before the sale is rung at the register.
		30% discount off the list price of paint and stains and a 15% discount off the list price of painting supplies.	Present <a href="#">this coupon</a> before the sale is rung at the register. Discount coupon is valid with each employee purchase.
<b>Physical Therapy Products and Exercise Equipment</b> Expires 02.28.26		Discounted physical therapy products and exercise equipment. Discounts vary by product.	Contact Craig Marian at 305.807.4121 or <a href="mailto:craig.marian@performancehealth.com">craig.marian@performancehealth.com</a> .



# Corporate Wellness

Help your employees become active, healthy and more productive today!



## GOOD HEALTH GOOD BUSINESS

At the Spencer Family YMCA, we are committed to helping people grow in spirit, mind and body. We are more than a "swim and gym". We are a cause within a facility providing members with a supportive and motivational environment to take control of their health and well-being. The Y offers a wide variety of programs, services and volunteer opportunities to help members stay healthy and connected.

A YMCA Corporate Membership is available to employees and their family. Through the Corporate Membership Program, employees and immediate family receive a 10% discount.



## CORPORATE MEMBER BENEFITS

### NATIONWIDE MEMBERSHIP

With a Spencer Family YMCA membership, you will have access to all YMCA's Nationwide.

### FITNESS ASSESSMENT

FREE Body Composition and Blood Pressure check at your place of employment annually.

### FREE GROUP EXERCISE

Adult exercise classes are free to members. The Y will set up sample classes at the Y just for employees at your company.

### FAMILY FUN DAY

Corporate members join with Y staff to plan an annual Family Fun Day for ALL of their employees, which will include inflatables, both pools, volleyball, pickle ball, and so much more! ALL employees are invited, even if they do not have membership.

### PRIORITY REGISTRATION

With a YMCA membership, youth qualify for priority registration for each program session, as well as the regular member discount.

## BUILDING A HEALTHIER WORKPLACE TOGETHER



**QUESTIONS? Contact:**

Spencer Family YMCA  
(P) 712 262 3782

**Megan Whitaker**

Director of Operations  
mwhitaker@spencerymca.org



# CORPORATE 2025



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

	Bank Draft Rate	10% Discount
	Annual Rate	Corporate
Youth	\$36.00	\$32.40
	\$406.00	\$365.40
Adult	\$56.00	\$50.40
	\$632.00	\$568.80
Senior	\$43.00	\$38.70
	\$485.00	\$436.50
Adult Couple	\$80.00	\$72.00
	\$902.00	\$811.80
Solo-Parent	\$61.00	\$54.90
	\$688.00	\$619.20
Family	\$93.00	\$83.70
	\$1049.00	\$944.10

# INVEST IN YOUR EMPLOYEES GOOD HEALTH

## CURRENT CORPORATE MEMBERSHIP PARTNERS:

- |                             |                           |
|-----------------------------|---------------------------|
| Avera Family Care           | Northwest Bank            |
| Arnold Group                | Rembrandt Foods           |
| Campbell, Higgins & Mummert | Seasons Center            |
| City of Spencer             | Solutions, Inc.           |
| Clay Central Everly         | Spencer Hospital          |
| Clay County                 | Spencer Public Schools    |
| Community State Bank        | SMU                       |
| Farmers Bank                | State of Iowa             |
| Iowa Lakes Regional Water   | St. Luke's                |
| Great Lakes Communications  | Northwest Iowa Urologists |
| Weight Watchers             |                           |

## GUEST PASSES:

	Day Rate
Youth	\$5.00
Adult	\$10.00
Family	\$20.00

### NEW TO THE Y?

Take a tour of the Y and receive a 1-week FREE Trial Membership

### QUESTIONS?

Contact Megan Whitaker  
Director of Operations  
mwhitaker@spencerymca.org

## HOW IT WORKS:

- The employee and the immediate family can receive the discount, for example an employees child.
- Corporate discounts are for membership only and do not include youth programs, personal training, special events, etc.
- Discounts - One discount per membership is permitted. For example a corporate discount can not receive a discount from any other promotion.

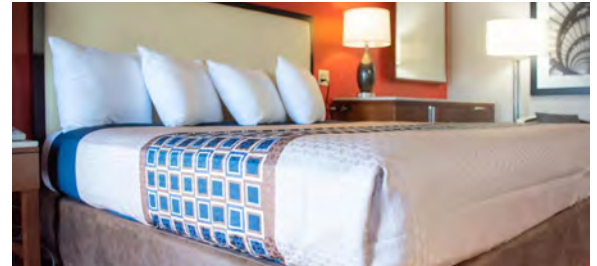
# Spencer Hospital Employees - Hotel Rates

EMPLOYEES MUST SHOW BADGE UPON CHECK-IN.



## Spencer Inn & Suites

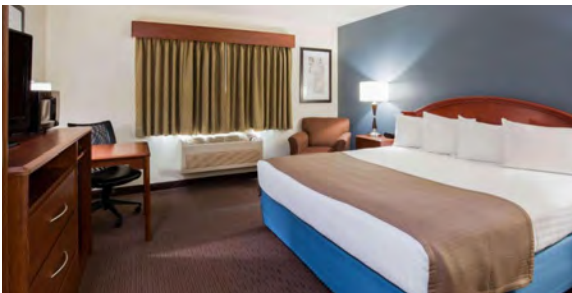
\$60/night (+ tax) | YEAR ROUND  
(except Clay County Fair Week)



FREE WIFI • BREAKFAST • DAILY HOUSEKEEPING • VENDING MACHINES

## Spencer Americinn

\$85/night (+ tax) | OCTOBER - APRIL



FREE WIFI • SWIMMING POOL • DAILY HOUSEKEEPING • VENDING MACHINES



## Holiday Inn Spencer

Standard - \$119.99/night (+ tax)  
Suite - \$134.99/night (+ tax)  
YEAR ROUND



FREE WIFI • INDOOR SWIMMING POOL • FITNESS CENTER • BREAKFAST



# BENEFITS DEFINITIONS

## DEDUCTIBLE

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

## COINSURANCE

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## OUT-OF-POCKET MAXIMUM

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

## COPAYMENT

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

## NETWORK PROVIDER

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."



## PROVIDER

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

## OUT-OF-NETWORK PROVIDER

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."

# BENEFITS DEFINITIONS (CONT.)

## REFERRAL

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you may need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

## PREMIUM

You typically pay premiums through payroll deductions.

## HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of-pocket limits, than a traditional health plan. HDHPs are often coupled with an HSA (Health Savings Account).



# HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

## PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

### ***What is the Health Insurance Marketplace?***

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

### ***Can I Save Money on my Health Insurance Premiums in the Marketplace?***

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

### ***Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?***

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be

eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### ***How Can I Get More Information?***

For more information about your coverage offered by your employer, please check your summary plan description.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



# NOTICE OF PRIVACY PRACTICES

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

## OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the «*Group\_Health\_Plan\_Name*» (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on January 1, 2025.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. «*Client\_Short\_Name\_*» requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

### **Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

### **How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement

from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

**Treatment.** Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

**As permitted or Required by Law.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

**Pursuant to Your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to

sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

**To Business Associates.** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

**To the Plan Sponsor.** We may disclose protected health information to certain employees of Spencer Hospital for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## **Your Rights**

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will

not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

**Right to Request Restrictions.** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications.** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

**Right to Receive a Paper Copy of this Notice.** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact Human Resources.

## **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

# **IMPORTANT NOTICE FROM SPENCER HOSPITAL ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

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

### **When Can You Join A Medicare Drug Plan?**

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

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

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

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

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

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

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

Contact the person listed below for further information.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Spencer Hospital 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](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: 1/1/2025

Name of Entity/Sender: Spencer Hospital

Contact/Office: Candace Daniels

Address: 1200 First Avenue East, Spencer, IA 51301

Phone Number: (712) 264-6643

## OTHER NOTICES

### Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, doctor, or a health coach in order to provide you with services under the wellness program.

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

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

## **NEWBORN & MOTHERS HEALTH PROTECTION NOTICE**

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

## **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). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the Spencer Hospital or your medical plan administrator.

## **HIPAA SPECIAL ENROLLMENT NOTICE**

*This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.*

### **Loss of Other Coverage (including Medicaid and State Child Health Coverage)**

If you are declining coverage for yourself or your dependents (including spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

### **Marriage, Birth, or Adoption**

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.



## **Medicaid or State Child Health Coverage**

If you or your dependents lose eligibility for coverage under Medicaid or State Child Health Coverage Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.



Spencer Hospital HDHP PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.wellmark.com](http://www.wellmark.com) or call 1-800-524-9242. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-524-9242 to request a copy.

Important Questions	Answers	Why this Matters:
<b>What is the overall <u>deductible</u>?</b>	In- <u>Network</u> : <b>\$2,500</b> person/ <b>\$5,000</b> family per calendar year. Out-of- <u>Network</u> : <b>\$5,000</b> person/ <b>\$10,000</b> family per calendar year.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. Well-child care and in- <u>network</u> <u>preventive care</u> and routine vision exams are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No. There are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	In- <u>Network</u> : <b>\$2,500</b> person/ <b>\$5,000</b> family per calendar year. Out-Of- <u>Network</u> : <b>\$5,000</b> person/ <b>\$10,000</b> family per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	Yes. See <a href="http://www.wellmark.com">www.wellmark.com</a> or call 1-800-524-9242 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an out-of- <u>network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an out-of- <u>network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	<u>Specialist</u> visit	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Hearing exams are covered according to ACA guidelines.
	<u>Preventive care/screening/immunization</u>	No charge	0% <u>coinsurance</u>	One preventive exam per calendar year. One mammogram per calendar year starting at age 35. Well-child care is covered to age 7. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is at <a href="http://www.wellmark.com/prescriptions">www.wellmark.com/prescriptions</a>.</p>	Tier 1	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<p>Refer to your Blue Rx Value Plus Drug List to determine the tier that applies to a covered drug.</p> <p>You pay the discounted cost of your <u>prescription drugs</u> until your <u>in-network deductible</u> is met. For <u>out-of-network prescription drugs</u>, you may be balance billed.</p> <p>30-day supply for <u>prescription drugs</u>. 90 day prescription maximum (Retail and Mail order).</p> <p><u>Specialty drugs</u> are covered only when obtained through the CVS Specialty Pharmacy Program.</p> <p><u>Specialty drugs</u> on the PrudentRx drug list (found at Wellmark.com) will have 30% <u>coinsurance</u>. If you enroll with PrudentRx, you will have \$0 member cost-share for drugs on the PrudentRx drug list once your <u>deductible</u> is met.</p> <p>See <a href="http://wellmark.com/prescriptions">wellmark.com/prescriptions</a> for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.</p>
	Tier 2	0% <u>coinsurance</u>	0% <u>coinsurance</u>	
	Tier 3	0% <u>coinsurance</u>	0% <u>coinsurance</u>	
	Specialty drugs	0% <u>coinsurance</u>	Not covered	
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Physician/surgeon fees	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<b>If you need immediate medical attention</b>	<u>Emergency room care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	For <u>emergency medical conditions</u> treated out-of-network, it is likely you may not be balance billed pursuant to the federal rules developed for implementation of the No Surprises Act.
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	For covered non-emergent situations, out-of-network ground ambulance services are NOT reimbursed at the in-network level. You may be balance billed for any out-of-network service as established under the rules developed for implementation of the No Surprises Act.
	<u>Urgent care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Transplants are limited to Blue Distinction Centers.
	<u>Physician/surgeon fees</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Transplants are limited to Blue Distinction Centers.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Inpatient services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
<b>If you are pregnant</b>	Office visits	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.



Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Wigs are covered up to \$50 per calendar year when hair loss results from cancer or alopecia medical treatments.
	<u>Rehabilitation services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	<u>Habilitation services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	<u>Hospice services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Hospice respite care is limited to 15 inpatient and 15 outpatient days per lifetime.
<b>If your child needs dental or eye care</b>	Children's eye exam	0% <u>coinsurance</u>	0% <u>coinsurance</u>	One routine vision exam per calendar year.
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	-----None-----

For more information about limitations and exceptions, see your [plan](#) document or call Wellmark at 1-800-524-9242.

## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Custodial care - in home or facility
- Dental care - Adult
- Dental check-up
- Extended home skilled nursing
- Glasses
- Hearing aids
- Long-term care
- Routine foot care
- Some pharmacy drugs are not covered
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Applied Behavior Analysis therapy
- Chiropractic care
- Infertility treatment (\$15,000 LTM)
- Most coverage provided outside the U.S.
- Private-duty nursing - short term intermittent home skilled nursing
- Routine eye care - Adult (one vision exam per calendar year)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-524-9242.

### Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

### Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next page. \_\_\_\_\_

### Wellmark Blue Cross and Blue Shield of Iowa is an independent licensee of the Blue Cross and Blue Shield Association.

*This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.*

## About These Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$2,500
■ PCP <u>coinsurance</u>	0%
■ Hospital(facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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**In this example, Peg would pay:**

Cost Sharing	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
What isn't covered	
<b>Limits or exclusions</b>	<b>\$60</b>
<b>The total Peg would pay is</b>	<b>\$2,560</b>

### Managing Joe's type 2 Diabetes (a years of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$2,500
■ <u>Specialist</u> <u>coinsurance</u>	0%
■ Hospital(facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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**In this example, Joe would pay:**

Cost Sharing	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
What isn't covered	
<b>Limits or exclusions</b>	<b>\$20</b>
<b>The total Joe would pay is</b>	<b>\$2,520</b>

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$2,500
■ <u>Specialist</u> <u>coinsurance</u>	0%
■ Hospital(facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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**In this example, Mia would pay:**

Cost Sharing	
<u>Deductibles</u>	\$2,500
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
What isn't covered	
<b>Limits or exclusions</b>	<b>\$0</b>
<b>The total Mia would pay is</b>	<b>\$2,500</b>

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.

# Wellmark Language Assistance

## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**  
 200 Independence Avenue, SW  
 Room 509F, HHH Building  
 Washington, D.C. 20201  
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobu oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم (٢٤٢٩-٤٢٥-٠٠٨ أو (خدمة الهاتف النصي: ٨٨٨-٧٨١-٤٢٦٢).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ ໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ທີ່ດ່ວງ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kantscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 oder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်ဆးသ့ၣ်ညါ-န့ၣ်ဖါကတိၣ်ကတိၣ်ကတိၣ်,ကတိၣ်တၢ်မၤတၢ်ဖၢၤတၢ်မၤတၢ်ဖၢၤ,လၢတၢ်တၢ်လၢတၢ်လၢ,ဆိၣ်လၢန့ၣ်လၢ,ဆးကတိၣ်ဆူ ၈၀၀-၅၂၄-၉၂၄,မ့ၣ်တၢ်ဖၢၤ(TTY: ၈၈၈-၇၈၁-၄၂၆)တၢ်ကတိၣ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶቻችን፣ ከከፍኛ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yání'ti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hóline' 800-524-9242 doodaii' (TTY: 888-781-4262)



Spencer Hospital PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.wellmark.com](http://www.wellmark.com) or call 1-800-524-9242. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-524-9242 to request a copy.

Important Questions	Answers	Why this Matters:
<b>What is the overall <u>deductible</u>?</b>	Spencer Hospital and Affiliates: <b>\$1,000</b> person/ <b>\$2,000</b> family per calendar year. In- <u>Network</u> (IN) <u>Provider</u> : <b>\$2,000</b> person/ <b>\$4,000</b> family per calendar year. Out-of- <u>Network</u> (OON) <u>Provider</u> : <b>\$4,000</b> person/ <b>\$8,000</b> family per calendar year.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
<b>Are there services covered before you meet your <u>deductible</u>?</b>	Yes. Well-child care, in- <u>network</u> <u>preventive care</u> , routine vision exams, in- <u>network</u> prosthetic limbs and services subject to health and drug card <u>copayments</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	No. There are no other specific <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>	Spencer Hospital and Affiliates: <b>\$3,500</b> person/ <b>\$7,000</b> family per calendar year. In- <u>Network</u> (IN) <u>Provider</u> : <b>\$3,500</b> person/ <b>\$7,000</b> family per calendar year. Out-of- <u>Network</u> (OON) <u>Provider</u> : <b>\$6,000</b> person/ <b>\$12,000</b> family per calendar year. Drug Card: <b>\$3,600</b> person/ <b>\$7,200</b> family per calendar year. The In- <u>Network</u> health and drug card <u>out-of-pocket</u> maximum amounts accumulate separately.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	Premiums, <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .



Important Questions	Answers	Why this Matters:
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.wellmark.com">www.wellmark.com</a> or call 1-800-524-9242 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In-Network (IN) Provider (You will pay more)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 <u>copay</u> per <u>provider</u> per date of service	\$25 <u>copay</u> per <u>provider</u> per date of service	40% <u>coinsurance</u>	Spencer Hospital and Affiliates services are facility services received at; and, provided by practitioners recognized by Spencer Hospital and Affiliates. In-network providers are services received from Wellmark Alliance Select <sup>SM</sup> PPO <u>network providers</u> . Primary Care Provider (PCP) types can be found in the What You Pay section of your <u>plan</u> document.
	<u>Specialist</u> visit	\$40 <u>copay</u> per <u>provider</u> per date of service	\$40 <u>copay</u> per <u>provider</u> per date of service	40% <u>coinsurance</u>	Hearing exams are covered according to ACA guidelines. \$25 <u>copay</u> per <u>provider</u> per date of service for in- <u>network</u> chiropractic services.
	<u>Preventive care/ screening/ immunization</u>	No charge	No charge	40% <u>coinsurance</u>	One preventive exam per calendar year. One mammogram per calendar year starting at age 35. Well-child care is covered to age 7. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In-Network (IN) Provider (You will pay more)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above.
If you need drugs to treat your illness or condition  More information about <u>prescription drug coverage</u> is at <a href="http://www.wellmark.com/prescriptions">www.wellmark.com/prescriptions</a> .	Tier 1	N/A	Greater of \$5 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$15	Greater of \$5 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$15	Refer to your Blue Rx Value Plus Drug List to determine the tier that applies to a covered drug. For out-of-network <u>prescription drugs</u> , you may be balance billed. 1 <u>copay</u> or <u>coinsurance</u> for 30-day supply. 3 <u>copays</u> for 90-day supply (Retail). 2.5 <u>copays</u> for 90-day supply (Mail order). <u>Specialty drugs</u> are covered only when obtained through the CVS Specialty Pharmacy Program. <u>Specialty drugs</u> on the PrudentRx drug list (found at Wellmark.com) will have 30% <u>coinsurance</u> . If you enroll with PrudentRx, you will have \$0 member cost-share for drugs on the PrudentRx drug list. See <a href="http://wellmark.com/prescriptions">wellmark.com/prescriptions</a> for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.
	Tier 2	N/A	Greater of \$30 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$60	Greater of \$30 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$60	
	Tier 3	N/A	Greater of \$50 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$100	Greater of \$50 <u>copay</u> per prescription or 10% <u>coinsurance</u> up to \$100	
	Specialty drugs	N/A	10% <u>coinsurance</u> up to \$250	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	Physician/surgeon fees	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In- <u>Network</u> (IN) Provider (You will pay more)	What You Will Pay Out-of- <u>Network</u> (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For <u>emergency medical conditions</u> treated out-of- <u>network</u> , it is likely you may not be balance billed pursuant to the federal rules developed for implementation of the No Surprises Act.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For covered non-emergent situations, out-of- <u>network</u> ground ambulance services are NOT reimbursed at the in- <u>network</u> level. You may be balance billed for any out-of- <u>network</u> service as established under the rules developed for implementation of the No Surprises Act.
	<u>Urgent care</u>	\$25 <u>copay</u>	\$25 <u>copay</u>	40% <u>coinsurance</u>	<u>Copay</u> applies per <u>provider</u> per date of service of service for facility and physician(s) combined.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Transplants are limited to Blue Distinction Centers.
	<u>Physician/surgeon fees</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Transplants are limited to Blue Distinction Centers.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider per date of service</u> Facility: 20% <u>coinsurance</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider per date of service</u> Facility: 20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Copay</u> applies per <u>provider</u> per date of service.
	Inpatient services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In- <u>Network</u> (IN) Provider (You will pay more)	What You Will Pay Out-of- <u>Network</u> (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you are pregnant	Office visits	No charge	No charge	40% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply for <u>preventive services</u> . For any in- <u>network</u> services that fall outside of routine obstetric care, the office visit benefits shown above may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	<u>Rehabilitation services</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider</u> per date of service Facility: 20% <u>coinsurance</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider</u> per date of service Facility: 20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$25 <u>copay per provider</u> per date of service applies to in- <u>network</u> Physical and Occupational Therapists and Speech Language Pathologists.
	<u>Habilitation services</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider</u> per date of service Facility: 20% <u>coinsurance</u>	Office: \$25 PCP/ \$40 Non-PCP <u>copay per provider</u> per date of service Facility: 20% <u>coinsurance</u>	40% <u>coinsurance</u>	\$25 <u>copay per provider</u> per date of service applies to in- <u>network</u> Physical and Occupational Therapists and Speech Language Pathologists.
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u> .	40% <u>coinsurance</u>	-----None-----
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Wigs are covered up to \$50 per calendar year when hair loss results from cancer or alopecia medical treatments.
	<u>Hospice services</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Hospice care is limited to 15 inpatient and 15 outpatient days per lifetime.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.

Common Medical Event	Services You May Need	What You Will Pay Spencer Hospital and Affiliates (You will pay the least)	What You Will Pay In- <u>Network</u> (IN) <u>Provider</u> (You will pay more)	What You Will Pay Out-of- <u>Network</u> (OON) <u>Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	No charge	No charge	40% <u>coinsurance</u>	One routine vision exam per calendar year.
	Children's glasses	Not covered	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	Not covered	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242.



## Excluded Services & Other Covered Services:

### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Custodial care - in home or facility
- Dental care - Adult
- Dental check-up
- Extended home skilled nursing
- Glasses
- Hearing aids
- Long-term care
- Routine foot care
- Some pharmacy drugs are not covered
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Applied Behavior Analysis therapy
- Chiropractic care
- Infertility treatment (\$15,000 LTM)
- Most coverage provided outside the U.S.
- Private-duty nursing - short term intermittent home skilled nursing
- Routine eye care - Adult (one vision exam per calendar year)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-524-9242.

### Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

### Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

### **Wellmark Blue Cross and Blue Shield of Iowa is an independent licensee of the Blue Cross and Blue Shield Association.**

*This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.*

## About These Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$1,000
■ PCP <u>copayment</u>	\$25
■ Hospital(facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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**In this example, Peg would pay:**

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$2,000
What isn't covered	
<b>Limits or exclusions</b>	<b>\$60</b>
<b>The total Peg would pay is</b>	<b>\$3,160</b>

### Managing Joe's type 2 Diabetes (a years of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$1,000
■ <u>Specialist</u> <u>copayment</u>	\$40
■ Hospital(facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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**In this example, Joe would pay:**

Cost Sharing	
<u>Deductibles</u>	\$50
<u>Copayments</u>	\$1,200
<u>Coinsurance</u>	\$0
What isn't covered	
<b>Limits or exclusions</b>	<b>\$20</b>
<b>The total Joe would pay is</b>	<b>\$1,270</b>

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$1,000
■ <u>Specialist</u> <u>copayment</u>	\$40
■ Hospital(facility) <u>coinsurance</u>	20%
■ Other <u>coinsurance</u>	20%

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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**In this example, Mia would pay:**

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$200
What isn't covered	
<b>Limits or exclusions</b>	<b>\$0</b>
<b>The total Mia would pay is</b>	<b>\$1,400</b>

Claim examples calculate as if services are provided by Spencer Hospital and Affiliates providers.

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.

# Wellmark Language Assistance

## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**U.S. Department of Health and Human Services**  
 200 Independence Avenue, SW  
 Room 509F, HHH Building  
 Washington, D.C. 20201  
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobu oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم (٢٤٢٩-٤٢٥-٠٠٨ أو (خدمة الهاتف النصي: ٨٨٨-٧٨١-٤٢٦٢).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ ໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ທີ່ດ່ວງ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kantscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်ဆးသ့ၣ်ညါ-နမ့ၢ်ကတၢၢ်ကေၣ်ဂၢ်ဂၢ်, နၢ်တၢ်မၤတၢ်ဖၢၤတၢ်မၤတၢ်ဖၢၤ, လၢတၢ်တၢ်လၢတၢ်လၢ, ဆိၣ်လၢန့ၢ်လၢ, ဆးကိးဆူ ၈၀၀-၅၂၄-၉၂၄, မ့ၢ်တၢ်ဖၢၤ (TTY: ၈၈၈-၇၈၁-၄၂၆) တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶቻችን፣ ከከፍኛ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋገሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quonnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yánítí'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hóline' 800-524-9242 doodaii' (TTY: 888-781-4262)



# Spencer Hospital

*Healthier Together.*





**Personal Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone (daytime) \_\_\_\_\_ Telephone (home) \_\_\_\_\_

**457 Payroll Deduction**

**Designate the deduction amount to send to your provider.** *The combined amount of all 457 contributions in a tax year is limited to the IRS annually declared maximum contribution limits.*

	Pretax	Roth (post-tax)
	_____	_____
<b>Empower*</b>	\$ _____ /check	\$ _____ /check

**Effective date.** *Deduction changes will take effect the month after your request is received. You may elect a future date or specify a single check below.*

**Future effective date** (if desired)

Begin as of \_\_\_\_\_ (check date)

1 check only \_\_\_\_\_ (check date)

Final check \_\_\_\_\_ (check date)

**Participant Signature**

I authorize my employer to direct my contributions and make payroll deductions as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a RIC At-A-Glance and Plan Document. I have established 457 and 401a accounts with one of the RIC providers. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution. I understand that the total of all 457 contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 457b.

**X** \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form Submission**

<b>New Accounts:</b>	<b>Provider account forms:</b> Forward to the provider
	<b>RIC Account Form:</b> Forward to your payroll office
<b>Changes to Existing Accounts:</b>	Forward this form to your payroll office (shown below)

**Agent Use Only** (Not required for existing accounts)

I am authorized to open accounts for this employee and verify that he/she has established 457/401a accounts with the provider shown below.

Print Agent Name \_\_\_\_\_ Agent Signature \_\_\_\_\_ Agent Phone Number \_\_\_\_\_ Provider Name \_\_\_\_\_ Date \_\_\_\_\_

<b>Payroll Office</b>	Date Received: _____	Paycheck Effective Date: _____	Name: _____
<b>RIC Use Only</b>	Date Pended: _____	Entered: _____	Checked: _____



Visit the RIC website at <https://das.iowa.gov/RIC> to access the RIC At-A-Glance (under *Providers & Investments*), IRS maximum contribution limits, and other plan options specific to the Iowa RIC 457/401a plans.

\* Empower – formerly MassMutual Retirement







# 2025 Holiday Savings Club

The Holiday Savings Club is a way to put aside money throughout the year without being tempted to spend it. The total account value you elect will then be dispersed before the holiday season giving you a little extra cushion to use as you'd like.

**All full-time, part-time, & weekend package employees may participate.**

The amount of money designated by you is taken directly out of each paycheck, after tax, and deposited into an account held by Spencer Hospital. Then, when it's time, your money will be paid back to you.

Full policy information is located on Policy Manager: Holiday Savings Club

**To elect, please complete the form below.**

Questions? Please contact Human Resources @ 6205.



**I authorize \$ \_\_\_\_\_ to be taken out of every paycheck for a total of 22 pay periods in 2025.**

**\$ \_\_\_\_\_/check x 22 pay periods = \$ \_\_\_\_\_ total account value**

**I understand that I will receive the total account value by mid-November 2025. The only instances in which money can be received prior to the scheduled payment date is if employment with Spencer Hospital has ended either voluntarily or involuntarily.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

