



WHAT YOU NEED TO KNOW ABOUT YOUR 2024 TOTAL REWARDS

At OSF HealthCare, we not only serve our patients with the greatest care and love, we want to demonstrate that same care and love to you as a valued Mission Partner.



You make a difference, and the Sisters truly value you and your dedication. We couldn't carry out our Mission without you. And because we care about you, ensuring your well-being is of the utmost importance. That's why our Total Rewards program features market-competitive compensation and benefits as well as a well-being program and recognition! We want to continue as your employer of choice and encourage future dedicated, high-performing Mission Partners to come serve alongside us.

If you want medical insurance, a flexible spending account or health savings account in 2024, you must re-enroll during open enrollment. All of your other benefits will carry over to 2024 unless you make a change.

YOUR PAY IN 2024

ANNUAL PAY INCREASE

As part of the Ministry's continued efforts to remain an Employer of Choice, we are excited to share that all eligible Mission Partners in the salary range and pay step structures will receive a 3.25% annual pay increase for Fiscal Year 2024. This increase will be effective on November 26, 2023, and will be reflected in your paycheck on December 15, 2023. Human Resources will share more information about this pay increase in the near future.

ADDITIONAL ELIGIBILITY GUIDELINES AND DETAILS:

- Mission Partners hired prior to September 30, 2023, are eligible for this annual pay increase. This includes staff, leadership and executive roles in the salary range structure.
- The 3.25% pay increase for Mission Partners in the pay step structure will not impact increases due to movement through the steps triggered by employee anniversary dates.
- Mission Partners who are in a flat rate pay structure, a physician contract or a collective bargaining agreement are excluded from this increase. Please reach out to your leader if you have any questions about which pay structure you are currently in.
- Mission Partners whose pay rate is at or above the maximum of their pay range will receive their annual pay increase in the form of a lump sum amount equivalent to one-half of the approved annual increase.

TEAM AWARD

The amount of a possible Team Award for Fiscal Year 2023 will be determined and announced in early December 2023.



YOUR 2024 BENEFITS: WHAT'S CHANGING AND STAYING THE SAME



ENHANCEMENTS

- Accident Insurance and Hospital Indemnity Insurance will pay increased benefits. For example:
 - Accident Insurance: The benefit you'll receive for an initial doctor visit for accident care is increasing from \$75 to \$100.
 - Hospital Indemnity Insurance: The daily confinement rate benefit is increasing from \$100 to \$150.
- Critical Illness Insurance will cover additional illnesses, such as Type 1 diabetes and sudden cardiac arrest.



STAYING THE SAME

- Health Savings High Deductible Plan (HSHD) medical premiums for full-time Mission Partners
- HSHD medical and prescription drug deductibles, coinsurance and out-of-pocket maximums
- Dental and vision benefits and premiums
- Child/dependent care flexible spending account maximum contribution of \$5,000 (\$2,000 if your annual salary is \$135,000 or more)
- Voluntary benefits, such as Supplemental Life Insurance and Long-Term Disability Insurance



CHANGES

- Select PPO medical premiums are increasing for both full-time and part-time Mission Partners.
- Select PPO deductibles, office visit and Emergency Department copays, coinsurance, and out-of-pocket maximums are increasing.
- Select PPO prescription drug copays are increasing.
- HSHD medical premiums are increasing for part-time Mission Partners.
- The Select PPO and HSHD Plans will both feature a new drug formulary.
- Medical flexible spending account (FSA) and health savings account (HSA) limits are changing. See pages 6 and 7.



ID CARDS

- Blue Cross Blue Shield of Illinois is issuing new ID cards to all Mission Partners. These cards will be mailed in mid-December.
- Dental ID cards will only be mailed to Mission Partners who are newly electing coverage.
- No ID card is needed for the vision plan. Just tell your vision provider you have VSP.



HEALTH SAVINGS ACCOUNT DEBIT CARDS

- Existing HSA debit card holders will continue using their current card.
- New HSA participants will receive their debit cards in December or January.

OPEN ENROLLMENT: MUST RE-ENROLL FOR MEDICAL INSURANCE, FSA AND HSA

Open enrollment will run from November 1-15, 2023. It is up to you to take action during this timeframe. **If you want medical insurance, a flexible spending account (FSA) or a health savings account (HSA) in 2024, you must enroll during open enrollment.** All of your other benefits will carry over to 2024 unless you make a change.

OPEN ENROLLMENT

WHY ARE THE SELECT PPO MEDICAL PREMIUMS INCREASING?

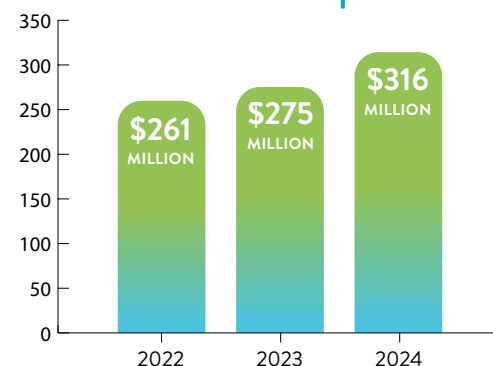
Costs continue to rise in every sector of the economy, not just health care. Think about your groceries, fuel, clothing, entertainment and more. The OSF medical plan is not immune to increasing claims costs. In fact, the 2024 projected gross cost increase to the OSF medical plan is close to \$41 million.

To be good stewards of our resources and the many millions of dollars spent on the medical plan, premium increases and plan design changes are necessary. These changes will help OSF Secure Tomorrow while still ensuring we offer market-competitive medical benefits.

WAYS TO MINIMIZE OUT-OF-POCKET COSTS WITH THE MEDICAL PLAN:

- Utilize the OSF Select Network to receive the highest level of benefits. You can search for in-network providers at bcbsil.com/osf.
- If you are taking a covered maintenance medication, consider obtaining a 90-day supply for only two months' copays instead of three.
- Connect with your physician via virtual visits.
- Use OSF retail pharmacies and the three local Escanaba, Michigan, pharmacies to fill your prescriptions with the lowest copays.
- Use OSF OnCall or urgent care instead of the Emergency Department.
- Seek regular preventive care, such as your annual physical and routine screenings, to catch conditions in their earliest stages.
- Ask your doctor to prescribe generic medications.
- Take advantage of multi-year, zero-interest payment plans through OSF Patient Financial Services.

Total/projected cost of the OSF medical plan



CONSIDER THE HEALTH SAVINGS HIGH DEDUCTIBLE PLAN AND HSA

Have you ever considered enrolling in the Health Savings High Deductible (HSHD) Plan? A large majority of our current Mission Partners are enrolled in the Select PPO Plan, but this option may not be right for everyone. That's why we encourage you to take a closer look at the HSHD Plan this year to see if it can meet the needs of you and your family.

If you elect the HSHD Plan, a health savings account (HSA) is available as part of this option. OSF contributes to your HSA each pay period, helping you pay for any out-of-pocket health care expenses you may incur. You must elect the HSA when you enroll in the HSHD Plan to receive the OSF contributions, and you may also contribute your own pre-tax dollars to this account up to the annual limit set by the IRS.

HSHD/HSA

ADVANTAGES OF AN HSA:

- Triple tax advantage
 - Contributions to your HSA are pre-tax, which lowers your overall taxable income.
 - HSA earnings from interest and investments are tax free. Once your HSA balance is \$1,000, you can invest your HSA funds.
 - There are no taxes on distributions when they're used for qualified medical expenses.
- You are in control of how much you contribute and which medical expenses you pay with your HSA.
- Unused funds carry over from year to year. And since the funds are yours, they would also go with you if you were to leave employment with OSF.

KEY FEATURES:

- OSF contributes to the HSA, and the contribution is applied each pay period.
 - \$38.46/pay period for single coverage (\$1,000 annually)
 - \$76.92/pay period for family coverage (\$2,000 annually)
- You can also contribute on a pre-tax basis through payroll deduction up to the annual IRS maximum.
 - \$121.15/pay period for single coverage (\$3,150 annually)
 - \$242.31/pay period for family coverage (\$6,300 annually)
- You will be issued a debit card through HSA Bank.
- You can use the HSA for out-of-pocket costs, such as doctor visits, prescription drugs, dental expenses and vision expenses.
- If you are age 55 or older, you can contribute an additional \$1,000 per year through age 65 or until you enroll in Medicare or are no longer eligible to participate in an HSA. Your maximum annual contribution will automatically reflect this in UKG Pro when you are eligible.

ELIGIBILITY FOR AN HSA:

- You must be enrolled in the HSHD Plan.
- You cannot be enrolled in another health plan, such as a spouse's plan, that is not a qualified high deductible plan, including Medicare and Tricare.
- You cannot be claimed as a dependent on another person's tax return (except as a spouse).
- You cannot be covered by a general-purpose health care flexible spending account or health care reimbursement account.

If you want to know more about the advantages of an HSA, please plan to attend an upcoming informational webinar hosted by HSA Bank. See attendance options at <https://www.hsabank.com/osf>.

KEY DIFFERENCES IN THE HSHD PLAN VERSUS THE SELECT PPO PLAN:

- With the HSHD, there are no copays for office visits or prescriptions. You pay for the full cost of services and prescriptions out of pocket until the annual deductible is met. Then the plan pays.
 - You can use your HSA balance to pay the costs.
 - Preventive services and preventive prescription drugs are covered 100%.
- The HSHD family deductible works differently than the Select PPO Plan.
 - One individual can meet the full family deductible, or any combination of family members on your plan added together can satisfy the family deductible.
 - An individual deductible amount does not apply if you are covering family members.
 - For example, let's say you cover a family of five, and all of your providers participate in the OSF Select Network. One family member could spend the entire \$3,500 to satisfy the full family deductible, or all five family members can each spend various amounts totaling \$3,500 to satisfy that same family deductible.

IMPORTANT REMINDER

Health savings account annual maximums are:



\$4,150

Single

(includes \$1,000 from OSF)



\$8,300

Family

(includes \$2,000 from OSF)

FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts (FSA) don't roll over from year to year, so you must enroll or re-enroll during open enrollment if you want an account for 2024.

KEY MESSAGES

MEDICAL FSA

- A medical FSA is a great way to help with out-of-pocket medical, dental and vision expenses incurred throughout the year.
- The deadline to incur claims for 2023 is December 31, 2023.
- The deadline to submit claims for reimbursement is March 31, 2024.
- If you re-enroll in the medical FSA for 2024, you may carry over up to \$570 of unused funds from your 2023 FSA for eligible medical expenses incurred in 2024.

CHILD/DEPENDENT DAY CARE FSA

- A child/dependent day care FSA helps you set aside pre-tax money for dependent care.
- The day care must be necessary in order for you, and your spouse, if married, to work.
- A spouse who is disabled or is a full-time student is considered the same as a working spouse.
- The person cared for must be under age 13 or, if older, physically or mentally incapable of self-care.
- The person cared for must be claimed as a dependent on your federal tax return and must reside in your home at least one half of the calendar year.
- The deadline to incur claims for 2023 is December 31, 2023.
- Unused funds cannot be carried over to 2024.
- The deadline to submit claims for reimbursement is March 31, 2024.

Visit myaccounts.hsabank.com to view or submit an FSA or HSA claim.

IMPORTANT REMINDER

Flexible spending account
annual maximums are:



PHARMACY CHANGES

NEW DRUG FORMULARY

The Select PPO and Health Savings High Deductible Plans will both feature a new drug formulary called the Performance Select drug list.

A few common drugs that will no longer be covered on the new formulary are Pepcid, Bonine, Voltaren and Xyzal Allergy. These medications are available over the counter and do not require a prescription. You can use your medical FSA or health savings account (HSA) to purchase over-the-counter medicine.

If you or a family member are impacted by the formulary change, Blue Cross Blue Shield of Illinois will notify you by mail in November.

SAVE MONEY AT OSF RETAIL PHARMACIES

With certain prescription drug copays increasing in 2024, you can save money by taking advantage of the lower copays and convenience offered by OSF retail pharmacies. These pharmacies are located in various cities throughout the Ministry and offer prescription mailing services to all Mission Partners across Illinois*.

To transfer your prescription and start saving money today, visit **One OSF portal > Divisions > Pharmacy > Mission Partner Prescription Transfer**. If you have any questions about the prescription transfer process, please call **(309) 624-5884**. The address and phone number for all OSF retail pharmacy locations can be found at osfhealthcare.org/rx. Please contact your local pharmacy for any additional questions

*Mission Partners who reside in Michigan will continue to receive the lowest prescription copays at the three local pharmacies in Escanaba, Michigan, identified within the OSF Select Network.

OSF SPECIALTY PHARMACY: OUR NEW SPECIALTY MEDICATIONS PROVIDER

For Mission Partners who live in Illinois, specialty medications that fall under the outpatient prescription drug benefit must currently be filled by an OSF retail pharmacy. However, in 2024, with OSF opening a new pharmacy for specialty medication services called OSF Specialty Pharmacy, you will see changes in the next few months.

OSF Specialty Pharmacy will be located at 5901 W. War Memorial Drive, Ste. 100, in Peoria, Illinois, and will ship medications throughout the state of Illinois. The pharmacy will also provide additional patient resources and support so you can get the most benefit from your specialty medications.

Please note:

1. If you currently use OSF Medi-Park Pharmacy to obtain specialty medications, your existing prescriptions will automatically transfer to OSF Specialty Pharmacy over the next few months. No action is required on your part.
2. For new specialty medication prescriptions, OSF Specialty Pharmacy will work with you and your provider to provide this new medication for you or your dependent.
3. If you reside outside of Illinois or can't currently obtain a particular specialty medication through an OSF retail pharmacy, your specialty medication will be filled through Accredo.

If you have any questions about obtaining specialty medications, please call OSF Specialty Pharmacy at (833) 354-2220.

2024 MISSION PARTNER (MP) PREMIUMS

Part-time: Mission Partners regularly scheduled to work 32-59 hours per pay period
Full-time: Mission Partners regularly scheduled to work 60 hours or more per pay period

FULL-TIME	FULL-TIME HOURLY RATE		PREMIUM PER PAY PERIOD	
	BAND 1 (LESS THAN \$21.37)	SELECT PPO	HEALTH SAVINGS HIGH DEDUCTIBLE PLAN	
	MP	\$84.65	\$84.36	
	MP + Spouse	\$177.71	\$177.11	
	MP + Child(ren)	\$163.35	\$162.80	
	MP + Family	\$231.33	\$230.55	
	BAND 2 (\$21.37 TO \$41.20)	SELECT PPO	HEALTH SAVINGS HIGH DEDUCTIBLE PLAN	
	MP	\$95.56	\$93.85	
	MP + Spouse	\$200.62	\$197.03	
	MP + Child(ren)	\$184.41	\$181.11	
	MP + Family	\$261.16	\$256.48	
	BAND 3 (\$41.21 TO \$57.68)	SELECT PPO	HEALTH SAVINGS HIGH DEDUCTIBLE PLAN	
	MP	\$112.63	\$111.32	
	MP + Spouse	\$236.45	\$233.70	
	MP + Child(ren)	\$217.35	\$214.82	
	MP + Family	\$307.81	\$304.22	
	BAND 4 (\$57.69 AND HIGHER)	SELECT PPO	HEALTH SAVINGS HIGH DEDUCTIBLE PLAN	
	MP	\$125.88	\$125.19	
	MP + Spouse	\$264.27	\$262.83	
	MP + Child(ren)	\$242.92	\$241.59	
	MP + Family	\$344.02	\$342.13	
	PART-TIME	SELECT PPO	HEALTH SAVINGS HIGH DEDUCTIBLE PLAN	
	MP	\$207.36	\$206.47	
	MP + Spouse	\$435.33	\$433.45	
	MP + Child(ren)	\$400.17	\$398.44	
	MP + Family	\$566.71	\$564.25	

DENTAL PLAN

FULL-TIME	
MP	\$3.88
MP + Spouse	\$8.15
MP + Child(ren)	\$7.48
MP + Family	\$10.59
PART-TIME	
MP	\$14.51
MP + Spouse	\$30.46
MP + Child(ren)	\$28.00
MP + Family	\$39.61

VISION PLAN

FULL-TIME AND PART-TIME	
MP	\$2.58
MP + Spouse	\$4.68
MP + Child(ren)	\$4.92
MP + Family	\$7.59

FOR FULL-TIME AND PART-TIME MISSION PARTNERS

These dental and vision plan premiums apply across all bands for **full-time and part-time Mission Partners** who elect coverage.

OSF HEALTHCARE MEDICAL PLANS FOR 2024

PLAN TERMS	SELECT PPO PLAN			HEALTH SAVINGS HIGH DEDUCTIBLE PLAN		
	OSF SELECT NETWORK Tier 1	BCBS NATIONAL NETWORK Tier 2	OUT-OF-NETWORK Tier 3	OSF SELECT NETWORK Tier 1	BCBS NATIONAL NETWORK Tier 2	OUT-OF-NETWORK Tier 3
DEDUCTIBLE	The individual deductible applies per person until the family limit is reached. All services are subject to the deductible, unless noted as a copay service below.			The individual deductible only applies when enrolled in individual coverage. For all others, benefits will be paid only after the full family deductible is met by one or more family members.		
INDIVIDUAL	\$850	\$1,600	\$2,500	\$1,750	\$3,000	\$5,000
FAMILY	\$1,700	\$3,200	\$5,000	\$3,500	\$6,000	\$10,000
OFFICE VISITS						
PREVENTIVE VISITS	You pay \$0 (no deductible applies)		50%	You pay \$0 (no deductible applies)		50%
PRIMARY AND URGENT CARE	\$25 copay	\$50 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
SPECIALIST	\$50 copay	\$75 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
EMERGENCY ROOM	\$250 copay	\$250 copay	\$250 copay	You pay 15%	You pay 15%	You pay 15%
VIDEO VISITS						
PRIMARY AND URGENT CARE	\$15 copay	\$50 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
SPECIALIST	\$35 copay	\$75 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
ALL OTHER SERVICES <i>including inpatient hospital stay</i>						
COINSURANCE <i>(what you pay after deductible)</i>	15%	30%	50%	15%	30%	50%
PRESCRIPTION DRUG						
Retail – 30-day supply Generic Preferred Brand Non-Preferred Brand Specialty	\$15 copay \$30 copay \$55 copay You pay 10%	\$20 copay \$45 copay \$70 copay You pay 10%	N/A	You pay 15% after deductible (preventive drugs 100% covered)	You pay 20% after deductible (preventive drugs 100% covered)	N/A
90-day supply Generic Preferred Brand Non-Preferred Brand Specialty	\$30 copay \$60 copay \$110 copay You pay 10%	\$40 copay \$90 copay \$140 copay You pay 10%	N/A	You pay 15% after deductible (preventive drugs 100% covered)	You pay 20% after deductible (preventive drugs 100% covered)	N/A
OUT-OF-POCKET MAXIMUM	The individual out-of-pocket maximum applies per person until the family limit is reached.			The individual out-of-pocket maximum only applies when enrolled in individual coverage. For all others, the out-of-pocket maximum will be met when the entire family out-of-pocket maximum amount is reached.		
INDIVIDUAL	\$2,600	\$4,100	\$9,700	\$3,500	\$5,000	\$8,000
FAMILY	\$5,200	\$8,200	\$19,400	\$7,000	\$9,100	\$16,000
OFFERS HSA WITH HDHP	N/A (Reminder: Mission Partners can elect to contribute pre-tax dollars to a medical flexible spending account to assist with out-of-pocket expenses throughout the year.)			YES		
OSF CONTRIBUTES TO HSA	N/A			YES		
ANNUAL HSA CONTRIBUTION	N/A			\$1,000/\$2,000 (Contributions will be made on a per pay period basis: \$38.46/single; \$76.92/family.)		

MEDICAL PLANS FOR 2024

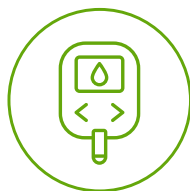


OSF ONCALL CONNECT

OSF OnCall Connect is another way OSF HealthCare demonstrates our commitment to being an employer of choice and supporting Mission Partners on their health journey.

KEY MESSAGES

- This program offers remote patient monitoring services to Illinois- and Michigan-based Mission Partners and their family members (age 18 and over) who are covered by the OSF group medical plan and have been diagnosed with one of the following chronic diseases:



DIABETES



HIGH BLOOD
PRESSURE



COPD



HEART
FAILURE



ASTHMA

- Patients collect and monitor their vitals while having access to clinical support from the OSF OnCall Connect care team by phone, video or text message.
- The care team helps set health goals, provides condition-specific education and identifies and addresses any potential care gaps.
- It's completely confidential. OSF OnCall Connect clinicians are required to maintain patient confidentiality for Mission Partners just as they are for all other patients.
- All interactions are documented in Epic so the patient's provider and the OSF OnCall Connect care team can stay aligned on any updated notes or goals.
- For more information and to self-enroll in the program, visit portal.caresignal.health/osf.

TIME-OFF BENEFITS TRANSITION

- Time-off benefit changes go into effect January 7, 2024.
- Well-being and sick time, extended illness benefit and paid caregiver time will each be frontloaded with hours at the time of the benefit transition in January.
- Your current PTO bank will transfer to the new vacation and holiday time benefit.
If you have more than 320 hours of PTO accrued when this new benefit goes into effect, you will receive a one-time payout for all hours above 320.
- For more information, please review the new Paid Benefits Time Policy.

Below examples are based on a Mission Partner who works an 8-hour day.

TIME-OFF EXAMPLE	TIME OFF WORK	OLD TIME-OFF BENEFIT (ending 1/6/2024)	NEW TIME-OFF BENEFIT (effective 1/7/2024)
DOCTOR APPOINTMENT FOR SELF	16 hours or less	PTO	Well-being and sick time
SURGERY FOR SELF	24 hours or more	16 hours of PTO, then sick	Well-being and sick time, in combination with extended illness benefit
INTERMITTENT CHRONIC ILLNESS	16 hours per month	PTO	Well-being and sick time, vacation and holiday
WELL-BEING DAY	8 hours	PTO	Well-being and sick time
CARE FOR A FAMILY MEMBER	40 or more hours	Up to 48 hours of sick family (using 16 hours of PTO first each time, then sick), PTO	Paid caregiver time, well-being and sick time and/or vacation and holiday
MATERNITY LEAVE	240 hours	16 hours of PTO, then sick, 50% short-term disability	Well-being and sick time, in combination with extended illness benefit, 60% short-term disability
PATERNITY LEAVE	80 hours	Up to 48 hours of sick family (using 16 hours of PTO first each time, then sick), PTO	Paid caregiver time, well-being and sick time and/or vacation and holiday
VACATION	8 hours or more	PTO	Vacation and holiday
CHRISTMAS HOLIDAY	8 hours or more	PTO	Vacation and holiday
ADOPTION	40 or more hours	Up to 48 hours of sick family (using 16 hours of PTO first each time, then sick), PTO	Well-being and sick time, paid caregiver time and/or vacation and holiday
MISSION TRIP	40 hours	PTO	Well-being and sick time or vacation and holiday

These benefit changes do not apply to Mission Partners with a different benefit plan, such as physicians, hospitalists, residents and those covered by a collective bargaining agreement.

DID YOU KNOW?

HOW YOUR MEDICAL INSURANCE REALLY WORKS

OSF sponsors a group medical plan for its Mission Partners. The medical plan is very market-competitive and includes a deductible, copayments for office visits and coinsurance for other services. It's important for all of us as health care consumers to understand how our medical benefits work so we can make the best decisions for ourselves and our families.

THE BASICS

Premium: This is the amount deducted from your paycheck before taxes each pay period in order to have insurance.

Deductible: This is the amount of money you must pay out of your own pocket in a calendar year before your insurance starts paying for medical services. Each medical plan has an individual deductible and a family deductible. The deductibles restart on January 1.

Copayment: This is the fixed dollar amount you will pay for an office visit, an emergency department visit or a prescription. Copayments do not count toward deductibles.

Coinsurance: This is the percentage of the bill you will pay after you have paid your deductible for items such as diagnostic tests, lab work and other procedures.

- Copayments and coinsurance are paid until the out-of-pocket maximum has been reached.

Out-of-pocket maximum: This is the most you will have to pay for covered medical and prescription expenses in a plan year. The out-of-pocket maximum restarts on January 1.

- Out-of-pocket maximums are tracked by individual, family and network.
- After the out-of-pocket maximum is met, any other test, service or visit would be paid in full by OSF for the rest of the calendar year.

OSF reviews many plan designs of other employers to ensure we offer you a market-competitive benefit. This means the premiums, deductibles, copayments and coinsurance are in a very similar range with what other health care employers offer.

THE NETWORK

Did you know that going to an OSF Select Network provider will give you the biggest discount off the allowed charge? In addition, the deductibles and out-of-pocket maximums are less!

OSF providers can be identified on the Blue Cross and Blue Shield of Illinois (BCBSIL) website at [bcbsil.com/osf](https://www.bcbsil.com/osf) under the OSF Select Network. Or, if you're already a BCBSIL member, log in to your Blue Access for Members (BAM) account. It's important to double-check the network participation of each provider you encounter. Simply because a provider is delivering your care at an in-network facility does not guarantee they're an in-network provider. (This excludes true emergency department visits.)



Facilities and providers both have to agree to participate in the network. Some OSF locations use providers who are not employed by OSF, which means they may not be an OSF Select Network or even a BCBSIL National Network provider.

Example: In Peoria, Springfield Clinic is not in the BCBSIL network and would be in the out-of-network category if you choose to use them for services.

IMPORTANT DATES AND HOW TO ENROLL

Open enrollment runs from **November 1-15, 2023**. It is up to you to take action during this timeframe.

KEY MESSAGES

- Your benefits elected during open enrollment are effective January 1, 2024.
- Enroll through UKG Pro as you did last year.
 - Go to One OSF portal > Mission Partners > UKG Pro (For instructions on how to access open enrollment from the UKG Pro app on your mobile device, go to One OSF portal > Mission Partners > MyHR Self Service.)
 - Use your regular OSF Active Directory username and password to log in.
 - Once logged into UKG Pro, hover over the person icon in the upper left corner to bring up the “Myself” menu.
 - Click on “Benefits” and then “Manage My Benefits.”
 - Click on the “Enroll in Benefits” button in the middle of the page and follow the step-by-step instructions to enroll.
 - Be sure to send yourself a confirmation email when your enrollment is complete.

DID YOU KNOW?

- If you have a Qualifying Life Event that occurs during or after open enrollment, you must add that information for coverage in both years: 2023 (current coverage year) and 2024 (coverage beginning January 1, 2024).
- If you are newly hired during or after open enrollment, you must enroll for both years: 2023 (current coverage year) and 2024 (coverage beginning January 1, 2024).

IMPORTANT REMINDERS

If you want medical insurance, a flexible spending account or health savings account beginning January 1, 2024, you MUST elect those benefits during open enrollment. All other benefits in which you are currently enrolled will roll over to 2024 if you take no action.



WEBINARS

Learn about the differences between the HSHD and Select PPO plans and the Health Savings Account and Medical Flexible Spending Account. Upcoming informational webinars hosted by HSA Bank. Visit <https://www.hsabank.com/osf> for dates and times.

- At the time of enrollment, be sure to have the birth dates and Social Security numbers available for your dependents and any new dependents you want to cover. This information is required!
- You can update any beneficiary information during open enrollment.
- This is a great time to check your address and cell phone number in UKG Pro. This ensures we are able to communicate important information with you year-round.
- Even if you do not want 2024 benefits, we strongly encourage you to log in to UKG Pro to waive any benefits for which you are eligible and review or update your life insurance beneficiaries (if applicable).
- Don't forget that any requests to add or increase life insurance for you or your spouse during open enrollment will require evidence of insurability (proof of good health).
- You will be prompted to complete the health questions toward the end of your open enrollment session in UKG Pro.

FAQs

When do I pick a network?

You do not need to choose a network during open enrollment; you will just need to choose your plan: Select PPO or Health Savings High Deductible. Both of the medical plans have access to the same OSF Select Network and a comprehensive national network as well as out-of-network benefits. You may go back and forth between the networks during the year, but you cannot switch plans again until the next open enrollment.

Does my medical premium change if I get promoted (or demoted) mid-year?

Typically, no. In most cases, your medical premiums will be based on your rate of pay as of a specific date in September. The only time during the year that your hourly rate band may change is if your benefit eligibility changes, such as going from ineligible (PRN) to eligible (full-time). Otherwise, your new hourly rate band will not be reflected until the next year's open enrollment.

Who is covered on my benefits?

Most benefits offer you the opportunity to purchase coverage for your dependents. Your eligible dependents are your legally married spouse and your children — up to the age of 26.

To review a more complete list of FAQs, visit osfhealthcare.org/total-rewards or visit the MyHR portal at One OSF portal > Mission Partners > MyHR Self Service.

RESOLVING UNPAID HUMANA CLAIMS

December 31, 2022, was the last day Humana processed medical claims incurred prior to January 1, 2022. The OSF medical plan benefit description states that each member has the responsibility for ensuring that claims are received by the claims administrator no later than 12 months after the date that covered services are provided. No benefits are payable under this plan for late claims, and the HR Service Center is no longer assisting with resolving unpaid Humana claims.

Tips for resolving Humana claims on your own:

- Call the provider and negotiate a resolution. They may be willing to write off the balance or assist you with setting up a payment plan to pay off the balance.
- If applicable, apply for financial assistance from the provider.

QUESTIONS?

Contact the HR Service Center at (877) 683-5999 or submit a case via the MyHR portal.