

SOUTH COUNTY HEALTH



2026

GUIDE TO PHYSICIANS BENEFITS



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YOUR BENEFITS

Dear South County Health Colleagues:

We are pleased to provide you with a summary of our comprehensive benefit program for 2026. These programs offer excellent resources to ensure high quality health care and to help you maintain or improve your overall health and wellbeing. You'll find programs that help you manage medical expenses, save for retirement, further your education, and otherwise support your personal goals. Review the offerings carefully so you don't miss the opportunity to enroll in the programs that address your priorities.

Offering a comprehensive benefit program, including affordable health coverage that encourages the utilization of South County Health services, is a key element of our People strategy. You'll receive the highest quality care with the highest level of caring while limiting or preventing out-of-pocket expenses and supporting SCH's financial health; key to keeping jobs secure and having resources for market competitive pay. With provider recruitment successes across many specialties, access to care at SCH has never been greater.

Using SCH for care whenever possible is increasingly important to prevent predictable expenses. This is especially true for orthopedic and obstetrical services, as well as diagnostic labs, imaging, colonoscopy, and endoscopy services where both expertise and access are abundant at SCH. Watch for our "Your Care Starts Here" emails and videos throughout the year to learn about the smartest way to use your SCH medical plan. There are two options; our comprehensive **VantageBlue** Preferred Provider Organization (PPO) Plan and the **BlueSolutions** High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). The PPO plan provides a comprehensive level of benefits structured to encourage preventive care with lower out-of-pocket expenses when receiving care. Biweekly payroll contributions are lower for our **BlueSolutions** High Deductible Health Plan (HDHP) with a \$1700 individual/\$3400 family deductible in 2026. The HDHP plan does provide staff the opportunity to establish a Health Savings Account with significant tax advantages, to which SCH contributes \$350/\$750. For full details and updates to both medical plans, please review the benefit summaries in this Guide and on our Virtual Benefits Fair.

Two dental insurance plan options are offered through Delta Dental of RI with no increases in employee contributions in 2026 and no deductible for preventive services under either plan option.

Based on staff feedback, we're pleased to announce **SupportLinc** as our Employee Assistance Program (EAP) provider, offering comprehensive services **at no cost to you**. Services include 24/7/365 access to telephonic services, referrals and short-term counseling and referrals, and a wealth of resources available through their mobile app. To support our staff further in regards to resiliency and emotional wellbeing, copayments remain waived for mental health office visits at providers anywhere within the BCBS PPO Network (**deductible applies first for BlueSolutions HDHP**) and as always, we encourage your participation in our award-winning Well Beyond wellness program, which offers activities and education addressing the full spectrum of overall wellbeing to include preventive health, nutrition, physical activity, emotional wellness and career and financial wellbeing. Participation in Well Beyond activities is encouraged through quarterly gift certificate raffles. Adding to our menu of voluntary benefits, we're pleased to offer Norton LifeLock as coverage you may elect starting in 2026, providing you the resources to prevent fraud and strengthen your financial wellbeing.

Our Human Resources team is glad to assist you and can be reached at 401-788-1416 or Benefits@southcountyhealth.org for any questions or concerns about your benefits or our Well Beyond program.

Sincerely,

Maggie Regan Thomas

Vice President & Chief Human Resources Officer



BENEFITS PROVIDED AT NO COST TO YOU

These programs are the core of your benefits package and are provided by SCH at no cost to you. You do not need to do anything to enroll in these plans, you are automatically covered based on your scheduled, committed hours.

Basic Term Life and AD&D

South County Health provides staff scheduled to work 20 or more hours per week with a Life Insurance plus Accidental Death and Dismemberment policy which has a benefit of 1 times annual salary to a maximum of \$450,000.

Long Term Disability

Long-Term Disability provides income to staff scheduled 30 or more hours per week in the event of a disabling injury or illness that prevents you from returning to work for a period of more than 180 days. The plan pays a benefit up to 60% of your monthly covered earnings – to a benefit maximum of \$15,000 per month. However, the benefit may be reduced by other forms of benefit (e.g., worker's compensation or social security).

For claims assistance contact Human Resources at 401-788-1416. Claim forms can be downloaded at [Lincoln4Benefits.com](https://www.lincoln4benefits.com).

New for 2026! SupportLinc EAP

Starting January 1, 2026, South County Health will partner with CuraLinc Healthcare to launch the SupportLinc Employee Assistance Program (EAP). This enhanced program offers 24/7 access to licensed clinicians, short-term counseling, and confidential support for stress, anxiety, burnout, and more—all at no cost. You'll also find financial and legal consultations, work-life referrals, personal coaching, and digital tools like Mindstream™, a fitness studio for your mind. Connect anytime through the SupportLinc app or web portal to strengthen your emotional wellbeing and everyday balance.

WellBeyond Wellness Plan

South County Health's comprehensive wellness program provides a variety of opportunities to make your personal wellbeing a priority and to get rewarded for it. All staff are welcome to participate. Staff scheduled to work 20 or more hours per week and are enrolled in one of the medical plans are eligible for the program's incentives.

Please see the detailed BlueCare Connect User Guide on the Intranet, Human Resources/Benefits for more information and watch your SCH email for ongoing updates.

TIME OFF BENEFITS

These benefits are intended to provide flexibility and to encourage the advanced planning and scheduling of time off as an integral part of overall health and wellbeing.

Paid Time Off (PTO)

The Basics

PTO encompasses time for vacation, holiday, and sick purposes. Paid Time Off is allowed to accrue up to one and one-quarter times your annual PTO accrual. PTO will not accrue in excess of this amount, and will be forfeited.

Eligibility

Staff scheduled to work a minimum of 20 hours per week accrue time upon hire, but may access time only after completion of the first 3 months of employment. New hires are advanced time, when necessary, for holidays during the first 3 months of employment.

PTO Accruals

Years of Service	Salaried Staff	
	ACCRUAL RATE (YOU ACCRUE THIS MUCH LEAVE PER HOUR PAID)	ANNUALIZED (BASED ON 2080 HOURS WORKED IN A YEAR)
Hire - 3	.1154	30 Days*
4 - 9	.1346	35 Days*
10 - 14	.1423	37 Days*
15 - 24	.1500	39 Days*
25+	.1615	42 Days*

* Assumes 8-hr days

Extended Illness Bank (EIB)

The Basics

You may access your EIB only after 5 days (40 hours) of PTO are used for approved leaves of absence.

Eligibility

Staff scheduled to work a minimum of 20 hours per week accrue time upon hire, but may access time only after completion of the first 3 months of employment.

Accruals

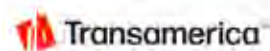
EIB is accrued at a rate of .0154 per hour worked, which is 4 days per year based on 8 hour days, 5 days a week (2080 hours worked in a year). The EIB is allowed to accrue up to 520 hours. EIB will not accrue in excess of this amount, and will be forfeited.

Paid Sick and Safety Time (PSST)

Staff who are not eligible for PTO and EIB are eligible for PSST to support them in seeking early, routine medical care for themselves and their family members; to protect the community's health by reducing the risk of contagion; and to assist staff who may be victims of domestic violence, sexual assault, or stalking. Staff will accrue .0285 hour of PSST for each hour worked to a maximum of 40 hours in 2026. Please see the full policy for restrictions and other details.



403(b) RETIREMENT PLAN



Whether your retirement is three or thirty years away, the South County Health 403(b) Retirement Plan offers a powerful way to enhance your long-term financial well-being. All staff are able to participate in this program, even if you are not eligible for other benefits. We encourage you to invest in yourself and your future by participating in this plan through Transamerica.

Auto Enrollment and Auto Escalation

Newly hired staff will be automatically enrolled with a 2% pre-tax contribution. If you prefer not to participate in the plan, you may opt-out within 90 days of hire. Those staff who have been automatically enrolled will also participate in auto escalation, which will increase the pre-tax contribution by 1% annually, up to a maximum of a 10% pre-tax contribution.

Pre-Tax and Roth Options

You may choose to make contributions up to the maximum allowed by law, set by the IRS annually. All staff may enroll, increase, decrease or stop contributions at any time. You may designate your contribution as traditional pre-tax contributions, after-tax ROTH 403(b) contributions, or a combination of both. The deferral amount can be provided in either a dollar amount or a percentage.

Employer Contribution

South County Health provides an Employer Contribution of 3.5% of compensation after 12 months of employment and 1,000 hours of service. Employer contributions are made to your account quarterly.

Vesting

Vesting refers to your “ownership” of your account. You are always 100% vested in your own contributions to this plan. You are 100% vested in your employer contributions after 3 years of service.

2026 403(b) IRS Limits

Elective Deferral Limit	\$24,500
Catch-Up Contribution	Age 50+: \$8,000 Ages 60–63: \$11,250
Compensation Limit	\$360,000

Making Changes

It is easy to make changes to your contribution rate or investment options. Just visit the Transamerica website at my.trsretire.com or call Transamerica at 800-755-5801.

More Information

Transamerica provides South County Health with a dedicated on-site Participant Counselor. Please visit the HR page on the Intranet to set up a meeting to review your retirement goals and objectives. You can also call Transamerica at 800-755-5801 or visit their website at my.trsretire.com.

457(b) SUPPLEMENTAL RETIREMENT SAVINGS

The 457(b) Supplemental Retirement Savings Plan offers a powerful way to enhance your long-term financial well-being. We encourage you to invest in yourself and your future by participating in this plan through Transamerica.

Eligibility

You are immediately eligible to participate in the plan.

Your Contribution

You may choose to make pre-tax contributions up to the maximum allowed by law, \$24,500 in 2026.

- » You may increase, decrease or stop your contribution monthly.

If you have not taken full advantage of allowable contributions to the plan in the past and you are within three years of normal retirement age, it may be possible to contribute up to twice the contribution limit normally permitted, or another amount that takes into account your contributions from prior years. The plan also offers SaveXpress, a feature that allows you to elect to have your savings amount automatically increased each year.

Just visit the Transamerica website at <http://www.mytrsretire.com> or call 800-755-5801 to make changes to your contribution rate and investment options, elect SaveXpress, and learn more about making additional contributions in 2026.

Vesting and Exposure

Vesting refers to your “ownership” of your account. You are always 100% vested in your contributions to this plan. All contributions are subject to the general creditors of SCH in the event of insolvency until distributions are made.

Withdrawals

You may withdraw funds from your plan account only if one of the following events apply (conditions and restrictions may apply as defined in the plan):

- » Attainment of age 70 ½
- » Termination of employment*
- » Death

Withdrawals and Distributions

- » Distributions may not occur earlier than termination of employment, the year in which you attain age 70 ½, or for unforeseen emergencies.
- » Prior to separation of employment, you may choose a lump sum, periodic payments, defer payment to a later date (but no later than 70 ½ or retirement) or transfer to another eligible 457(b) deferred compensation plan sponsored by a tax-exempt employer.
- » Once distributions begin, you must continue on the payment option selected. It is irrevocable.
- » Rollovers are not permitted under this plan by law.
- » Participant loans are not permitted under this plan by law.

The earliest date a distribution may be taken after severance of employment is April 1st following the year of severance.

Investment Direction

You decide how your account will be invested among the available invest options. You may change your investment allocations at any time.

Beneficiary Designation

It is very important that you designate a beneficiary for your retirement account, so that your assets can be distributed to your wishes upon your death. Please contact Transamerica at 800-755-5801 or visit <http://www.mytrsretire.com>.

More Information

Transamerica provides South County Health with a dedicated on-site Participant Counselor. Please visit the HR page on the Intranet to set up a meeting to review your retirement goals and objectives. You can also call Transamerica at 800-755-5201 or visit their website at <http://www.mytrsretire.com>.

MAKING CHANGES TO YOUR BENEFITS

Open Enrollment

Each year you have the opportunity to make changes to your benefits elections for the upcoming plan year. At SCH, we conduct Open Enrollment during the month of November with those elections being effective for the following calendar year (January 1st to December 31st).

Qualified Family Status Changes

Federal regulations require that you experience a “qualified family status change” in order to make changes to your benefit enrollments outside of an Open Enrollment Period. Some examples of these status changes are:



Marriage, Divorce, Legal Separation, or Annulment



Termination or Commencement of Employment by You or your Spouse



Birth or Adoption of a Child



Change in employment status for you or your spouse that impacts benefits (i.e., from full-time to part-time, or from part-time to full-time)



Death of a Spouse or Child



Changes to your, your Spouse's, or your child's eligibility for benefits elsewhere

30-Day Special Enrollment Window

You are responsible to notify HR within 30 days of any qualified family status change in order to be able to make changes to your benefits elections outside of an open enrollment period.

Any changes must be consistent with the nature of your family status change and must include documentation supporting the change in addition to any forms or documentation required based on the type of dependent you are enrolling and the benefits programs you are electing.

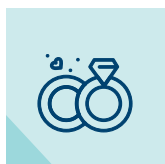


COVERAGE FOR YOUR FAMILY

Who is Eligible for Coverage?

Anyone other than yourself who is covered on your benefits is commonly referred to as your “dependent.”

You can cover the following people as dependents on your Medical, Dental, and Vision plans:



Your Spouse

(ex-spouses and Domestic Partners are not eligible)



Your Children

(until the end of the calendar year in which they turn 26)

What Documentation is Required and When?

You will be required to provide validation of your dependents before they can be added to your coverage. Refer to the list below to determine what documents are required for each type of dependent. Documentation should be uploaded into ADP no later than November 30th, or within 30 days of your hire/status change date if you are newly hired or newly eligible for benefits in 2026. Documents should be titled and uploaded into ADP by going to **Myself > Employment > My Documents > Upload**.

Spouse

- ☐ **Marriage Certificate**
 - Must be provided and uploaded into ADP at the time of initial spousal enrollment
- ☐ **Front page of your most recent Federal Tax Return (to establish continuing marital status)**
 - Must be provided at the time of initial spousal enrollment and annually at Open Enrollment
 - Please black-out your financial information
- ☐ **Working Spouse Medical Contribution Affidavit (if your spouse will be covered on your Medical plan)**
 - Supporting documents must accompany this form
 - Must be provided at the time of initial spousal enrollment and annually at Open Enrollment

Child

- ☐ **Birth Certificate showing employee's name**
 - Must be provided at the time of initial enrollment of the child

Stepchild

- ☐ **Birth Certificate showing parents' names**
 - Must be provided at the time of initial enrollment of the child
- ☐ **Marriage Certificate**
 - Must be provided at the time of initial enrollment of the child
- ☐ **Front page of your most recent Federal Tax Return (to establish continuing marital status)**
 - Must be provided at the time of initial spousal enrollment and annually at Open Enrollment
 - Please black-out your financial information

Adopted Child or Guardianship

- ☐ **Birth Certificate showing parents' names**
 - Must be provided at the time of initial enrollment of the child
- ☐ **Certified Placement, Adoption, or Guardianship papers**
 - Must be provided at the time of initial enrollment of the child

MEDICAL INSURANCE



South County Health is dedicated to maintaining and improving the health of our staff. We are proud to offer a comprehensive and affordable medical program that enables you to receive high-quality care.

In 2026, you will continue to have the choice between two medical plan options, VantageBlue PPO, the BlueSolutions High Deductible Health Plan (HDHP). The HDHP also includes a Health Savings Account (HSA) where you own the account and can save for your health care needs.

The VantageBlue plan provides a comprehensive level of benefits structured to encourage preventive care and the use of a Patient Centered Medical Home (PCMH). Both the VantageBlue PPO and BlueSolutions HDHP provide access to the broad national network of hospitals and physicians through the BCBS BlueCard Network.

Your Coverage With BCBSRI

VantageBlue and BlueSolutions are flexible plan options because:

- » The BlueCard network has the largest hospital and physician networks in the U.S., with more than 1.7 million unique, in-network providers.
 - You have the freedom to visit non-network providers.
 - No referrals to specialists are required.

Note: All members will receive new BCBSRI ID cards in early 2026. Existing ID numbers will not change, so you can continue using your current ID card until you receive a new card. New members can contact Blue Cross Blue Shield Customer Service at 401-459-5000 to verify coverage and obtain your identification number.

Please note: The Livongo program will end on 1/1/2026 and access to coaching, online and mobile data through that program will be discontinued. Members previously enrolled in Livongo will find their devices still read results but no longer synch with personal accounts after that date. We encourage members to use BlueCareConnect coaching services and/or to access their primary care provider as appropriate based on their needs and goals.

Medical Contribution Incentive Program

The 2026 incentive medical contribution program is only available to current wellness incentive enrollees in 2025. If you currently receive the incentive rate, you can qualify for 2026 by completing the following no later than 11/30/2025.

- » Complete online health assessment through your BlueCare Connect account.
- » Complete Lifestyle Coaching session on BlueCare Connect at no cost or complete annual PCP well visit between 12/1/24-11/30/25.
- » Receive a flu shot vaccination.
- » Receive the up-to-date 2025-2026 COVID-19 vaccination, requirements per RI Department of Health. (Subject to new vaccine developments.)
- » Complete domestic utilization awareness attestation on BlueCare Connect.

Both the staff member and spouse must complete the assessment as well as the PCP well visit or the coaching session and domestic attestation to receive the lower cost incentive contribution. Vaccinations are not required for spouses in order to receive the incentive rate.

Reminder! BlueCare Connect

Healthcare support that's built around you

BlueCare Connect is BCBS's RI member service and support model that makes it easier to access health benefits, navigate care options, and get personalized support when and how you need it.



Use BlueCare Connect to:
check coverage and claims, understand your plan design, find doctors, research costs, get help scheduling appointments, receive personalized care reminders, and connect with care management programs.

Want to Save on Medical Costs?

You'll always get the best value and highest quality care when you stay within the SCH Network. You'll pay less and get more — from preventive visits to advanced care — with trusted SCH providers who know your medical history and work together to deliver coordinated, high-quality care.

The SCH Network offers comprehensive services including primary and specialty care, maternity care, cancer treatment, imaging, lab work, surgery, and hospital care — all close to home. By choosing SCH providers, you help keep costs lower for everyone and support continued investment in patient care and staff.

Your out-of-pocket costs depend on which plan you choose.

VantageBlue PPO Plan

- » Pay \$0 out of pocket for most care received through South County Health — no deductible and no coinsurance.
- » Covers both routine and complex care, such as:
 - Preventive and primary care visits
 - Specialist visits and urgent care
 - Maternity and obstetrical care
 - Cancer care, including chemotherapy and radiation
 - Diagnostic tests, lab work, imaging, and outpatient procedures like endoscopy, colonoscopy, and orthopedics
 - Inpatient care at South County Hospital

BlueSolutions HDHP

- » You'll save the most when you use SCH Network (Tier 1) providers and facilities.
- » The SCH Network offers the lowest deductible available under this plan, helping you save right from the start.
- » After you meet your deductible, you'll pay \$0 for many SCH services, including preventive care, imaging, labs, and other common procedures.
- » Choosing SCH providers means lower overall costs, greater value for your health care dollars, and coordinated, high-quality care throughout the South County Health system.

If You Go Outside the SCH Network

BCBS BlueCard PPO Network (Tier 2)

- » Costs are higher and less predictable, even though it's considered "in-network."
- » If care is available within the SCH Network but you choose Tier 2, you'll pay the full deductible first, then 30% coinsurance.
- » 50% coinsurance applies for services such as obstetrics, radiology, endoscopy, oncology, and lab or imaging performed outside SCH.

Out-of-Network (Tier 3)

- » You'll pay the highest costs — after meeting your deductible, you're responsible for 30% coinsurance.
- » You may also be balance billed, meaning the provider can charge you above what your plan covers.

Tip

Before receiving care, confirm that both your provider and facility are part of the SCH Network. Find SCH Network providers here:

<https://www.southcountyhealth.org/patients-visitors/patient-resources-tools/find-a-provider>

VantageBlue PPO Plan

Preferred Provider Organization (PPO) Plan

The VantageBlue PPO plan gives you flexibility and predictable costs when you receive care. You'll pay higher per-paycheck contributions than you would with the BlueSolutions HDHP, but you'll pay less when you visit your doctor or fill a prescription. There's no deductible when you stay in the South County Health (SCH) Network, and you'll have low, flat copays for most services.

You'll have access to the same provider network under both plans, but you'll save the most when you choose care within the SCH Network. Tier 2 (BlueCard PPO Network) and Tier 3 (out-of-network) services will cost more—so staying close to home means lower costs and trusted care from people you know.

Flexible Spending Account (FSA)

When you enroll in the PPO plan, you're eligible for a Health Care FSA, which lets you set aside pre-tax dollars from your paycheck to pay for qualified medical, dental, and vision expenses. Your full annual election is available at the start of the plan year, giving you upfront access to the funds you plan to contribute.



Tax-Free Contributions

All FSA contributions are made before taxes—lowering your taxable income and helping you save. For 2026, you may contribute up to \$3,400 per year, as set by the IRS.



Eligible Expenses

Your FSA can be used for a wide range of out-of-pocket costs, including:

- » Copays, coinsurance, and deductibles
- » Prescription and over-the-counter medications
- » Dental and vision expenses (such as orthodontia, eyeglasses, and contacts)



Use It or Lose It

Any unused balance must be spent by March 15, 2027, due to the IRS 2½-month grace period. Funds not used by that date will be forfeited.

Eligibility Rules

To participate, you must:

1. Be enrolled in the VantageBlue PPO (or other non-HDHP coverage).
2. Not be enrolled in a High Deductible Health Plan with an HSA.
3. Make or adjust your election during Open Enrollment or within 30 days of a qualifying status change.

If you move from the BlueSolutions HDHP to the VantageBlue PPO, you'll become eligible to begin contributing to the Health Care FSA as of April 1, 2026.

Contact Information

Blue Cross Blue Shield of Rhode Island

- » www.bcbsri.com
- » 401-459-5000
- » 1-800-639-2227

Medical Insurance – VantageBlue PPO

VantageBlue PPO Staff Cost			
	TIER 1 SCH NETWORK	TIER 2 BLUECARD PPO NETWORK	TIER 3 OUT-OF-NETWORK
Annual Deductible			
Individual/Family	\$0	\$1,500/\$3,000	\$1,500/ \$3,000
Out of Pocket Maximum			
Individual/Family ¹	\$4,000/\$8,000		\$8,000/\$16,000
Employee Coinsurance	0%	20% - 50%, see below*	30%
Office Visits			
Personal Physician	\$0	\$30	\$30 plus 30% per visit*
Preventive Visit	\$0	\$0	\$30 plus 30% per visit*
Specialist	\$0	\$50	\$50 plus 30% per visit*
Chiropractic Visits	\$0	\$50	\$50 plus 30% per visit*
Routine Eye Exam (One Annual Exam)	\$0	\$50	\$50 plus 30% per visit*
Urgent Care	\$0	\$30	\$30
Diabetic Services			
Foot Exam	\$0	\$0	\$50 plus 30%*
Eye Exam	\$0	\$0	\$50 plus 30%*
Outpatient Services			
Outpatient Medical/Surgical Care – Endoscopy, Colonoscopy, or Orthopedic	Covered in full	50% per visit*	50% per visit*
Outpatient Medical/Surgical Care – Oncology (Inclusive of Chemotherapy and Radiation)	Covered in full	30% per visit*	30% per visit*
Outpatient Medical/Surgical Care – All Other	Covered in full	20% per visit*	30% per visit*
Obstetrical Care – High Risk ³	Covered in full	30% per visit*	30% per visit*
Obstetrical Care – All Other	Covered in full	50% per visit*	50% per visit*
Preventive Lab Services, Machine Tests, and X-rays	Covered in full	Covered in full	30% per visit*
Diagnostic Lab Services, Machine Tests, and X-rays	Covered in full	50% per visit*	50% per visit*
Inpatient Services			
Hospitalization – Endoscopy, Colonoscopy, or Orthopedic	Covered in full	50% per visit*	50% per visit*
Hospitalization – Oncology (Inclusive of Chemotherapy and Radiation)	Covered in full	30% per visit*	30% per visit*
Hospitalization – All Other	Covered in full	20% per visit*	30% per visit*
Inpatient Medical/Surgical Care (Doctor Services) – Endoscopy, Colonoscopy, or Orthopedic	Covered in full	20% per visit*	30% per visit*
Inpatient Medical/Surgical Care (Doctor Services) – Oncology (Inclusive of Chemotherapy and Radiation)	Covered in full	20% per visit*	30% per visit*
Inpatient Care – Obstetrical Care High Risk ³	N/A	30% per visit*	30% per visit*
Inpatient Obstetrical Care – All Other	Covered in full	50% per visit*	50% per visit*
Inpatient Medical/Surgical Care (Doctor Services) – All Other	Covered in full	20% per visit*	30% per visit*

VantageBlue PPO Staff Cost

	TIER 1 SCH NETWORK	TIER 2 BLUECARD PPO NETWORK	TIER 3 OUT-OF-NETWORK
Emergency Services			
Emergency Room Care	\$200 (waived if admitted)	\$200 (waived if admitted)	\$200 (waived if admitted)
Ambulance Services	\$50	\$50	\$50
Mental Health and Chemical Dependency Treatment Services			
Inpatient	N/A	20% per visit*	30%*
Outpatient	N/A	20% per visit*	30%*
Office Visits	\$0	\$0	\$30 plus 30%*
Additional Services			
Physical Therapy	0% per visit ²	20%* ²	30%*
Occupational and Speech Therapy	0% per visit ²	20%* ²	30%*
Durable Medical Equipment (DME)	Not available	20%*	30%*
Home and Hospice Care	Covered in full	20% per visit*	30%*
Acupuncture (12 Visit Maximum)	\$0	\$30	\$30 plus 30%*
Wellness and Disease			
Management Services	\$0	\$50	\$50 plus 30%*

* After deductible

NOTE: For certain Tier 2 services that SCH can provide, members will be subject to a 50% coinsurance if they opt to receive services from a non-SCH provider. If you anticipate receiving services in the following categories from a non-SCH provider, please contact BlueCare Connect for additional information on member cost share: Obstetrics, endoscopy and colonoscopy, chemotherapy and radiation, orthopedic, or diagnostic imaging and labs.

¹ Deductibles, coinsurances and flat dollar copayments (medical & prescription drug) apply to the plan year (calendar) maximum out-of-pocket expense. Maximum out-of-pocket expenses accumulate separately for in and out-of network tiers.

² Deductible and coinsurance will not apply when physical therapy or occupational therapy services are provided at select Elite Physical Therapy and Ortho Rhode Island locations. The South County Health Tier 1 Network consists of South County Hospital, South County Home Health, and South County Medical Group. Please see www.bcbsri.com/finddoctor for a complete listing of all Tier 1 physicians and facilities.

³ Patients who require delivery prior to 35 weeks, newborns anticipated to require NICU care, certain genetic disorders, or poorly controlled maternal diabetes, type 1 DM, on therapeutic anti-coagulation, significant maternal cardiac disease (artificial valves, aortic stenosis etc.), molar pregnancies, abnormal placentation, or substance use not well controlled as determined by the provider.

This brochure provides a general summary of your health insurance benefit options; it is not a contract. For details about your coverage, including any limitations or exclusions not noted here, call BCBSRI Customer Service at 401-459-5000 or 1-800-639-2227. Additionally, a Summary of Benefits Coverage is available to you on the SCH intranet, under Human Resources, Benefits.

BlueSolutions High Deductible Health Plan

High Deductible Health Plan

BlueSolutions

A high deductible health plan (HDHP) is a health plan designed to give you more control over how you spend your health care dollars. You pay lower bi-weekly contributions than you would for the VantageBlue PPO plan, but more when you receive care. You'll receive most preventive care at no additional cost and pay for other services out of pocket until you meet your deductible.

Employees will have access to the same network of providers, regardless of the medical plan elected. As always, we encourage employees to seek services at South County Health for high quality care and to save money. Employees in the HDHP will be subject to a deductible in all tiers, but coinsurance also applies to most services received at non-SCH providers, keeping your costs lower for Tier 1 services provided by South County Health.

Health Savings Account (HSA)

Benefits of the HSA

A HDHP also includes a Health Savings Account (HSA). You own the account, and your account earns interest. Contributing to your HSA can help you save for your health care needs. Your HSA will be administered by London Health.

South County Health Contribution

To help you save for your health expenses, South County Health will contribute \$350 for an individual or \$700 annually for an employee with covered dependents, paid in quarterly installments, into the employee's HSA.



Tax-Free Contributions

Anything you contribute to your HSA is tax-free. In 2026, the maximum contribution as set by the IRS for an individual account is \$4,400 and the maximum contribution for family coverage is \$8,750. If you are age 55 or older, you can make an additional "catch up" contribution of \$1,000. Note: the SCH Contribution counts towards the maximum contribution.



Portable

The HSA is your account and it is also your responsibility to maintain the account, i.e., it is up to you to define what expenses are qualified. If you leave South County Health or retire, you take the money with you. If you are on Medicare or go to another employer that does not have a qualified HDHP, you can continue to use your HSA money to pay for copays and qualified medical expenses, but you won't be able to continue to make contributions to your HSA.



Funds Roll Over

From year to year, you do not lose the funds remaining in your HSA or the interest it has earned. You can take the money out anytime tax-free as long as it is to pay for qualified medical expenses. Qualified medical expenses are those that would generally qualify for the medical and dental expenses income tax deduction as outlined in IRS Publication 969 – Health Savings Accounts and Other Tax-Favored Health Plans.

For a complete list of eligible expenses go to, <http://www.irs.gov/publications/p969/>. If you take money out for other purposes, you'll have to pay income taxes on the withdrawal plus a penalty. Once you reach age 65, you can withdraw for any purpose without penalty.

HSA Eligibility Rules

To open and continue to contribute to your HSA, you must meet the following eligibility criteria:

1. You must be covered by South County Health's BlueSolutions HDHP
2. You cannot be covered by another health plan (including Medicare Parts A or B, Tricare, or your spouse's medical plan)
3. You cannot be claimed as a dependent on another individual's tax return
4. You cannot be covered by an HSA and a Health Care Flexible Spending Account or Health Reimbursement Account at the same time. This applies to South County Health's plan as well as a spouse's plan
5. Per IRS rules you cannot contribute to an HSA six months prior to enrolling in Medicare.

Please note, if you elect the BlueSolutions HDHP but were previously enrolled in the VantageBlue PPO, you will no longer be eligible for the Health Reimbursement Account and all remaining funds after 3/15/2026 will be forfeited.

Benefit Provider Contact Information

Blue Cross Blue Shield of Rhode Island: www.bcbsri.com, 401-459-5000, 1-800-639-2227

Health Care Flexible Spending Account (FSA) Eligibility

If you enroll in the BlueSolutions High HDHP, you are eligible to contribute to a HSA, which offers similar tax advantages to a Health Care FSA. Because both accounts are designed to help pay for qualified medical expenses with pre-tax dollars, rules set by the IRS do not allow you to participate in both at the same time. The HSA is intended to be paired exclusively with a qualified HDHP, allowing you to save and invest funds for future health care costs.



Medical Insurance – BlueSolutions HDHP

BlueSolutions HDHP Staff Cost			
	TIER 1 SCH NETWORK	TIER 2 BLUECARD PPO NETWORK	TIER 3 OUT-OF-NETWORK
Annual Deductible			
Individual/Family	\$1,700/\$3,400	\$3,400/\$6,800	
Out of Pocket Maximum			
Individual/Family¹	\$3,000/\$6,000	\$4,000/\$8,000	
Employee Coinsurance	0%**	20% – 50%, see below*	
Office Visits			
Primary Care	0% per visit*	20% per visit*	30% per visit*
Preventive Visit	\$0	\$0	30% per visit*
Specialist	0% per visit*	20% per visit*	30% per visit*
Chiropractic Visits	0% per visit*	20% per visit*	30% per visit*
Routine Eye Exam (One Annual Exam)	0% per visit*	20% per visit*	30% per visit*
Urgent Care	0% per visit*	20% per visit*	30% per visit*
Diabetic Services			
Foot Exam	0% per visit*	20% per visit*	30% per visit*
Eye Exam	0% per visit*	20% per visit*	30% per visit*
Outpatient Services			
Outpatient Medical/Surgical Care – Endoscopy, Colonoscopy, or Orthopedic	0% per visit*	50% per visit*	50% per visit*
Outpatient Medical/Surgical Care – Oncology (Inclusive of Chemotherapy and Radiation)	0% per visit*	30% per visit*	30% per visit*
Outpatient Medical/Surgical Care – All Other	0% per visit*	20% per visit*	30% per visit*
Obstetrical Care – High Risk³	0% per visit*	30% per visit*	30% per visit*
Obstetrical Care – All Other	0% per visit*	50% per visit*	50% per visit*
Preventive Lab Services, Machine Tests, and X-rays	0% per visit*	Covered in full	30% per visit*
Diagnostic Lab Services, Machine Tests, and X-rays	0% per visit*	50% per visit*	50% per visit*
Inpatient Services			
Hospitalization – Endoscopy, Colonoscopy, or Orthopedic	0% per visit*	50% per visit*	50% per visit*
Hospitalization – Oncology (Inclusive of Chemotherapy and Radiation)	0% per visit*	30% per visit*	30% per visit*
Hospitalization – All Other	0% per visit*	20% per visit*	30% per visit*
Inpatient Medical/Surgical Care (Doctor Services) – Endoscopy, Colonoscopy, or Orthopedic	0% per visit*	20% per visit*	30% per visit*
Inpatient Medical/Surgical Care (Doctor Services) – Oncology (Inclusive of Chemotherapy and Radiation)	0% per visit*	20% per visit*	30% per visit*
Inpatient Care – Obstetrical Care High Risk³	N/A	30% per visit*	30% per visit*
Inpatient Obstetrical Care – All Other	0% per visit*	50% per visit*	50% per visit*
Inpatient Medical/Surgical Care (Doctor Services) – All Other	0% per visit*	20% per visit*	30% per visit*

BlueSolutions HDHP Staff Cost

	TIER 1 SCH NETWORK	TIER 2 BLUECARD PPO NETWORK	TIER 3 OUT-OF-NETWORK
Emergency Services			
Emergency Room Care	\$200* (waived if admitted)	\$200* (waived if admitted)	\$200* (waived if admitted)
Ambulance Services	0%*	0%*	0%*
Mental Health and Chemical Dependency Treatment Services			
Inpatient	0% per visit*	0% per visit*	30% per visit*
Outpatient	0% per visit*	0% per visit*	30% per visit*
Office Visits	0% per visit*	0% per visit*	30% per visit*
Additional Services			
Physical Therapy	0% per visit* ^{2,3}	20% per visit* ²	30% per visit*
Occupational and Speech Therapy	0% per visit* ^{2,3}	20% per visit* ²	30% per visit*
Durable Medical Equipment (DME)	Not available ⁴	20% per service/device*	30% per service/device*
Home and Hospice Care	0% per visit*	20% per visit*	30% per visit*
Acupuncture (12 Visit Maximum)	0% per visit*	20% per visit*	20% per visit*
Wellness and Disease			
Management Services	0% per visit*	20% per visit*	30% per visit*

* After deductible

NOTE: For certain Tier 2 services that SCH can provide, members will be subject to a 50% coinsurance if they opt to receive services from a non-SCH provider. If you anticipate receiving services in the following categories from a non-SCH provider, please contact BlueCare Connect for additional information on member cost share: Obstetrics, endoscopy and colonoscopy, chemotherapy and radiation, orthopedic, or diagnostic imaging and labs.

¹ Deductibles, coinsurances and flat dollar copayments (medical & prescription drug) apply to the plan year (calendar) maximum out-of-pocket expense. Maximum out-of-pocket expenses accumulate separately for domestic expenses. Tier 2 and Tier 3 accumulate together.

² Coinsurance will not apply when physical therapy or occupational therapy services are provided at select Elite Physical Therapy and Ortho Rhode Island locations. The deductible will still apply.

³ The South County Health Tier 1 Network consists of South County Hospital, South County Home Health, and South County Medical Group. Please see www.bcsri.com/finddoctor for a complete listing of all Tier 1 physicians and facilities.

This brochure provides a general summary of your health insurance benefit options; it is not a contract. For details about your coverage, including any limitations or exclusions not noted here, call BCBSRI Customer Service at 401-459-5000 or 1-800-639-2227. Additionally, a Summary of Benefits Coverage is available to you on the SCH intranet, under Human Resources, Benefits.



MEDICAL INSURANCE COSTS

Does the Working Spouse Medical Contribution apply to me?

1

Do you have a spouse who is covered under your South County Health Medical Plan?

2

Is your spouse currently employed outside of South County Health?

3

Does your spouse have access to Medical Insurance through their employer?

If you answered “Yes” to all 3 questions, then the Working Spouse Medical Contribution rate will apply to you and you must elect the Working Spouse Contribution.





If your enrolled spouse does not have access to other employer sponsored medical insurance, you must complete and upload the Working Spouse Medical Contribution Affidavit form.

If you do not upload the completed affidavit by November 30, or within 30 days of your hire/status change date if you are newly hired/eligible for benefits in 2026, we will assume that your spouse has access to employer- sponsored medical insurance and the working spouse contribution will be deducted from your paycheck. No refunds will be issued for affidavits uploaded after the deadline.

Dishonesty on the enrollment form and/or the affidavit is considered a violation of the Guiding Value of Integrity and will be managed according to the guidelines in the “Coaching and Corrective Action within a Just Culture” Policy, and in certain circumstances, may be considered a violation of law.

Working Spouse Medical Contributions Increasing in 2026

The Working Spouse Medical Contribution is an additional deduction, based on your rate of pay, to help cover the costs of insuring your spouse who has access to other employer-sponsored Medical Insurance. You will not be charged this contribution if you do not have a spouse enrolled on your SCH Medical Insurance or if your spouse is enrolled on your SCH Medical Insurance and does not have access to Medical Insurance through their employer, is unemployed/retired, or is also a benefits-eligible staff member at SCH. If you are enrolling your spouse on your SCH Medical Insurance and you have the Working Spouse Medical Contribution waived, you must complete a Working Spouse Medical Contribution Affidavit and supply the documentation requested on that form annually.



Medical Insurance Costs – VantageBlue PPO

Our Guiding Values of Caring and Respect always influence the decisions we make, knowing the impact to you and your family. Our staff Medical Insurance Contribution and the Working Spouse Medical Contribution amounts are based on your rate of pay to ensure Medical Insurance coverage is affordable for all.

Full Time Staff Bi-Weekly Medical Rates

Full Time Staff (36-40 hours per week)		
BENEFIT PLAN	STAFF MEMBER RATE OF PAY	
	\$48.08 to \$96.15 per hour	\$96.16+ per hour
	(\$100,000 to \$199,999 per year based on 40 hours per week)	(\$200,000 and over per year based on 40 hours per week)
Medical Plan Rate		
Single Plan	\$84.59	\$111.10
Two Person Plan	\$169.21	\$222.21
Family Plan	\$195.22	\$260.14
Two Person or Family Plan Levels	\$92.31 per paycheck (\$200 per month)	\$115.38 per paycheck (\$250 per month)

Medical Insurance Costs – BlueSolutions HDHP

Our Guiding Values of Caring and Respect always influence the decisions we make, knowing the impact to you and your family. Our staff Medical Insurance Contribution and the Working Spouse Medical Contribution amounts are based on your rate of pay to ensure Medical Insurance coverage is affordable for all.

Full Time Staff Bi-Weekly Medical Rates

Full Time Staff (36-40 hours per week)		
BENEFIT PLAN	STAFF MEMBER RATE OF PAY	
	\$48.08 to \$96.15 per hour	\$96.16+ per hour
	(\$100,000 to \$199,999 per year based on 40 hours per week).	(\$200,000 and over per year based on 40 hours per week)
Medical Plan Rate		
Single Plan	\$62.85	\$89.08
Two Person Plan	\$125.74	\$178.17
Family Plan	\$132.93	\$196.94
Working Spouse Medical Contribution (in addition to rate listed above)		
Two Person or Family Plan Levels	\$92.31 per paycheck (\$200 per month)	\$115.38 per paycheck (\$250 per month)



Medical Insurance Costs – VantageBlue PPO

Part Time Staff Bi-Weekly Medical Rates

Part Time Staff (20-35 hours per week)		
BENEFIT PLAN	STAFF MEMBER RATE OF PAY	
	\$48.08 to \$96.15 per hour	\$96.16+ per hour
	(\$100,000 to \$199,999 per year based on 40 hours per week)	(\$200,000 and over per year based on 40 hours per week)
Medical Plan Rate		
Single Plan	\$159.64	\$218.08
Two Person Plan	\$304.50	\$426.00
Family Plan	\$355.46	\$498.18
Working Spouse Medical Contribution		
Two Person or Family Plan Levels	\$92.31 per paycheck (\$200 per month)	\$115.38 per paycheck (\$250 per month)



Medical Insurance Costs – BlueSolutions HDHP

Part Time Staff Bi-Weekly Medical Rates

Part Time Staff (20-35 hours per week)		
BENEFIT PLAN	STAFF MEMBER RATE OF PAY	
	\$48.08 to \$96.15 per hour	\$96.16+ per hour
	(\$100,000 to \$199,999 per year based on 40 hours per week)	(\$200,000 and over per year based on 40 hours per week)
Medical Plan Rate		
Single Plan	\$137.55	\$195.51
Two Person Plan	\$262.36	\$381.92
Family Plan	\$296.00	\$436.43
Working Spouse Medical Contribution		
Two Person or Family Plan Levels	\$92.31 per paycheck (\$200 per month)	\$115.38 per paycheck (\$250 per month)

PRESCRIPTION DRUG COVERAGE

Prescription Drug coverage is integrated with your Medical Insurance through Blue Cross Blue Shield of Rhode Island (BCBSRI). The 90DayMyWay® Pharmacy Program helps South County Health contain the rising costs of health care by requiring you to fill maintenance medication in 90-day increments either through mail order or through a participating retail pharmacy.

Note: If you elect the BlueSolutions HDHP, your prescription drugs will be subject to the deductible. However, the deductible will not apply for certain preventive medications. Please refer to your BCBSRI plan summary for additional details.

Non-Maintenance Medications

The South County Health medical plan offers a comprehensive pharmacy network that includes pharmacies such as CVS, Walmart, Stop & Shop, and many neighborhood pharmacies. Rite Aid and Walgreens are not included in the South County Health network of retail pharmacies.

Non-Maintenance Medications*	VantageBlue PPO Retail 30-Day Supply	BlueSolutions HDHP Retail 30-Day Supply
Generic	\$15.00	\$15.00 after ded
High-Cost Generic	\$30.00	\$30.00 after ded
Brand Preferred	\$50.00	\$50.00 after ded
Brand Non-Preferred	\$80.00	\$80.00 after ded
Specialty Preferred	\$125.00	\$125.00 after ded
Specialty Non-Preferred	\$250.00	\$250.00 after ded

* To determine which drugs fall into which categories, please see the BCBSRI Formulary listing at <https://www.bcsri.com/providers/pharmacyinfo> or call 401-459-5000 or 1-800-639-2227.



Maintenance Medications

Maintenance Medications are those taken regularly for more than three months to treat chronic conditions such as high cholesterol, high blood pressure, asthma, depression, anxiety, etc. The 90DayMyWayProgram applies to these types of medications only.

How It Works

For the first two fills of a new maintenance medication, you will pay your regular copay when you use an in-network pharmacy. After the first two fills, you will need to move that prescription to a 90-day refill to avoid an increase in your monthly copay. If you move that prescription to a 90-day refill by mail order, you will benefit from further savings by paying only two and a half of the regular copays for the same 90-day supply. If you continue to fill that prescription as a 30-day refill at your retail pharmacy, you will pay an increased copay for each refill. **The deductible will apply for employees enrolled in the BlueSolutions HDHP.**

For those enrolled in the BCBSRI Blue Solutions HDHP, if you are not using an available drug manufacturer coupon program today to help pay for your covered high-cost medications, you can expect to receive a letter with more information. **Call Prime Member Services at 844-210-0823, M-F, 9 a.m. to 5 p.m. ET, for help in finding one or for any copay assistance questions.**

90DayMyWay Pharmacy Program	30-Day Supply Regular Retail Copay*	90-Day Supply Retail Pharmacy	90-Day Supply Mail-Order Pharmacy	30-Day Supply Increased Copay**
Generic	\$15.00	\$45.00	\$37.50	\$25.00
High Cost Generic	\$30.00	\$90.00	\$75.00	\$40.00
Brand Preferred	\$50.00	\$150.00	\$125.00	\$60.00
Brand Non-Preferred	\$125.00	\$240.00	\$200.00	\$100.00

The deductible will apply for the BlueSolutions HDHP
* Applies to non-maintenance medications and the first two fills of a new maintenance medication.
** Applies to 30-day refills of maintenance medication on the third refill and thereafter.

How Do I Switch to Home Delivery?

Go to www.bcbsri.com or call 833-721-1627 to sign up for home delivery, then contact your doctor to switch your prescription(s) to Amazon Pharmacy Home Delivery.

How Do I Switch to a 90-Day Supply at a Retail Pharmacy?

Ask your doctor to switch your prescriptions to a 90-day supply, or your pharmacist can ask your doctor to change your prescription, and provide it to your pharmacy as usual.

New for 2026! FlexAccess Copay Assistance Program

New for 2026! For members of the BCBSRI medical plans, SCH will offer the FlexAccess program to help you with the costs of specialty medications. For those who fill a prescription for a specialty drug in 2026, please keep an eye out for information from FlexAccess as you may be eligible for additional savings through the FlexAccess program, with copays as low as \$0. Call FlexAccess at **888-302-3618**, M-F, 8 a.m. to 8 p.m. ET, or **email FlexAccess Member Services at member.services@flexaccessrx.com to ask any questions or find out if your prescription drug is part of this program.**

DENTAL INSURANCE



South County Health will continue to partner with Delta Dental of Rhode Island, offering you the choice between the same two dental plans, Dental Plan A and Dental Plan B.

You can save money by visiting in network dental providers. Please visit deltadentalri.com and click “Find a Dentist” to confirm if your dentist is in network with Delta Dental.

About Your Dental Insurance

Both dental plans cover three categories of dental expenses:

- » Preventive and diagnostic care (routine exams and cleanings, fluoride treatments, x-rays)
- » Basic treatment (extractions, fillings, root canals)
- » Major treatment (crowns, periodontics)

The chart below shows how much the plan pays for certain dental services. With Delta Dental of Rhode Island, you will still be covered at dentists outside the Delta Dental network. When you go out-of-network, the dentist may bill you for charges over the “usual-and-customary” charge for a particular service.

For more information, contact Delta Dental of Rhode Island member services at 1-800-843-3582.

Service	Dental Plan A	Dental Plan B
Annual Deductible (Individual/Family)	\$25/\$75	\$50/ \$150
Calendar Year Maximum	\$1,250	\$1,000
Basic Preventive/Diagnostic Services		
Exams, Cleanings, X-rays	100%	100%
Space Maintainers	100%	80%
Minor Restorative		
Simple Extractions	100%	100%*
Fillings	100%	80%*
Denture Repairs	100%	80%*
Root Canal Therapy, Oral Surgery	100%	80%*
Major Restorative		
Periodontics	50%	50%
Crowns and Inlays/Onlays	100%	55%*
Prosthodontics		
Bridges and Dentures	50%	Not Covered
Orthodontics		
Orthodontia	50% for adults and dependent children up to \$1,000 lifetime maximum	Not Covered

* After deductible

This provides a general summary of your dental insurance benefit options; it is not a contract. For details about your coverage, including any limitations or exclusions not noted here, call the Delta Dental Customer Service Department at 1-800-843-3582.

The Benefits



Excellent Network Access

You'll receive the greatest value when you receive dental care from a participating dentist. You can choose from over 450,000 dental locations in the Delta Dental PPO Plus Premier network.



Lower Out-of-Pocket Costs

Because Delta Dental network dentists often accept discounted fees for service, you will normally pay less when you visit a participating dentist.



No Balance Billing

Participating dentists agree to accept their reduced fees as payment in full and will not bill you for the difference.

Staff Schedule	Dental Plan A Rates		Dental Plan B Rates	
Full Time Staff (Per Bi-Weekly Paycheck)	Single Plan	\$8.82	Single Plan	\$6.00
	Two Person Plan	\$18.47	Two Person Plan	\$11.93
	Family Plan	\$25.53	Family Plan	\$16.71
Part Time Staff (Per Bi-Weekly Paycheck)	Single Plan	\$11.73	Single Plan	\$7.98
	Two Person Plan	\$24.57	Two Person Plan	\$15.88
	Family Plan	\$33.96	Family Plan	\$22.24



VISION SERVICE PLAN



South County Health will continue to partner with VSP to provide your vision coverage in 2026.

Once enrolled, getting started in your Vision Care is simple

- » **Find the right VSP doctor for you.** You'll find plenty to choose from at vsp.com or by calling 800-877-7195.
- » **Already have a VSP doctor?** Make an appointment today and tell them you're a VSP member.
- » Check out your coverage and savings. Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! Your VSP doctor and VSP will handle the rest – no ID Cards or claim forms to complete.

Learn about your Lightcare benefit!

If you are enrolled in the VSP vision plan, you will have the opportunity to get non-prescription eyewear including sunglasses and blue-light glasses using your VSP frame and lens benefit. Contact the VSP member services team with any questions.

Item	VSP In-Network Benefit	
	IN-NETWORK	OUT-OF-NETWORK
Eye Exam with Dilation as Necessary	\$10 Copay	\$50
Frames	\$200 Allowance and 20% discount on amount over the allowance	\$70
Standard Plastic Lenses		
Single Vision	\$25 Copay	\$50
Bifocal	\$25 Copay	\$75
Trifocal	\$25 Copay	\$100
Lens Options (Scratch resistance, anti-reflective, and progressive)	30% discount, added to base price of lens	\$75
Contact Lenses (allowance covers materials only) Conventional or Disposables in lieu of Glasses Lenses	\$140 Allowance, 15% off usual & customary for professional services	\$105 (elective), \$210 (necessary)
LASIK and PRK Vision Correction	15-20% off retail price	N/A
Frequency Exams	Once every 12 months	N/A
Frames	Once every 24 months	
Standard Plastic Lenses (SPL)	Once every 12 months	
Contact Lenses (in lieu of SPL)	Once every 12 months	

Please refer to the table below and the VSP Member Benefit Summary for additional details on your coverage.

Per Paycheck Rates	
Single Plan	\$3.37
Two Person Plan	\$4.89
Family Plan	\$8.78

FLEXIBLE SPENDING ACCOUNTS



Flexible Spending Accounts (FSA) are plans that allow you to put aside money through payroll deduction before federal taxes are withheld from your paycheck to pay for qualified expenses as defined by the IRS. There are two types of FSAs; Health Care and Dependent Care.

Please note, employees who elect to enroll in the BlueSolutions HDHP with a Health Savings Account (HSA) will not be eligible to enroll in a Health Care Flexible Spending Account. If you have funds in your FSA as of December 31, 2025 and enroll in the BlueSolutions HDHP for 2026, you will continue to be able to use these funds throughout the grace period ending March 15, 2026. You will be eligible to begin contributing to your Health Savings Account as of April 1, 2026.

Health Care

Eligible Expenses

Eligible reimbursable expenses not covered by a medical, dental or vision plan. These may include co-payments, co-insurance, deductibles, or certain vision, hearing or orthodontic costs. In accordance with Health Care Reform, you can include expenses for your children up through the end of the calendar year they turn age 26 in addition to your spouse and any adult tax eligible dependents.

Cash Flow

Your entire Annual Election will be made available to you on the first day of the plan year. You can use the convenience of your debit card to pay for eligible expenses, or you can submit receipts for reimbursement. Though the need to submit receipts will be minimized with Sentinel, claims must still be reviewed to ensure they comply with IRS regulations, and receipts will be required in some instances. Be sure to keep your itemized receipts!

Maximum Contribution

The maximum contribution is set each year by the IRS. The maximum for 2026 is \$3,400 per year. This is subject to change by the IRS.

Changes in Election or Status

Only allowed during Open Enrollment or within 30 days of a Family Status Change as Defined by Section 125 of the IRS Code.

Use it; Don't Lose it!

By IRS regulation, if you do not incur expenses equal to the amount of contributions withheld through the 2½ month grace period, March 15, 2027, remaining funds will be forfeited.

Health Reimbursement Account (HRA) Funds

Although the ability to earn dollars as a part of our Well Beyond program ended on 12/31/24, your Health Reimbursement Account (HRA) remains open with an extended spend down period through 12/31/26 via our partner, Sentinel. Be sure to check your current HRA balance through Sentinel before making your Health Care Flexible Spending Account (FSA) election for 2026. Remember, your Sentinel account will first use your Health Care FSA dollars, so knowing your HRA balance can help you optimize your health care spending. Eligible expenses include medical, dental, and vision out-of-pocket costs. Take advantage of this opportunity to use your HRA funds before they expire!



Dependent Care

Eligible Expenses

Eligible reimbursable expenses allowing gainful employment:

- » Care of dependents (as defined for federal income tax purposes)
- » Children less than 13 years old
- » Physically or mentally challenged individual
- » Dependent care center and day care providers
- » Before and after school care and summer camp programs

Cash Flow

As funds are deducted from your paycheck they are credited to your Dependent Care FSA. You can submit claims and receive reimbursement only up to the amount you have available in the account at any time throughout the year.

Changes in Election or Status

Only allowed during Open Enrollment or within 30 days of a Family Status Change as Defined by Section 125 of the IRS Code.

Maximum Contribution

The maximum contribution is set by the IRS. The maximum for 2026 is \$5,000 per year for a Single or Joint tax return, or \$2,500 per year Married Filing Separately. This is subject to change by the IRS.

Use it; Don't Lose it!

By IRS regulation, if you do not incur expenses equal to the amount of contributions withheld through the 2½ month grace period, March 15, 2027, remaining funds will be forfeited.

Benefit Provider Contact Information

Visit: <https://www.sentinelgroup.com/>

Call: 888-762-6088

SUPPLEMENTAL LIFE INSURANCE

Supplemental Life and AD&D Insurance



Employee Coverage – Staff scheduled to work 20 or more hours per week are able to purchase Life and Accidental Death and Dismemberment insurance above and beyond the Basic Life Insurance provided by SCH. Coverage can be purchased in increments from 1 times annual salary up to 5 times annual salary to a maximum of \$500,000. The guaranteed issue amount is \$300,000. Also, an increase of up to \$100,000 is allowed per 12-month period due to either salary increase or annual increase elected during open enrollment.



Spouse Coverage – **You must purchase supplemental life insurance for yourself, in order to purchase Life and AD&D insurance coverage on your Spouse.** Coverage can be purchased in increments of \$5,000 up to a maximum of the lesser of 100% of your insured amount or \$100,000. The guaranteed issue amount is \$25,000.



Child Coverage – **You must purchase supplemental life insurance for yourself, in order to purchase Life insurance coverage on your Children.** You have the option to purchase a benefit of \$2,500 or \$5,000 per child.

How to Calculate Your Supplemental Life Insurance Cost

1. Take the amount of coverage you want and divide it by 1,000. This will give you the number of units of insurance you are considering.
Coverage: _____ / 1000 = Number of Units
2. Take the number of units and multiply it by the rate listed for the applicable age range and benefit type.
of Units: _____ * Rate: _____ = Bi-Weekly Cost

Evidence of Insurability

If the Supplemental Life Insurance election you are making exceeds the guaranteed issue amount, you will be required to complete an Evidence of Insurability process. You will be contacted by the Benefits Staff with instructions on how to provide information needed for Lincoln Financial Group's review. Lincoln Financial Group will notify you directly if they require more information. Your amount of coverage will be the guaranteed issue amount until Lincoln Financial Group approves the additional amount. If approved, your coverage will be increased on a go-forward basis. Any future increases are contingent upon approval.

Important reminders about Evidence of Insurability:

For employees, it is required if the amount of Supplemental Life increases after the initial enrollment by more than \$100,000 due to salary or benefit increases, or an increase is requested, and any amount of coverage has been previously declined.

For spouses, it is required for any increases requested during the annual enrollment period. For children, it is never required.

Supplemental Life

Age Range (based on age of person insured)	Employee Life and AD&D Bi-Weekly Rate per \$1,000	Spouse Life and AD&D Bi-Weekly Rate per \$1,000
<20	\$0.0300	\$0.0360
20 – 24	\$0.0300	\$0.0360
25 – 29	\$0.0346	\$0.0397
30 – 34	\$0.0438	\$0.0457
35 – 39	\$0.0498	\$0.0586
40 – 44	\$0.0702	\$0.0789
45 – 49	\$0.0974	\$0.1195
50 – 54	\$0.1486	\$0.1855
55 – 59	\$0.2197	\$0.2852
60 – 64	\$0.3226	\$0.4989
65 – 69	\$0.5931	\$0.8718
70 – 74	\$0.9577	\$1.5517
75 +	\$1.9408	\$2.9838
Child(ren) Life and AD&D	\$2,500 Benefit	\$5,000 Benefit
Bi-Weekly	\$0.150	\$0.300

Call 800-423-2765 and mention Group ID: 1110631 to speak with a Lincoln Financial Group customer service representative about any questions.

SUPPLEMENTAL BENEFITS



Critical Illness Insurance

South County Health offers Critical Illness coverage through Voya for staff scheduled to work 20 or more hours per week. Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Benefits are paid directly to you. Coverage is available at \$10,000 and \$20,000 Employee Coverage levels with spouse and family receiving 50% of the coverage amount. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

¹ See the brochure or certificate of coverage for a complete list of covered conditions, along with complete provisions, exclusions and limitations.

Critical Illness Coverage Bi-Weekly Rates

Age	\$10,000 Employee/ Family		\$20,000 Employee/ Family	
< 25	\$1.87	\$3.60	\$3.16	\$6.05
25 – 29	\$2.10	\$3.95	\$3.62	\$6.74
30 – 34	\$2.56	\$4.64	\$4.55	\$8.13
35 – 39	\$3.35	\$5.82	\$6.12	\$10.49
40 – 44	\$6.35	\$10.32	\$12.12	\$19.49
45 – 49	\$9.90	\$15.65	\$19.22	\$30.14
50 – 54	\$11.42	\$17.93	\$22.27	\$34.71
55 – 59	\$13.08	\$20.42	\$25.59	\$39.69
60 – 64	\$16.18	\$25.07	\$31.78	\$48.98
65 – 69	\$16.32	\$25.28	\$32.05	\$49.39
70 +	\$23.38	\$35.87	\$46.18	\$70.58

Employee + Spouse and Employee + Child rates are also available. VOYA brochure can be found on Intranet/HR/Benefits for a complete set of rates.



Hospital Indemnity Insurance

South County Health offers Hospital Indemnity coverage through Voya. Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility on or after your coverage effective date. You can use this money for any purpose you like, including: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Benefits are paid directly to you. Hospital Indemnity Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

¹ See the product brochure or certificate of coverage for the definition of covered facilities, along with complete provisions, exclusions and limitations.

Hospital Indemnity Coverage: Bi-Weekly Rates	Low	High
Employee	\$8.80	\$17.60
Employee + Spouse	\$15.06	\$30.12
Employee + Child	\$13.56	\$27.12
Family	\$19.82	\$39.64

Sample Payment Amounts

Service	Low	High
Hospital Admission	\$1,100	\$2,200
Hospital Confinement	\$100/day	\$200/day
Intensive Care Unit	\$200/day	\$400/day
Rehabilitation Facility	\$50/day	\$100/day

Accident Insurance

South County Health offers Accident Insurance through Voya for staff scheduled to work 20 or more hours per week. Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident on or after your coverage effective date¹. You can use this money however you like, including: deductibles, child care, housecleaning, groceries or utilities. Benefits are paid directly to you. Employees may elect the High or Low plan depending on their needs. Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

¹ See the product brochure or certificate of coverage for a list of covered accidents, along with complete provisions, exclusions and limitations.

Accident Insurance Bi-Weekly Rates	Low	High
Employee	\$1.45	\$2.72
Employee + Spouse	\$3.14	\$5.64
Employee + Child	\$3.13	\$5.82
Family	\$4.83	\$8.75

Sample Payment Amounts

Accident-Related Treatment	Low	High
Emergency Room Treatment	\$150	\$225
X-ray	\$30	\$45
Physical or Occupational Therapy (up to six per accident)	\$30	\$45
Stitches (for lacerations, up to 2")	\$40	\$60
Follow-up Doctor Treatment	\$60	\$90
Hospital Admission	\$1,000	\$1,250
Hospital Confinement (per day, up to 365 days)	\$200	\$300



Please call the Voya Employee Benefit Customer Service Team at 877-236-7564 if you have any additional questions before you enroll and use Group Number 71832-7. Note: Coverage for your child(ren) ends on the last day of the month during which they turn 26 for all Voya supplemental benefits.

New for 2026! Norton LifeLock – Identity Theft Protection

As of January 1, 2026, SCH will be partnering with Norton LifeLock to offer identity theft and device protection for you and your family. Norton LifeLock Benefit Plans help prevent fraud, block scams, monitor activity, and strengthen your financial wellbeing. This coverage is 100% voluntary and is an employee-paid benefit. For more information, visit www.Norton.com/BenefitPremier.

This plan is available to staff scheduled to work 20 or more hours per week at a bi-weekly rate of \$3.69 for employee-only coverage, and \$6.91 for family coverage.

Pet Insurance

Pet insurance is available through Nationwide to staff scheduled to work 20 or more hours per week and can cover dogs, cats, birds, rabbits, ferrets and other exotic pets (subject to underwriting). You can visit any licensed veterinarian worldwide and be covered for thousands of problems and conditions relating to accidents, poisonings and illnesses (including cancer). The policy helps pay for lab fees, treatments, prescriptions, surgery and more, depending on numerous factors including type of animal, age, plan design, etc. To find out more about this exciting coverage please visit www.petinsurance.com or call 800-872-7387.

Farmer's Auto & Home Group Insurance

No one wants to pay more than they need to for auto or homeowner's insurance. As a staff member of SCH, you could keep more money in your wallet by taking advantage of up to a 15% staff member discount. Plus, your savings could grow even bigger with additional discounts. Let us help you see how high your savings could be: Call 800-438-6381 to get started today. Reminder! Farmer's also offers renters insurance at a discounted rate.

Legal Services Plan

Offered through ARAG, the plan provides access to qualified legal help and information at a significant savings. Paid-in-full coverage for a variety of attorney services includes (but is not limited to) real estate matters, wills and trusts, consumer protection, divorce (contested and uncontested) and child custody/ support. A 25% discount is provided on attorney fees for non-covered matters. For further details, talk with a representative at 800-247-4184, or go online to <http://www.araglegal.com/myinfo> and use Access Code: **18195sch**.

This plan is available to staff scheduled to work 20 or more hours per week at a bi-weekly rate of \$8.42.

Financial Solutions

Money Management International is a not-for-profit organization specializing in providing solutions to everyday financial challenges. They offer a range of financial education and counseling services to tackle the most common setbacks consumers face today. Visit www.MoneyManagement.org or call 866-889-9347 to get started.

CAREER DEVELOPMENT BENEFITS

Continuing Medical Education

South County Medical Group is committed to providing continuing medical education (CME) for physicians to improve clinical knowledge, competence and/or performance and enable the optimum provision of health care to our patient population.

Physicians in full time status will be reimbursed up to \$5,000 per fiscal year for reasonable CME tuition, travel, licensing and professional society dues, prorated for partial years. Physicians working less than full time will receive a pro-rated amount based on their FTE status. Up to the equivalent of one week's scheduled hours of educational leave will be given, pro-rated for partial years.

Tuition Reimbursement

Up to four courses annually are eligible for reimbursement. Staff working 20 or more hours per week and Per Diem staff scheduled to work 20 or more hours per week on a rolling 12-month basis are eligible. Please note this benefit requires continued employment for a one-year period from the date of reimbursement. Pass/Fail classes are eligible for the tuition reimbursement program. Refer to HR Policies on the Intranet for more information.

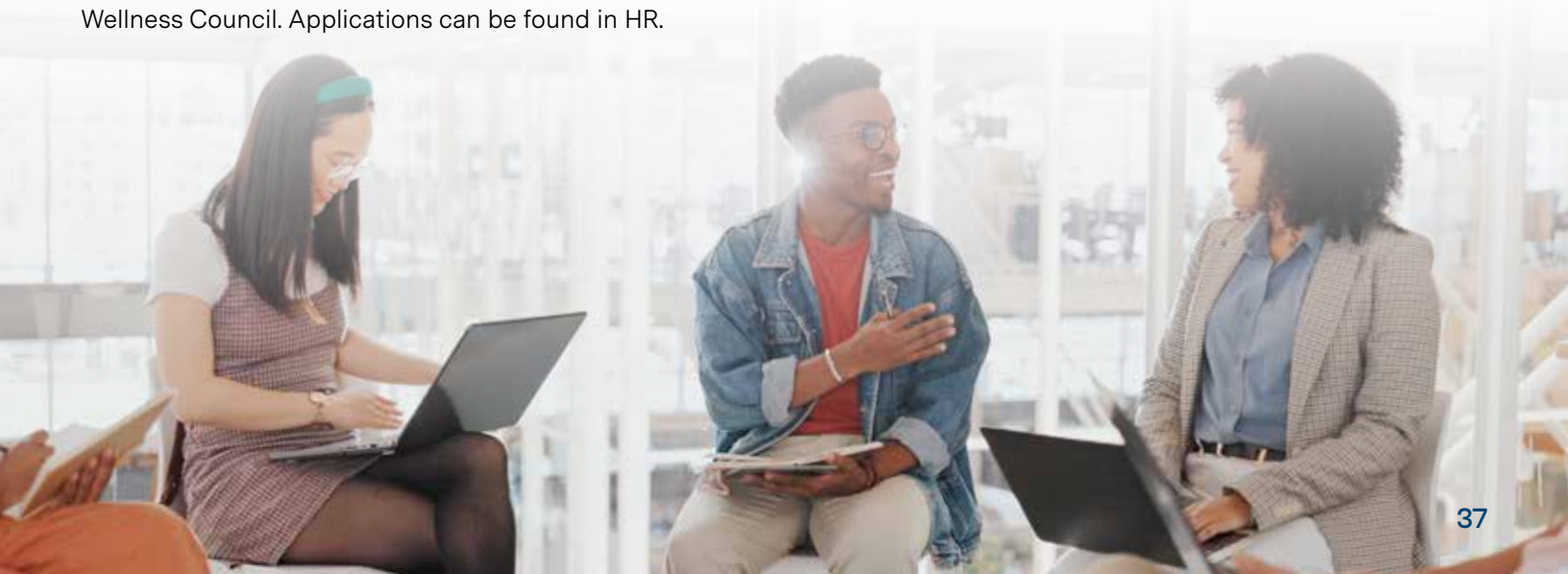
The tuition reimbursement amount has a maximum benefit of \$3,400 per fiscal year for full-time staff (prorated for part-time and per diem staff) and the national certification benefit maximum for RNs is \$1,700 per fiscal year for full-time staff (prorated for part-time and per diem staff)!

National Certification

The \$250 National Certification bonus recognizes professional excellence. Multiple certification recognitions are available for those changing specialties or professions over their SCH career. Reimbursement for preparatory courses and materials for the initial certification attainment is available through tuition reimbursement.

Scholarship

The Scholarship Health Program provides five \$1,000 scholarships annually during Employee Week as selected by the Wellness Council. Applications can be found in HR.





RISLA College and Student Loan Assistance

South County Health (SCH) understands that applying and paying for higher education, including how to manage existing student loans, is a stressful process. That is why SCH has partnered with RISLA to provide you with exclusive benefits and discounts, including:

- » RISLA's College Planning Center will provide free assistance to you and your family on applying to college, critiquing college admission essays, help completing the FAFSA and CSS Profile financial aid forms, scholarship searches, and more.
- » Provide low-cost education loans for Undergraduate and Graduate students
- » Nursing Rewards Program
- » SCH employees receive a special .25% interest rate reduction if they refinance their existing education loans with RISLA. Must enter "SCH" as your employer and enroll in autopay (ACH) to qualify for the extra .25% rate reduction.
- » Information on Public Service Loan Forgiveness
- » Financial Literacy Education

Visit risla.com/sch to view all the partnership benefits that SCH staff has access to (see benefits listed above), or contact 1-888-897-4752 for information on loan options.

CollegeBound Saver

CollegeBound Saver, Rhode Island's 529 College Savings Plan is a way for families to save for future educational expenses. You can save money for anyone, even yourself, if you are looking to complete a degree or continuing your own education. CollegeBound Saver provides an easy way to contribute and your savings may also be eligible for a state tax deduction. You can use the money in your 529 to pay for many different qualified expenses - visit our website at www.ri529savings.com to learn more or to open an account. You can also email us at RI529@ascensus.com to set up a group webinar or a one-on-one session if you just need a little extra help. Our Client Service Team is also available at 877-517-4829 (M-F 8am - 8 pm EST).

Educational Discount Programs

Southern New Hampshire University (SNHU) offers staff and their immediate family members a 10% tuition reduction. Students must identify themselves as SCH employees when completing their admission form to receive the reduction. Offerings are subject to change and there may be limitations on program availability and eligibility for reductions. Visit <http://www.snhu.edu> or call 800-668-1249 for more information.

CASUAL BENEFITS

OTC Pharmacy Discount

Visit the SCH Pharmacy Department on the intranet to find the OTC (Over-the-Counter) drug order form with instructions, to save money on over-the-counter medications.

Tickets at Work

Tickets to the hottest theatre, family and sporting events nationwide. Account: SCH.

<https://www.ticketsatwork.com/tickets/>

Discounts at Local Businesses

Show your South County Health I.D. to receive discounts at these area merchants:

- » **Anytime Fitness** – \$38.99 a month for a 24-month membership
- » **Applebee's (South County Commons)** – 10% off
- » **AQUA Salon & Spa** – 10% discount
- » **BellaFoto Studios: Phone: (860) 287-3815** – 15% off all portrait sessions and packages
- » **Bend Studio** – \$20 for 2 weeks unlimited yoga intro offer
- » **Boon Street Market** – 20% off food and drink with badge
- » **CANE Child Development Center** – 10% off
- » **Color House** – Contractors' discount given (reference #782-8000)
- » **CrossFit South Kingstown** – 15% off monthly membership
- » **Java Madness** – 15% discount
- » **Sherwin Williams** – 20% off paint supplies and 35% off paint
- » **SOCO Cycle** – 10% off 10 pack of classes

Discounts are subject to change. To see full list, please go to the Intranet > Human Resources > Casual Benefits.



REQUIRED NOTICES

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

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

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

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

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

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

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

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

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: **Hawki - Healthy and Well Kids in Iowa | Health & Human Services**
Hawki Phone: 1-800-257-8563
HIPP Website: **Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)**
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website:
<https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: **Children's Health Insurance Program (CHIP)** (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct RlTe Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: **Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services**
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542;
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT– Medicaid

Website: **Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access**
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

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

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

Fixed Indemnity Plan Notice Regarding Accident, Critical Illness or Hospital Indemnity Plans

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596 (TTY: 1-855-889-4325)** to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."

If you have this policy through your job, or a family member's job, contact the employer.

HIPAA special enrollment period

If you decline enrollment for Medical benefits for yourself or your eligible dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in the Medical benefits provided under the ERISA plan if you or your eligible dependents lose eligibility for that other coverage (or if the other employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your eligible dependents' other coverage ends (or after the other employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse and your new eligible dependent children. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you request a change due to a special enrollment event within the 30 day time frame, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

The Plan must allow a HIPAA special enrollment for employees and dependents who are eligible but not enrolled if they lose Medicaid or CHIP coverage because they are no longer eligible, or they become eligible for a state's premium assistance program. Employees have 60 days from the date of the Medicaid/CHIP event to request enrollment under the Plan. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

To request special enrollment or obtain more information, contact the Human Resources department.

HIPAA Notice of Privacy and Security Practices

The privacy rules under the Health Insurance Portability and Accountability Act require the South County Hospital Health and Welfare Plan (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information ("PHI") and how the Plan may use and disclose PHI.

For more information on the Plan's privacy policies or your rights under HIPAA, you may contact the Plan's Privacy Official, Maggie Thomas at benefits@southcountyhealth.org or at (401) 788 3800.

Women's Health and Cancer Rights Act

As required by federal law, these benefits include reconstructive surgery for a member who is receiving benefits for a mastectomy and who elects breast reconstruction in connection with the mastectomy. This health plan provides benefits for: all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas. These services will be furnished in a manner determined in consultation with the attending physician and the patient.

Newborns' and Mothers' Health Protection Act of 1996

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

Important notice from South County Health about creditable prescription drug coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the South County Health medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2026. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2026 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with South County Health and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of creditable coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the South County Health prescription drug plan listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2026. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- Blue Cross Blue Shield of Rhode Island – Vantage Blue
- Blue Cross Blue Shield of Rhode Island – Blue Solutions

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop South County Health coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the South County Health plan.

You should know that if you waive or leave coverage with South County Health and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this South County Health coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

SUMMARY ANNUAL REPORT For South County Hospital Health And Welfare Plan

This is a summary of the annual report of the South County Hospital Health and Welfare Plan, EIN 05-0445136, Plan No. 508, for period 01/01/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

South County Hospital has committed itself to pay certain self-insured Medical, Prescription Drug, and Dental claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Arag Insurance Company, Vision Service Plan, The Lincoln National Life Insurance Company, and Coastline EAP to pay Vision, Life Insurance, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program, and Legal claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were \$603,092.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request.

The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers; To obtain a copy of the full annual report, or any part thereof, write or call the office of South County Hospital at 100 Kenyon Avenue, Wakefield, RI, 02879 or by telephone at 401-782-8000.

You also have the legally protected right to examine the annual report at the main office of the plan (South County Hospital, 100 Kenyon Avenue, Wakefield, RI, 02879) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Or you may access a copy on the DOL's web site www.efast.dol.gov.

No Surprises Act notice

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:
Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
 - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact U.S. Department of Health and Human Services. The federal phone number for information and complaints is: 1-800-985-3059. Visit [No Surprises Act | CMS](#) for more information about your rights under federal law.

Notes

Handwriting practice lines consisting of 25 horizontal dotted lines.

SOUTH COUNTY HEALTH

