# Blessing Health System Benefits Open Enrollment 2025

Presented by your Human Resources Total Rewards Team: Janelle Van Hecke & Lisa Gower, Total Rewards Specialists Dena Dedert, Manager

Employee Information meetings: October 29th & 30th, 2024



### **VALUES**

- INTEGRITY: Be honest & trustworthy
- **COMPASSION:** Be empathetic to the needs, concerns & suffering of others
- ACCOUNTABILITY: Take ownership & foster an environment of ownership
- RESPECT: Value others' feelings, wishes, rights, identities, traditions & beliefs

- This meeting is being recorded.
- Please remember to leave your camera off and mute your microphone during the presentation.
- Questions can be asked in the chat and we will respond as quickly as possible.
- The recording and a Q&A document will be made available by 11/1/2024.
- **EXCELLENCE:** Strive for exceptional performance in work, care, quality, safety, service & finance



### **IT'S ABOUT YOU**

### Make your benefits work for you

What can you do?

- Stay informed by checking the benefit resources section of Virtual HR often
- Share your ideas, experiences, and concerns
- Send an e-mail to: HRTotalRewards@blessinghealth.org

### **Agenda**

- Open Enrollment Dates and Support
- 2025 Changes and review of your Total Rewards package

This presentation is for illustrative purposes only. For complete information regarding your 2025 Total Rewards package please refer to the Open Enrollment website and the 2025 Total Rewards Guide.

### Open Enrollment November 5<sup>th</sup> – 26<sup>th</sup>, 2024

For more Information:

Online:

www.blessinghealth.org/openenrollment

**Blessing Health Service Center:** 

Phone: 855-505-7593

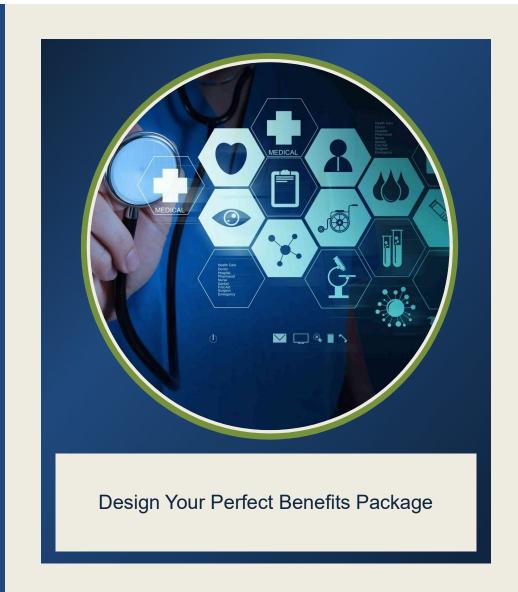
**Enroll Direct on Plan Source via Virtual HR:** 

Virtual HR→Benefit Enrollment→Plan Source Benefit Enroll



### 2025 Highlights

- Health Plan Updates and Education
- Pharmacy Co-pay & Co-insurance changes
- Be Well with Diabetes Membership Fee
- Dental Plans will Switch from MetLife to Delta Dental
- Additional Plan will be Added for Enhanced Vision Coverage through VSP
- Looking ahead to 2026



### **About Blessing Health Plan**

• Enrolled Members: 2,795

Employee Only: 1,313

Employee + Spouse: 336

Employee + Children: 589

Family: 557

Total Covered Members: 6,076

Health Plan Funding Type: Self-Insured

 A Self-Insured Health Plan, also known as a Self-Funded Plan, is a Health Care Benefit Plan where the Employer is Responsible for Paying for Employee Medical Claims

### **Health Plan FAQ**

### Who is Blessing Health System's Health Insurance Carrier?

Current Health Solutions is Blessing Health System's third-party administrator (TPA).

### What is a Third Party Administrator?

A third party administrator is a company that provides operational services such as claims processing and employee benefit management for an organization.

### What does Current Health Solutions do for Blessing Health System as the Third Party Administrator?

As a TPA, Current Health Solutions process claims and manages day to day health insurance operations for BHS for an administrative fee. BHS is a self-insured group and pays all employee health care expenses up to the stop loss.

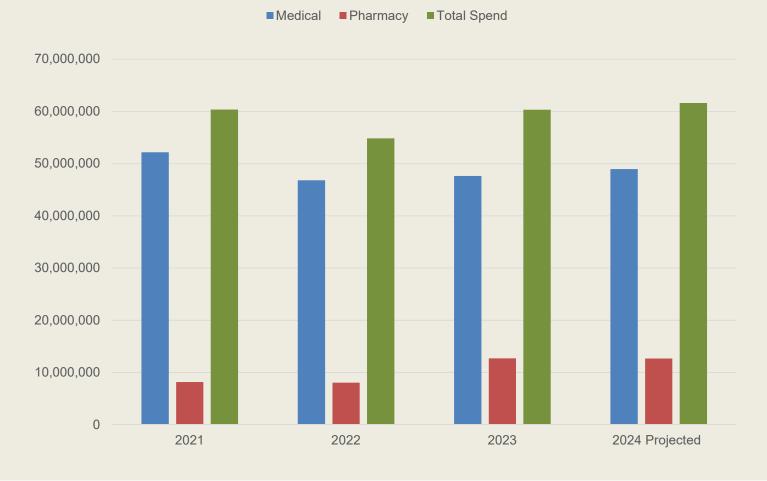
### What is Domestic Spend when Referring to the Employee Health Plan?

Domestic Spend is the amount of money paid, by the health plan, for services paid to Blessing providers

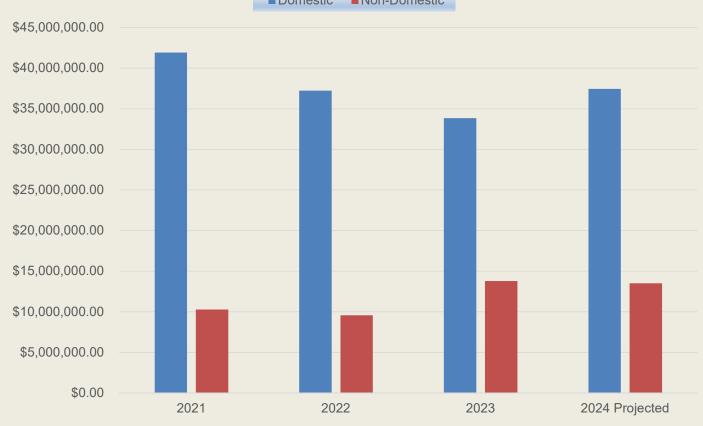
### What is Non-Domestic Spend when Referring to the Employee Health Plan?

Non-domestic spend is the amount of money paid, by the health plan, for services provided by providers outside of Blessing providers

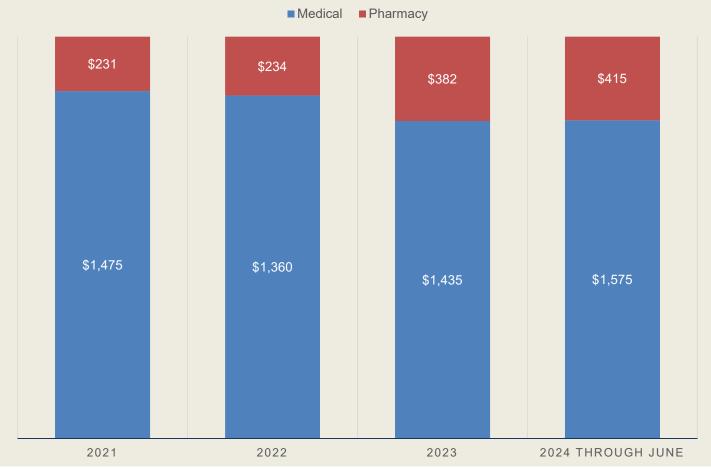
### **Health Plan Spending by Plan Year**



## Domestic Versus Non Domestic Spend



## BHS Monthly Healthcare Spend Per Employee



### **Insurance Terms YOU should know**

### **Premium:**

The amount that will come directly out of your paycheck for the cost of your coverage

### **Deductible:**

A fixed yearly dollar amount that you pay before the benefits of the plan start

### **Co-Pay:**

A fixed dollar amount that you pay for a covered healthcare service, usually at the time you receive the service

### **Co-Insurance:**

Your share of the cost of a covered healthcare service calculated as a percentage of the allowed amount for the service (example, 10%)

### **Out of Pocket Maximum:**

The maximum mount you will be required to pay in a plan year. This usually includes all of your out-of-pocket costs, like the deductible, copays, prescription costs, and coinsurance but, not your premiums.

### **NETWORK OPTIONS**





- Blessing Hospital
- Blessing Physician Services
- Denman Services
- Blessing Health Hannibal
- Illini Community Hospital
- SIU Family Medicine (Quincy)
- Advance Physical Therapy
- Quincy Anesthesia Associates
- Radiology Partners



### In-Network - Tier 2 Current Health Network, First Health Providers (Out of Area only) and Direct Agreements

- · Barnes Jewish Facilities
- Hannibal Reginal Hospital & Medical Group
- Midwest Orthopedics
- Columbia Orthopedics and Surgery Center
- Quincy Medical Group
- Springfield Clinic
- Springfield Memorial
- · St. John's Hospital & HSHS facilities
- St. Louis Children's Hospital

This is not meant to serve as a full list of providers. Please check online at currenthealthsolutions.org or call Member Services at 855-247-3233 to confirm a provides network status.

### Do you KNOW WHERE TO GO?



#### Your FIRST STOP for every day health issues.

Our primary care providers are located throughout the region in Illinois and Missouri, and offer annual wellness exams, convenient appointments and chronic illness management.

Blessing Health continues to build a network of 60+ specialists that travel to our locations across the region and provide excellent care, close to home.

#### **BLESSING HEALTH**

927 Broadway, Quincy, IL 4800 Maine, Quincy, IL 326 N. 24th St., Quincy IL 102 Prairie Mills Rd., Golden, IL 102 N. County Rd. 700, Warsaw, IL 103 E. Commercial St., Kahoka, MO 521 E. Main, Mt. Sterling, IL 6996 County Rd. 326, Palmyra, MO

#### **BLESSING HEALTH HANNIBAL**

100 Medical Dr., Hannibal, MO 710 Business 61 S., Bowling Green, MO 400 North Main, Monroe City, MO

#### ILLINI RURAL HEALTH CLINIC

640 W. Washington, Pittsfield, IL



#### For IMMEDIATE, less serious health concerns when you're unable to get an appointment or after hours.

Treating minor illnesses and injuries:

- Allergies
- · Cold, Flu or Fever
- Ear Infection
- Minor Cuts & Lacerations
- Nausea, Vomiting & Diarrhea
- Skin Conditions
- · Sore Throat
- . Urinary Tract Infection

#### BLESSING EXPRESS CLINIC

420 N. 34th St., Quincy, IL

#### BLESSING EMPLOYER CLINIC

326 N. 24th St., Quincy, IL.

#### BLESSING ORTHOPEDIC WALK-IN CLINIC

4800 Maine, Quincy, IL

#### BLESSING WALK-IN CLINIC

11th & Broadway, Quincy, IL

#### HANNIBAL WALK-IN CLINIC

100 Medical Dr., Hannibal, MO

#### ILLINI EXPRESS WALK-IN CLINIC

640 W. Washington, Pittsfield, IL



**EMERGENCY CARE** 

#### Go to the EMERGENCY DEPARTMENT or call 9-1-1 for serious or life-threatening conditions.

Available 24/7 to handle any emergency and trauma:

- Broken Bones
- · Chest Pain
- Loss of Consciousness
- Heart Attack
- Major Trauma or Injury
- Poisoning
- Seizures
- Severe Burns
- Stroke
- Uncontrolled Bleeding

#### **BLESSING HOSPITAL**

11th & Broadway, Quincy, IL

#### ILLINI COMMUNITY HOSPITAL

640 W. Washington, Pittsfield, IL

The tier 1 Blessing provider coverage level is an incentive that we are able to offer employees covered on the health plan.

Blessing Health System is a business with a self- funded health plan. We can control OUR costs and discounts, but we cannot do the same for other providers offering services.

While tier 2 coverage may not be as rich as tier 1, it is still market competitive.

### Do you KNOW WHERE TO GO? Pharmacy





#### **BROWN DRUG**

1121 Maine St., Quincy, IL

### BLESSING HOSPITAL RETAIL PHARMACY

1005 Broadway St., Rm 1970-107, Quincy, IL

#### **DENMAN COUNTRY DRUG**

102 Prairie Mills Rd., Golden, IL

#### ILLINI HEALTH SERVICES PHARMACY

321 N. Monroe St., Pittsfield, IL

#### **BLESSING HEALTH PHARMACY**

100 Medical Dr., Hannibal, MO

### BLESSING HEALTH SPECIALTY PHARMACY

1005 Broadway St., Rm 1954-304, Quincy, IL

### 2024 v. 2025 Bi-Weekly Health Plan Rates

|                       |                                 |                    |                                 | Medical—Ful                        | I Time             |                                    |          |                    |          |
|-----------------------|---------------------------------|--------------------|---------------------------------|------------------------------------|--------------------|------------------------------------|----------|--------------------|----------|
|                       |                                 |                    | Standaı                         | d Plan                             |                    |                                    | High I   | Deductibl          | e Plan   |
| Level of Coverage     | 2024 With<br>Wellness Incentive | Increase<br>amount | 2025 With<br>Wellness Incentive | 2024 Without<br>Weliness Incentive | Increase<br>amount | 2025 Without<br>Weliness Incentive | 2024     | Increase<br>amount | 2025     |
| Employee              | \$96.63                         | \$1.94             | \$98.57                         | \$123.16                           | \$9.85             | \$133.01                           | \$52.17  | \$1.56             | \$53.73  |
| Employee + Spouse     | \$212.19                        | \$4.24             | \$216.43                        | \$270.43                           | \$21.64            | \$292.07                           | \$113.70 | \$3.42             | \$117.12 |
| Employee + Child(ren) | \$183.13                        | \$3.66             | \$186.79                        | \$233.41                           | \$18.67            | \$252.08                           | \$101.55 | \$3.04             | \$104.59 |
| Family                | \$255.26                        | \$5.10             | \$260.36                        | \$325.32                           | \$26.03            | \$351.35                           | \$138.50 | \$4.17             | \$142.67 |
|                       | Medical—Part Time               |                    |                                 |                                    |                    |                                    |          |                    |          |
|                       |                                 |                    | Standaı                         | d Plan                             |                    |                                    | High I   | Deductibl          | e Plan   |
| Level of Coverage     | 2024 With<br>Wellness Incentive | Increase<br>amount | 2025 With<br>Wellness Incentive | 2024 Without<br>Wellness Incentive | Increase<br>amount | 2025 Without<br>Wellness Incentive | 2024     | Increase<br>amount | 2025     |
| Employee              | \$193.27                        | \$3.87             | \$197.14                        | \$246.31                           | \$19.71            | \$266.02                           | \$71.35  | \$2.14             | \$73.49  |
| Employee + Spouse     | \$424.38                        | \$8.49             | \$432.87                        | \$540.88                           | \$43.28            | \$584.16                           | \$227.38 | \$6.82             | \$234.20 |
| Employee + Child(ren) | \$366.27                        | \$7.33             | \$373.60                        | \$466.81                           | \$37.35            | \$504.16                           | \$203.11 | \$6.09             | \$209.20 |
| Family                | \$510.50                        | \$10.21            | \$520.71                        | \$650.66                           | \$52.05            | \$702.71                           | \$277.02 | \$8.31             | \$285.33 |

## **Choosing your plan Standard verses HDHP**

| - DI EGGING                     |                   | tandard        | Plan               | High Deductible Pla |          | ble Plan       |
|---------------------------------|-------------------|----------------|--------------------|---------------------|----------|----------------|
| BLESSING Health System          | In-Net            | twork          | Out-of-Network     | in-N                | etwork   | Out-of-Network |
| Health System                   | Tier 1            | Tier 2         | Tier 3             | Tier 1              | Tier 2   | Tier 3         |
| ANNUAL DEDUCTIBLE               |                   |                |                    |                     |          |                |
| All benefits with a coinsurance | e % are first sub | ject to the re | spective deductibl | е                   |          |                |
| Annual Deductible:              | 4                 | ¥              | 3                  | 2                   |          |                |
| Individual                      | \$250             | \$2,000        | \$3,000            | \$1,800             | \$2,500  | \$4,000        |
| Employee + Children             | \$500             | \$3,000        | \$5,000            | \$3,600             | \$5,000  | \$8,000        |
| Employee + Spouse               | \$500             | \$3,000        | \$5,000            | \$3,600             | \$5,000  | \$8,000        |
| Family                          | \$500             | \$4,000        | \$7,000            | \$3,600             | \$5,000  | \$8,000        |
| Out-of-Pocket Maximum:          |                   |                |                    |                     |          |                |
| Individual                      | \$7,350           | \$7,350        | No limit           | \$3,600             | \$6,650  | No limit       |
| Employee + Children             | \$12,300          | \$12,300       | No limit           | \$7,200             | \$13,300 | No limit       |
| Employee + Spouse               | \$14,700          | \$14,700       | No limit           | \$7,200             | \$13,300 | No limit       |
| Family                          | \$14,700          | \$14,700       | No limit           | \$7,200             | \$13,300 | No limit       |

## **Choosing your plan Standard verses HDHP**

| PLESCING.   | S               | tandard       | Plan                 | High Deductible Plan |            |                |  |
|---|-----------------|---------------|----------------------|----------------------|------------|----------------|--|
| BLESSING  | In-Network      |               | Out-of-Network       | In-Network           |            | Out-of-Network |  |
| Health System   | Tier 1          | Tier 2        | Tier 3               | Tier 1               | Tier 2     | Tier 3         |  |
| ANNUAL DEDUCTIBLE   |                 |               | THE ST. BY CONTRACT  | 22                   |            | **             |  |
| All benefits with a coinsurance %                                       | 6 are first sub | ject to the r | espective deductible | 9                    |            |                |  |
| PCP Co-Pay  | \$0             | \$45          | 50%                  | 90%                  | 70%        | 50%            |  |
| Specialist Co-Pay   | \$30            | \$80          | 50%                  | 90%                  | 70%        | 50%            |  |
| Second Opinion  | 100%            | 100%          | 100%                 | 90%                  | 90%        | 90%            |  |
| Walk-In, Express Clinic,<br>Convenient Care                             | \$0             | \$45          | 50%                  | 90%                  | 70%        | 50%            |  |
| Jrgent Care, Ambulatory Care  | \$30            | \$90          | 50%                  | 90%                  | 70%        | 50%            |  |
| EMERGENCY SERVICES  |                 |               |                      |                      |            |                |  |
| Ambulance (Ground, Air)<br>Emergency Room Copay<br>(waived if admitted) | 100%<br>\$300   | 100%<br>\$300 | 100%<br>\$300        | 90%<br>80%           | 90%<br>80% | 90%<br>80%     |  |
| HOSPITAL/SURGICAL SERVICES  | į.              |               | 114                  |                      |            |                |  |
| Hospital: Inpatient, Outpatient<br>Surgery: Inpatient, Outpatient       | 90%<br>90%      | 70%<br>70%    | 50%<br>50%           | 90%<br>90%           | 70%<br>70% | 50%<br>50%     |  |

## **Choosing your plan Standard verses HDHP**

| DIECCINC   | Standard Plan |        |                | High Deductible Plan |        |                |  |
|--|---------------|--------|----------------|----------------------|--------|----------------|--|
| BLESSING   | In-Network    |        | Out-of-Network | In-Network           |        | Out-of-Network |  |
| Health System  | Tier 1        | Tier 2 | Tier 3         | Tier 1               | Tier 2 | Tier 3         |  |
| OTHER SERVICES   |               |        |                |                      |        |                |  |
| Wellness and Preventive Care   | 100%          | 100%   | Not Covered    | 100%                 | 100%   | Not Covered    |  |
| Diagnostic Testing (including lab/x-ray)   | 90%           | 70%    | 50%            | 90%                  | 70%    | 50%            |  |
| Outpatient Therapy<br>(60 visits combined max)<br>Physical, Occupational, Speech | \$20          | 70%    | 50%            | 90%                  | 70%    | 50%            |  |
| Chiropractic Care  | \$20          | 70%    | 50%            | 90%                  | 50%    | 50%            |  |
| Routine Maternity<br>Includes office visits and<br>physician delivery services   | \$800         | 70%    | 50%            | 90%                  | 70%    | 50%            |  |
| Fertility Coverage   | 90%           | 70%    | 50%            | 90%                  | 70%    | 50%            |  |

### Choosing your plan Standard Wellness verses HDHP – premium savings

|                       | Full Time Bi-Weekly premiums & savings |                      |                 |            |  |  |
|-----------------------|--|----------------------|-----------------|------------|--|--|
| Coverage Level        | Standard Plan with Wellness            | High Deductible Plan | Premium Savings | Annual     |  |  |
| Employee              | \$98.57                                | \$53.73              | \$44.84         | \$1,165.84 |  |  |
| Employee + Spouse     | \$216.43                               | \$117.12             | \$99.31         | \$2,582.06 |  |  |
| Employee + Child(ren) | \$186.79                               | \$104.59             | \$82.20         | \$2,137.20 |  |  |
| Family                | \$260.36                               | \$142.67             | \$117.69        | \$3,059.94 |  |  |
|                       | Part Time B                            | i-Weekly premium     | s & savings     |            |  |  |
| Coverage Level        | Standard Plan with Wellness            | High Deductible Plan | Premium Savings | Annual     |  |  |
| Employee              | \$197.14                               | \$73.49              | \$123.65        | \$3,214.90 |  |  |
| Employee + Spouse     | \$432.87                               | \$234.20             | \$198.67        | \$5,165.42 |  |  |
| Employee + Child(ren) | \$373.60                               | \$209.20             | \$164.40        | \$4,274.40 |  |  |
| Family                | \$520.71                               | \$285.33             | \$235.38        | \$6,119.88 |  |  |

### 2025 Pharmacy Changes

| Optum Rx Prescription Drug Coverage – 2025 REVISIONS |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | Standa                                      |  | High Deduc                             |  |  |  |
|  | Tier 1 Blessing owned Pharmacies            | Tier 2<br>Participating Optum<br>Rx Pharmacies   | Tier 1<br>Blessing owned<br>Pharmacies | Tier 2<br>Participating Optum<br>Rx Pharmacies   |  |  |
| Generic<br>(30 Day)                                  | \$7 minimum copay or<br>10% of the cost     | \$25 copay or 25% of<br>the cost   | 10% after deductible                   | 20% after deductible   |  |  |
| Preferred Brand<br>(30 Day)                          | Greater of \$45 copay<br>or 40% of the cost | Greater of the \$60 copay or 55% of the  | 20% after deductible                   | 30% after deductible   |  |  |
| Non-Preferred Brand<br>(30 Day)                      | Greater of \$75 copay<br>or 45% of the cost | Greater of \$90 copay<br>or 60% of the cost  | 30% after deductible                   | 40% after deductible   |  |  |
| Specialty Medications*                               | 10% coinsurance                             | No coverage unless filled at Blessing Health Specialty Pharmacy or Optum Rx Specialty Pharmacy | 10% after deductible                   | No coverage unless filled at Blessing Health Specialty Pharmacy or Optum Rx Specialty Pharmacy |  |  |

<sup>\*</sup>Specialty medications must be filled through Blessing Health Specialty Pharmacy. If Blessing Health Specialty Pharmacy is unable to fill the prescription, it must be filled at Optum Rx Specialty Pharmacy in order to receive coverage at the Tier 1 level.

### Saving for expenses Flexible Spending verses HSA

### Flexible Spending

2025

\$3,300.00

| Health Savings Accounts   |            |  |  |  |
|---|------------|--|--|--|
| Coverage Level  | 2025       |  |  |  |
| Individual - under age 55   | \$4,300.00 |  |  |  |
| Individual - over age 55  | \$5,300.00 |  |  |  |
| Family - under 55   | \$8,550.00 |  |  |  |
| <b>Family - over age 55</b> \$9,550.00                                      |            |  |  |  |
| Limits iniclude seed money (provided by BHS) of \$500 for an individial and |            |  |  |  |
| \$1,000 for a Family  |            |  |  |  |

| PLAN FEATURES   |   |  |  |  |
|---|---|--|--|--|
| Flexible Spending Health Savings Account                                |   |  |  |  |
| Front loaded and re-paid through payroll                                | Initial deposit of seed money then bi-weekly contributions to |  |  |  |
| deduction   | increase your available balance                               |  |  |  |
| Use it or lose it after rollover period                                 | Rollover from year to year                                    |  |  |  |
| Limited purpose in conjunction with an HSA                              | Investment Options  |  |  |  |
| Requires participant to submit documentation for certain reimbursements | Eligibility rules apply                                       |  |  |  |





#### **CORE HEALTH REWARDS FOR 2025**

Participants must complete all requirements of the program and earn 400 points to receive the following rewards for 2025:

- · Eligibility for the discounted health insurance premium plan for 2026
- Cash incentive (distributed Fall 2025)

by September 30, 2025.



#### IMPORTANT!

Any spouse who plans to be covered under the discounted health insurance premium must also complete the program consent and wellness screening requirements.





If you have any questions or concerns, contact Employee Wellbeing at 217.223.8400, ext. 2326 or email employeewellbeing@blessinghealth.org



#### PROGRAM REQUIREMENTS

#### **Program Consent**

Complete required 2025 Program Consent in ManageWell

#### Wellness Screening

Select from **ONE** of the following options to complete this requirement

- a. Annual Wellness/Preventive Health Exam with Provider. (This is scheduled directly with your provider's office.)
- Wellness Screening with Employee Wellbeing Coach. (This is scheduled through ManageWell.)

#### Preventive Screening(s)

Based on recommended guidelines, as well as your age and gender, you may be required to complete one or more preventive screenings. For more information, please refer to the Preventive Screenings flyer.

#### Earn 400 Points

- Sync Exercise Tracker
- · Walking Challenges
- Nutrition Education Programs
- **Emotional Wellbeing Activities**
- And much more!



### Some things to remember about Core Health:

- Participation is voluntary, not required to be covered on our health plan
- If you change your Standard Plan coverage level or move to the Standard Plan during
   Open Enrollment, you may be able to sign up for Core Health starting December 1, 2024.
- Points earned and wellness screenings completed during the Fiscal Year (October 1 September 30) qualify you for incentives and the Standard Wellness premium for the following calendar year (January 1 – December 31)
- Covered spouses are required to complete Core Health in order to receive the Standard Wellness premium.
- If you experience a Qualifying Life Event during the year, you can sign up for Core Health



### Choosing your plan Core Health wellness – premium savings

|                       | Full Time Bi-Weekly premiums & savings |                             |                 |            |  |  |  |
|-----------------------|--|-----------------------------|-----------------|------------|--|--|--|
| Coverage Level        | 2025 Without Wellness Incentive        | Standard Plan with Wellness | Premium Savings | Annual     |  |  |  |
| Employee              | \$133.01                               | \$98.57                     | \$34.44         | \$895.44   |  |  |  |
| Employee + Spouse     | \$292.07                               | \$216.43                    | \$75.64         | \$1,966.64 |  |  |  |
| Employee + Child(ren) | \$252.08                               | \$186.79                    | \$65.29         | \$1,697.54 |  |  |  |
| Family                | \$351.35                               | \$260.36                    | \$90.99         | \$2,365.74 |  |  |  |
|                       | Part Time Bi-Weekly premiums & savings |                             |                 |            |  |  |  |
| Coverage Level        | 2025 Without Wellness Incentive        | Standard Plan with Wellness | Premium Savings | Annual     |  |  |  |
| Employee              | \$266.02                               | \$197.14                    | \$68.88         | \$1,790.88 |  |  |  |
| Employee + Spouse     | \$584.16                               | \$432.87                    | \$151.29        | \$3,933.54 |  |  |  |
| Employee + Child(ren) | \$504.16                               | \$373.60                    | \$130.56        | \$3,394.56 |  |  |  |
| Family                | \$702.71                               | \$520.71                    | \$182.00        | \$4,732.00 |  |  |  |



Accessing the Right Information and Care to Manage Diabetes

## Be Well with Diabetes Program

- Be Well with Diabetes is a Diabetes Management Program that Encourages those with Diabetes to Take Control of their Health.
- Offered to Blessing Employee Healthcare Plan Members with a Diagnosis of Type 1, Type 2, Pre, or Gestational Diabetes
- Incentives include free diabetic medications, meters, regular A1C checks, & weight checks. Based on your health plan election, you may also receive free testing supplies and diabetic education.
- In compliance with IRS first-dollar coverage limitations, HDHP members are not eligible for all incentives at 100% coverage.
- Effective 01/01/2025, a \$15.00 per pay period membership fee will be charged to each employee and/or spouse, who is enrolled in the Be Well with Diabetes Program.



Delta Dental – Making it easy to protect your smile and keep it healthy.

### **DELTA DENTAL**

- Two Plan Offerings Value and Premier
- Wider PPO Network of Dentists
- Smile Perks- Discount Program Offering Exclusive Savings for Members
- No Change in Dental Premiums

| Level of Coverage     | Dental     |              |  |  |
|-----------------------|------------|--------------|--|--|
| Level of Coverage     | Value Plan | Premier Plan |  |  |
| Employee              | \$12.24    | \$19.29      |  |  |
| Employee + Spouse     | \$24.68    | \$40.21      |  |  |
| Employee + Child(ren) | \$29.90    | \$48.26      |  |  |
| Family                | \$44.89    | \$72.98      |  |  |



New Look. Same Heart.

### **VSP-Vision**

- Two Plans will be offered to Employees Beginning 01/01/2025
- The Buy Up Plan will Provide Additional Coverage Including:
  - 1. Additional Allowances on Frames & Feature Frame Brands
  - 2. Increased Coverage for Walmart/Costco Equivalent Frames
  - 3. Elective Contact Lenses
  - 4. Coverage for one of the following:
    Premium/Custom Progressive Lenses, AntiGlare Coating or, Light Reactive Lenses

| Vision    | Vision                               |
|-----------|--------------------------------------|
| Base Plan | Buy-up Plan                          |
| \$3.48    | \$5.81                               |
| \$6.94    | \$11.61                              |
| \$11.18   | \$18.70                              |
|           | <b>Base Plan</b><br>\$3.48<br>\$6.94 |



A Tobacco Surcharge is a Fee Added to an Insurance Premium Based on a Covered Members Tobacco Use.

### Tobacco Surcharge

- Effective 01/01/2026- Blessing Health System will begin Charging a \$50.00, per Pay Period, Tobacco Use Premium Surcharge to Employees and/or Spouses Enrolled on the Health Pan that Use Tobacco Products
- The Surcharge will be Collected in Addition to your Medical Plan Premium
- A "Tobacco User" Refers to the Use of Tobacco Products within the Past Three Consecutive Months but does not Include Religious or Ceremonial Use of Tobacco
- Tobacco Products Refers to any Tobacco Product Including:
  - 1. Cigarettes, Cigars, and Pipes
  - 2. All Forms of Smokeless Tobacco
  - 3. Clove Cigarettes
  - 4. Any other Smoking Devices that Use Tobacco, such as Hookahs, or Simulate the Use of Tobacco, such as Electronic Cigarettes
- Employees will be Required to Certify Tobacco User Status
   During 2026 Open Enrollment and Attest that the Information is True and Accurate



Schedule a confidential consultation by video or phone:

http://www.fidelity.com/schedule

Based on Financial performance for Fiscal Year 2024, the 1 or 2% discretionary contribution based on years of service, will not be provided in February of 2025.

### Retirement Benefits

Reasons why you should log on to www.netbenefits.com/blessinghealthsystem:

- 1. Set or increase your contribution rate
- 2. Review your investment options
- 3. Set your beneficiary





Blessing Work/Life Portfolio

### Blessing Work Life Marketplace

- Exclusive marketplace that provides access to a variety of discounts for Blessing Employees in the categories of:
  - Health and Well-being
  - Financial Well-being
  - · Auto and Home
  - · Discounts and Perks
- To access the Blessing Work Life Marketplace:
  - Go to: <a href="https://BlessingWorkLife.benefithub.com">https://BlessingWorkLife.benefithub.com</a>
  - Register with your name and email address
- Start saving today!
- Questions? Call 1-866-664-4621 or email customercare@benefithub.com



**Lincoln Financial Group Benefits** 

## Lincoln Financial Group

### **Company Provided Benefits**

- Company Provided Employee Life
- Company Provided Accidental Death and Dismemberment
- Short Term Disability
- Long Term Disability

### **Supplemental Benefits Offerings:**

- Voluntary Employee, Spouse, & Dependent Life
- Voluntary Short Term Disability Buy-Up
- Critical Illness, Accident, & Hospital Indemnity
- Voluntary Accidental Death and Dismemberment

### **Critical Illness Health Assessment Benefit**

- \$50.00 per Health Assessment
- Limited to 6 per family (\$300.00 limit)
- Limited to 1 test per year per person
- Visit mylincolnportal.com to obtain a health assessment claim form.



Benefits for Employees who have elected Critical Illness Benefits

### It pays to be healthy (in more ways than one).



#### Get money back for keeping up with your health screenings.

- Stress test
- Abdominal, aortic or carotid ultrasound
- Angiography
- CT angiography
- Electrocardiogram (EKG/ECG)
- Mammography
- Breast ultrasound
- Pap smear
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- PSA (blood test for prostrate cancer)
- CEA (blood test for colon cancer)
- Serum protein electrophoresis (blood test for myeloma)

- Bone marrow testing
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Double contrast barium enema
- Helical CT scan
- Dental brush biopsy or other FDA approved screening for oral cancer
- Diabetes (A1C or fasting glucose)
- HIV screening
- Hepatitis screening
- · Human papillomavirus screening
- Blood chemistry profile

#### Get money back for keeping up with you

- Stress test
- Abdominal, aortic or carotid ultrasound
- Angiography
- CT angiography
- Electrocardiogram (EKG/ECG)
- Mammography
- Breast ultrasound
- Pap smear
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- PSA (blood test for prostrate cancer)
- CEA (blood test for colon cancer)
- Serum protein electrophoresis (blood test for myeloma)

### **Accident Health Assessment Benefit**

- \$100.00 per Health Assessment
- Limited to 1 test per year per person
- Visit mylincolnportal.com to obtain a health assessment claim form.



Benefits for Employees who have elected Accident Benefits

### Health Assessment Benefit: A valuable part of your group accident insurance



Get money back for keeping up with your health screenings.

| All covered persons   | Adults only  | Children only  |
|---|--|--|
| <ul> <li>Routine dental examination</li> <li>Annual physical</li> <li>Eye exam</li> <li>Hearing exam</li> <li>Depression screening</li> <li>Substance abuse screening/counseling</li> <li>Tetanus immunization</li> </ul> | <ul> <li>Osteoporosis screening<br/>(bone mineral density)</li> <li>Accident/fall prevention<br/>counseling</li> </ul> | <ul> <li>Sports/school physicals</li> <li>Concussion screening</li> <li>Immunizations: DTP, MMR, rotavirus, chicken pox, meningitis</li> </ul> |





### Browse with Benefits

Your vision and wellness come first with VSP. Now, your benefit includes eyeconic.com, the VSP preferred online retailer.





Health & Wellness Special Offers
Savings on health, wellness and everyday lifestyle products and services





### **VSP Exclusive Member Discounts**

Saving money on your health is now more important than ever. VSP provides exclusive offers to members totaling over \$3,000 in potential savings for your eyecare and wellness needs.

Save on your favorite bands and contact lenses, get discounts on wellness products and services, travel, entertainment, and everyday home and financial services that make your life matter.

For more information, visit <a href="www.vsp.com">www.vsp.com</a>.
Additional information on employee
discount programs can be located at
blessinghealth.org/openenrollment

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### Smile Perks

### **Exclusive Savings for Members**



Whether you're planning a major purchase like a car or vacation, or just want to save on the day-to-day essentials. Smile Perks has you covered.



Savings on Sonicare oral health products, Avent mother and baby essentials and Norelco shaving and grooming items

#### Member Discount Program powered by LifeMart

Discounts on groceries, electronics, entertainment, travel, and much more — including regular limited-time offers



Access to a comprehensive hearing health discount program with savings of more than 60% off retail hearing aids



24/7 access to virtual dental care — a convenient, safe, and effective way to get immediate care when needed



Savings of 20-35% on LASIK procedures from the largest network of credentialed and experienced eye surgeons nationwide



Discounts on Oral-B electric and manual toothbrushes, replacement brush heads and more



Scan the QR code to access exclusive member savings — or visit deltadentalil.com/smile-perks to learn more.

\*This offering is exclusive for Delta Dental of Illinois clients and their employees and covered members only. External distribution outside you compare from a produce of a contribution outside.

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### **Delta Dental Smile Perks**

- Delta Dental of IL members qualify for exclusive Smile Perks discount program that helps you save money on everything from groceries and self-care products to electronics and flights.
- · For more information, visit Delta Dental.
- Additional information regarding employee discount programs can also be located at blessinghealth.org/openenrollment



### Access your Employee Assistance Program (EAP) 24/7 by phone, web or mobile app.

Download the TELUS Health One app or visit one.telushealth.com

2 Log in with the username and password below:

Username: Pas

BlessingHealth

Password:

eap

### **Employee Assistance Program (EAP).**

#### Bounce back from whatever life throws at you.

Life has its ups and downs. But we can help. Whether you have questions about relationships, family problems, stress at work and home, anxiety, financial matters, or health issues, you can turn to us for a confidential service you can trust.

Online:

one.telushealth.com

Call us:

1 800-586-5882







• Visit one.telushealth.com to learn more about savings opportunities





Phone Number: 1 800-586-5882 Username/Password: BlessingHealth/eap Connect online: one.telushealth.com

TELUS Health Perks and Savings



### Perks & savings

Save money on daily purchases and the important things in life.

Planning a family vacation, doing some holiday shopping, or moving?

Our exclusive Perks can help you save in every area of your life, and make your money go further.

Just select "Perks" in the menu bar.

#### Exclusive offers

Our exclusive online offers are deals made just for members like you and deliver big savings through online coupon codes.

Discover 130+ exclusive offers (and growing) from market-leading brands and save on everyday spend such as car buying, fitness and nutrition, days out, home finances, travet, and key life events.

#### How do exclusive offers work?

- Go to "Perks" in the menu bar and browse our fee-tured "Exclusive Offers" section. You can also look for an offer via the Search Bar at the top of the page.
- See how much you can save with your offer of choice and select "Visit Website" to visit the retailer's website and make a purchase. If there is a coupon code, simply copy and paste the coupon code at checkout and your discount will automatically be ap-plied.



Focusing on the Well YOU

### **Next Steps**

- Benefit eligible employees will receive a post card in the mail at their home address.
- Scan QR Code for 2025 Open Enrollment information or go to the website on the postcard.
- Enroll in your benefits through Plan Source, or call the Service Center before November 26<sup>th</sup>.
- As a reminder, participation in flexible spending programs, a health savings account, and PTO sell must be re-elected every year.
- With the exception of the benefits listed above, your 2024 enrollment elections will continue for 2025.

### Open Enrollment November 5<sup>th</sup> – 26<sup>th</sup>, 2024

For more Information:

Online:

www.blessinghealth.org/openenrollment

**Blessing Health Service Center:** 

Phone: 855-505-7593

**Enroll Direct on Plan Source via Virtual HR:** 

Virtual HR→Benefit Enrollment→Plan Source Benefit Enroll

