SIH

2026 BENEFITS

Your guide to physical, financial, and personal wellbeing support.

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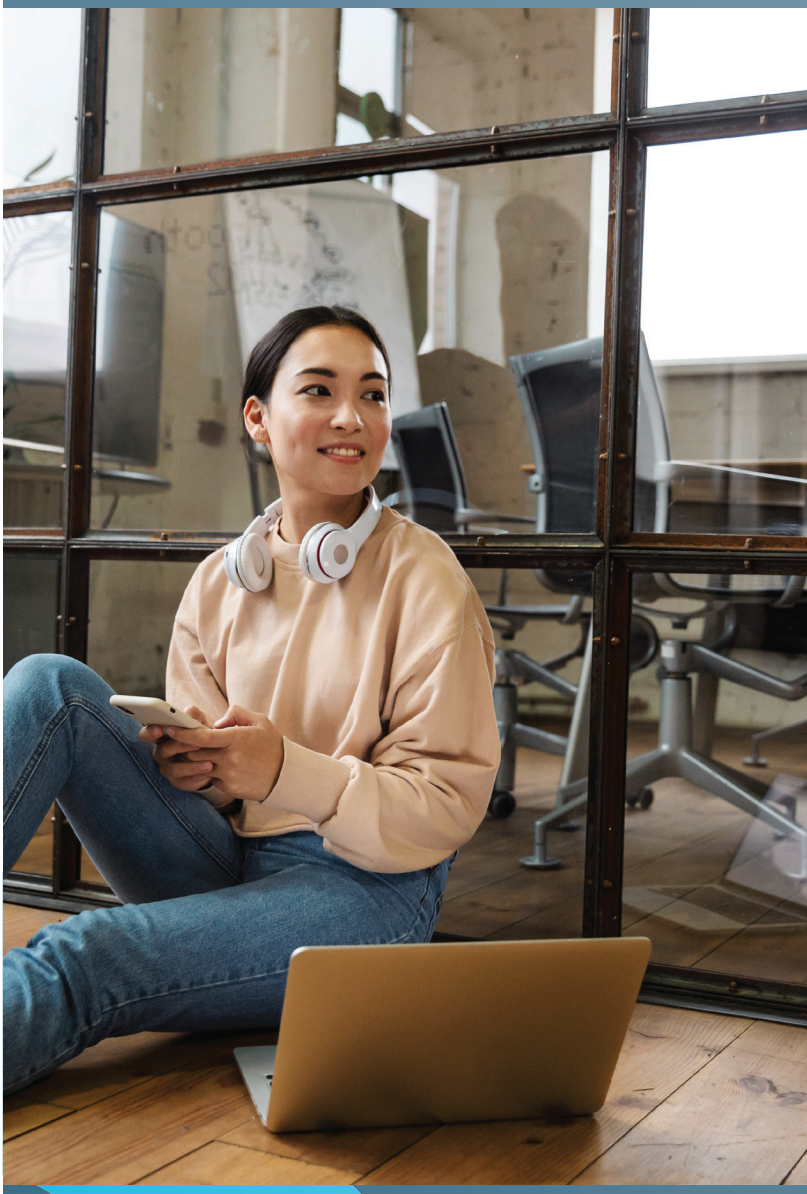


The following guide is a brief summary of benefits and does not guarantee coverage. The full Summary Plan Documents for each plan are available at benefits.sih.net.

OPEN ENROLLMENT

Mission

SIH is dedicated to improving the health and
well-being of all of the people in the communities we serve

Values

- Respect
- Integrity
- Compassion
- Collaboration
- Stewardship
- Quality
- Accountability

Vision

Creating a healthy Southern Illinois made stronger by acts of caring that transform lives.

We are excited to announce there will be no premium increases for 2026!

New Life Insurance and Long-Term Disability Carrier

Our life and long-term disability plans will be administered through Reliance Matrix. During open enrollment, you may enroll in supplemental life for the first time or increase coverage up to the guarantee issue amount of $300,000 **without evidence of insurability**, i.e. medical questions. If you increase coverage over the $300,000 guarantee issue amount or already have an election over $300,000 but want to increase further, the evidence of insurability will need to be completed. If you are enrolled in supplemental life coverage, you may also elect spouse life coverage for the first time or increase without evidence of insurability. **You may also enroll in the long-term disability buy-up plan without evidence of insurability.**

If you are currently enrolled in supplemental life insurance, spouse life insurance, child life insurance, voluntary accidental death and dismemberment, and/or long-term disability buy-up, these plans will transition automatically to the new carrier, so no action is needed on your part.

New Voluntary Product Carrier

Our voluntary product carrier for Critical Illness, Accident and Hospital Indemnity will also transition to Reliance Matrix effective January 1, 2026. There is no change in coverage or premiums, only the carrier. Employees enrolled in Critical Illness, Accident, and Hospital Indemnity will transition automatically to the new carrier, so no action is needed on your part. Payroll deduction will end as of December 31, 2025, for employees currently enrolled in the Allstate Group Term Life coverage. Employees who wish to continue this coverage can do so via direct payment to Allstate.

Employees enrolled in the Grandfathered Cancer and Grandfathered Universal Life products will continue through payroll deduction.

SIH COMMITMENT TO CARE

The commitments below are the behaviors expected from all SIH employees, as part of their overall work performance, in order to deliver excellence. These behaviors align with the SIH mission, vision and values that are the foundation of our organization, guiding us to create a culture unified by our commitment to care.

01. Commitment to Deliver Positive Patient and Colleague Experiences

We are committed to providing the highest quality of service and utmost care because everyone deserves to be treated with respect and compassion.

- I will be considerate and listen carefully to everyone.
- I will use common courtesy and act with compassion to acknowledge the discomfort (anxiety, fear, stress, uncertainty, pain) of others.
- I will withhold judgment and display sensitivity and respect for others' cultures or traditions, including race, nationality, appearance, beliefs, gender, age, disability, sexual orientation, religion, education or socioeconomic status

02. Commitment to Support a Collaborative, Inclusive Community

We believe that leadership is within each of us and that each person may work in a different way; therefore open and honest communication with each other is critical to our success. We value the dignity and unique strengths of each person.

- I will respect everyone regardless of job title, expertise, level of education or certificaiton and/or any other differences that may exist between us.
- I will accept responsibility for establishing and maintaining healthy interpersonal relationships with everyone. I will talk to a co-worker promptly if I am having an issue with them and work toward a respectful resolution.

03. Commitment to Build Trust

It is our responsibility to earn the trust of our patients, guests, co-workers, and community.

- I will speak positively and use discretion when discussing my work in public.
- I will keep my commitments and be honest in all interactions.
- I will praqctice integrity and maintain confidentiality as outlined by our policy and procedures

04. Commitment to Embrace my Personal Responsibility

We recognize a sense of ownership toward our job and accept responsibility for our work performance. Our culture recognizes success through collaboration and individual accountability.

- I will speak up as appropriate when I see room for improvement in our processes, behaviors or approach without placing blame or fearing retribution and seek to offer possible solutions to problem.
- I will take the time to keep up with communications from SIH and apply this information to my work.
- I will do my part to ensure a safe environment free of physical and emotional harm.
- I will adhere to organizational and departmental policies.
- I will strive to do every job right the first time.
- I will work with my team to ensure that our priorities and tasks are aligned with the organization's goals and that these jobs are completed in a timely manner

SIH Partnership Contacts

Human Resources 2 Nutrition Plaza	
Human Resources 2 Nutrition Plaza	618.457.5200
Julie Neubig, HR Director Total Rewards	ext. 67807 julie.neubig@sih.net

Total Rewards Team	
Benefits	benefits@sih.net
Sara Bevis HR Benefits Analyst	ext. 67810 sara.bevis@sih.net
Renae Edwards HR Benefits Coordinator	ext. 67845 renae.edwards@sih.net
Vanessa Flores Compensation and Benefits Analyst	ext. 67899 vanessa.flores@sih.net
Wellness	ext. 67827 wellness@sih.net www.sihwellness.com (to review personal wellness platform)
Jessica Nutt HR Health Management Coach	ext. 67865 jessica.nutt@sih.net
Kathryn Lennox HR Health Management Navigator	ext. 67838 kathryn.lennox@sih.net
Samantha Zimmerman HR Health Management Navigator	ext. 67822 samantha.zimmerman@sih.net
Compensation	compensation@sih.net
Salena Alkhatim HR Compensation Analyst	ext. 67895 salena.alkhatim@sih.net
Vanessa Flores Compensation and Benefits Analyst	ext. 67899 vanessa.flores@sih.net
Leave of Absence	ext. 67828 loa@sih.net
Esther Kabwe Lead, Leave and Absence Navigator	ext. 67826 esther.kabwe@sih.net
Brooke Vancil HR Leave and Absence Specialist	ext. 67853 brooke.vancil@sih.net
Sarah Veal HR Leave and Absence Case Navigator	ext. 67897 sarah.veal@sih.net

Benefit Enrollment/COBRA
Businessolver, Inc. PO Box 310552; Des Moines, IA 50331-0552 Benefit Service Center (enroll/make changes) | 844.386.2375 Dependent Verification Fax (to fax dependent documentation) 515.343.2246 benefits.sih.net (to enroll in benefits or make changes) COBRA | 877.547.6257
Medical–Allegiance, a Cigna Company
855.999.1052 Refer to www.askallegiance.com/SIH to locate providers, confirm provider network status, access your online account, or find an Explanation of Benefits
Prescriptions–VytlOne (Formerly MaxorPlus)
800.687.0707 | https://VytlOne.com/ VytlOne Customer Service VytlOne Mail Order: 800.687.8629 VytlOne Specialty Pharmacy: 866.629.6779

SIH Employee Pharmacy
Herrin Pharmacy 618.351.8321
Dental/DPPO–Cigna
800.244.6224 | www.cigna.com
Vision–Eyemed
866.9EYEMED | www.eyemed.com
Flexible Spending Account Program including Healthcare and Dependent Care–Allegiance
877.424.3570 | www.AskAllegiance.com/sih
Health Savings Account–Allegiance
877.424.3570 | www.AskAllegiance.com/sih
Life and Accidental Death and Dismemberment (AD&D) –Reliance Matrix
800.351.7500
Family Medical Leave (FML)/Short Term Disability (STD) – SIH Leave and Absence Department
618.457.5200 ext 67828 | LOA@sih.net
Long Term Disability (LTD)–Reliance Matrix
To File a Claim: 800.351.7500 Email: ClaimsIntake@rsli.com Fax: 267.256.4262 Online: reliancematrix.com Mobile app: Scan QR Code
Voluntary Benefits–Reliance Matrix
Accident, Critical Illness, Hospital Indemnity File claim Call: 877.202.0055 Online: matrixabsence.com Mobile app:
401(k)/Roth Contribution–Empower
Retirement planning and 401(k) offered through Empower 833.SIH.401K | empowermyretirement.com

Appointment Scheduler:	Empower (sih.empowermytime.com/#/)
Medicare Basics	Christine Thompson, Medicare Counselor Ext. 67856 christine.thompson@sih.net

Employee Assistance Program–PAS	
Personal Assistance Services (PAS) 800.356.0845 www.mypaseap.com	Organization Code: SIH RxWell Mobile App eM Life Mobile App Search RxWell and/or eM Life in the app store on your mobile device

Steps To Enroll In Benefits

1. Go to **benefits.sih.net**
2. Login Instructions:
    a. If accessing the website from a personal device:
    USERNAME: Your SIH email address PASSWORD: Your SIH computer login password
    Note: MFA is required
    b. If accessing the website from a work computer, you will be automatically signed in thanks in the single sign on (SSO)
3. After logging in and landing on the Home page, explore the benefit tabs, videos, and other resources to help you make your decisions
4. After exploring your benefit options and determining which benefits you would like to elect, click “Start Here” and follow the prompts
5. Click “Approve” once you have reviewed and finalized your elections
6. Confirm your choices officially by clicking “I Agree.” Ensure you receive a confirmation number anytime you make a change in the portal
7. You are able to print your election information for your records or your elections will be saved on this site to review at anytime throughout the year
8. If you are choosing to enroll family members, please see the following page with more details about family member enrollment instructions and required documentation

Contact the Benefit Service Center at **844.386.2375** with questions about navigating the Enrollment website, or to assist you with electing benefits.

Representatives are available Monday-Friday, 7:00 a.m.–6:30 p.m. CT.

One on One Meetings for Benefit Questions

To ensure you understand your benefits, SIH offers the opportunity for a one on one meeting regarding your benefits. The following link provides you to schedule an onsite or virtual one on one meeting: **https://hub.sih.net/benefitsassistance**.

Scan here to access meeting link!

Want to Review Your Plan Information?

You have year-round access to your benefit summary and specific benefit elections at **benefits.sih.net**.

1. Click your name and then benefit summary
2. Review your plans

Year Round Resources Available at benefits.sih.net.

Take time to read, watch, and learn from the resources about your 2026 Benefits provided by SIH. Once logged in to **benefits.sih.net**, select from any of the following tabs:

- Your Health–includes details about our medical and prescription drug program
- Your Life–includes details about our life and disability options available
- Voluntary Benefits–includes information about the voluntary benefits available through Reliance Matrix
- SIH Employee Wellness Program– includes details about our Wellness program
- Your Finances–includes details about our 401(k) program
- Enrolling/Changing Benefits–includes hints and tips regarding what to do if experiencing a life event during the year
- Benefit Videos–includes videos about topics specific to SIH's benefit program
- Resources–includes links to rates, Benefit Guides, Summary Plan Documents, and further details about our plans

Benefit Eligibility

Regular full-time employees who work 72 hours or more per pay period are eligible for all employee and employer paid benefit plan options. Regular part-time employees who work 40–71 hours per pay period are eligible for all employee paid benefit plan options, but will pay a higher rate for medical/ health insurance.

Per diem employees who average 30 hours or more per week of actual time worked after a 12-month look-back period are eligible for medical coverage only. Per diem employees who meet the eligibility criteria for medical benefits after the 12-month look-back will be notified and will have an opportunity to participate in a special enrollment period. Per diem employees are not eligible for any voluntary or supplemental benefits, such as dental, vision, supplemental life, or Allstate products.

Affordable Care Act (ACA) regulations require employers to offer medical coverage at the full-time rate to all employees who work 30 hours or more per week of actual time worked. This hourly requirement will be monitored regularly. Therefore, per diem or part-time employees who are scheduled to work less than 30 hours per week but who average 30 hours or more hours per week of actual time worked over the defined measurement period will be offered medical coverage at the full-time rate.

Your Benefit Options

You and your eligible family members can choose from the following options:

- **Medical**–Allegiance–which includes prescription drug coverage–company and employee-paid.
- **Dental**–Cigna–employee-paid.
- **Vision**–EyeMed–employee-paid.
- **Basic Life and Accidental Death and Dismemberment (AD&D)–**Reliance Matrix–company-paid; this coverage is automatically enrolled.
- **Supplemental Employee Life and Accidental Death and Dismemberment (AD&D) Insurance–**Reliance Matrix–employee-paid.
- **Dependent Life Insurance**–Reliance Matrix–employee-paid.
- **Short Term Disability Insurance (STD) offered after one year of full-time service**–company-paid; this coverage is automatically enrolled.
- **Long Term Disability Insurance (LTD)–**Reliance Matrix–offered after one year of full-time service–company-paid; this coverage is automatically enrolled.
- **Long-Term Disability Buy-Up–**Reliance Matrix–an additional 10% of long term disability coverage– employee-paid.
- **Flexible Spending Accounts (FSAs)–** Allegiance– healthcare FSA or dependent care FSA–employee-paid.
- **Healthcare Savings Account (HSA)–**Allegiance – Healthcare HSA – employee-paid.
- **Voluntary Plans including Group Critical Illness, Group Hospital Indemnity, and Group Accident–**Reliance Matrix–employee-paid.

Enrolling Family Members

Information You Need

The following information is required if you are adding family members.

1. Social Security Numbers, dates of birth, and addresses for family members.
2. Qualified documents to enroll family members:

Documents to Enroll Your Legal Spouse

- If you decide to add a spouse to the medical insurance, you must complete the applicable sections of the Affidavit of Spousal Healthcare Coverage. This document can be obtained from the HR Benefits Department and will be sent to the employee in the message center.
- Notification will happen after completion of the New Hire enrollment. If married less than 12 months and you and your spouse have not filed a joint federal income tax return, a government-issued marriage certificate, and a document dated within the last 60 days showing current relationship status (examples: recurring monthly household bill or statement of account); the document must list your spouse's name, date and current mailing address.
- If you and your spouse have been married for 12 or more months, a government-issued marriage certificate, and a Tax Return Transcript of your most recently filed federal joint income tax return.

Documents to Enroll Your Children Under 26 Years

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note: the document must list the first and last name of the child and parent(s); or if under 6 months of age ONLY, hospital documentation reflecting the child's birth, naming you as parent.
- You do not need to wait for a Social Security card or Birth Certificate to enroll your newborn child. You may enroll them with hospital documentation.

OR

- A copy of the court order naming you or your spouse as the child's legal guardian or custodian.

Documents to Enroll Overage Dependent Child(ren)

- A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); or if under 6 months of age ONLY, hospital documentation reflecting the child's birth, naming you as parent, or a copy of the court order naming you or your spouse as the child's legal guardian or custodian.

AND

- A copy of your most recently filed Federal Tax Transcript listing the child(ren) as your tax dependent.
- Your physician will need to confirm disabled status; to obtain the physician form, please contact Allegiance at **855.999.1052** in addition to providing the above documentation.

3. Upload these documents into the enrollment portal **benefits.sih.net** or fax to **515.343.2246**.
4. Your family member(s) will NOT be added to the plan until the documentation has been received and verified. Check your message center for confirmation.
5. If documentation is not supplied within 31 days from your event, including from your hire date or from when you become newly eligible, your family member(s) will not be covered.

Definition of an Eligible Family Member

An eligible family member is defined as:

- **Your spouse–**The person to whom you are legally married.
- **Your child–**Your biological child, child with a qualified medical support order, legally adopted child, or child placed in the home for the purpose of adoption in accordance with applicable state and federal laws through the end of the month in which he/she turns age 26.
- **Your stepchild–**The child of your spouse for as long as you remain legally married to the child's parent through the calendar month in which he/ she turns age 26.
- **Your foster child–**A child that has been placed in your home by the Illinois Department of Children and Family Services Foster Care Program or the foster care program of a licensed private agency through the end of the calendar month in which he/she turns age 26.
- **Legal guardianship–**A child for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state or federal laws or a child for whom you are granted court-ordered temporary or other custody through the end of the calendar month in which he/she turns age 26.
- **Overage dependent child(ren)–**Your covered child with intellectual or physical disabilities. This child may continue insurance coverage after reaching age 26 and while remaining continuously covered, or the child was over the age of 26 at the time of your initial enrollment. The child must be incapable of self-sustaining employment because of the intellectual or physical disability, and be dependent on you for care and financial support.

Note: if you and your spouse are both eligible employees, only one of you may cover a dependent child. In addition, you may not be enrolled as both an employee and as a dependent spouse at the same time.
If you are covering a stepchild or child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse as requested above.

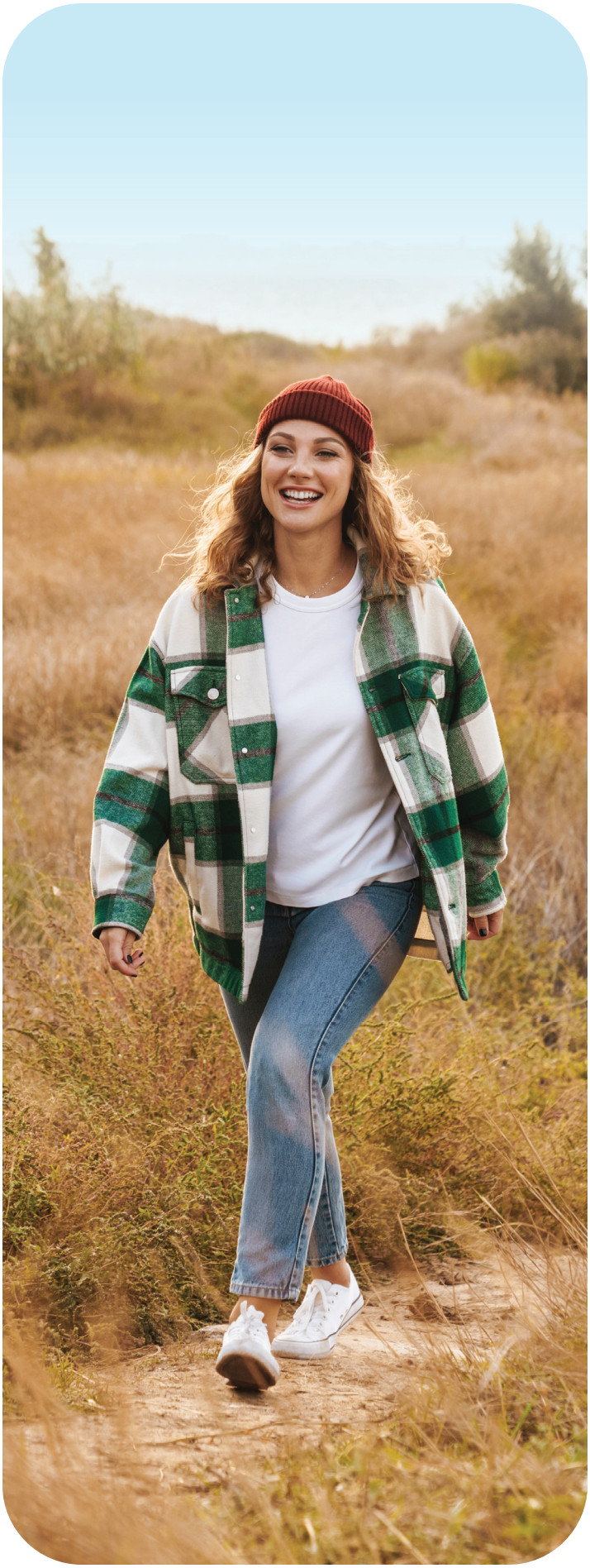
Working Spouse Contribution

Spouses who are eligible for their own employer's group medical coverage but choose to be covered by SIH's plan will pay a $75 per pay period working spouse contribution.

The additional contribution will not apply if:

- You do not have a spouse
- You do not enroll your spouse in the SIH medical plan
- Your spouse is not employed or is employed part-time, temporarily, or on a short-term contractual basis
- Your spouse is self-employed and is not eligible for group medical coverage
- Your spouse is employed, but is not eligible for group medical coverage from his/her employer
- Your spouse is not employed and has access to medical coverage in a government-sponsored medical plan such as Medicare, Medicaid, or Tricare
- Your spouse is not employed and has access to medical coverage through a retiree medical plan from his/her former employer
- Your spouse is employed by an SIH entity

As part of the benefits enrollment process, you will be asked to complete an Affidavit of Spousal Healthcare Coverage. In this affidavit, you will complete the applicable sections that answer whether your spouse has access to a group medical plan from his or her own employer. You will also be asked the name, address, and phone number of your spouse's employer. If you are not including your spouse on medical coverage, you can answer "Not Applicable" for each of the questions on the questionnaire. Failure to answer truthfully is considered fraud and can result in termination of employment.



Frequently Asked Questions About the Working Spouse Contribution

Q. If my spouse elects coverage at his/her employer and wants secondary coverage through SIH, will we still have to pay the additional $75 per pay?

A: Yes.

Q. My spouse works part-time and is eligible for group medical coverage, but at a very high cost. Would I still have to pay the $75 working spouse contribution?

A: No, because your spouse is employed part-time, not full-time.

Q. If I remove my spouse from the SIH medical option, can I still enroll him/her in dental and vision benefits?

A: Yes, the working spouse contribution applies only to the medical option.

Q. What happens if my spouse is not employed when I make my benefit elections and then later in the year he/ she gets a job and is offered medical coverage?

A: Because you indicated during benefits enrollment your spouse was not eligible for medical through his/her employer, the added contribution will not apply to you for the remainder of the calendar year in which you enrolled. However, if your spouse takes their employer's benefits, you have 31 days to remove them from your plans.

Q. If I'm paying the working spouse contribution and experience a life event (e.g., divorce) which allows me to remove my spouse from the SIH medical plan, will my spousal contribution end when my spouse's SIH medical coverage ends?

A: Yes, the contribution will cease if your spouse is removed from the medical plan due to a life event or loses eligibility for group coverage.

Q. Will there be an additional cost to have my children on the SIH medical plan if we have access for them to be covered on my spouse's medical plan?

A: No.

Q. When does the paycheck contribution begin?

A: Initially on the first paycheck in January 2026 if enrolling spouse for the first time during open enrollment. Throughout the year, it will appear on new employees' paychecks at the same time as their first medical plan deduction. If medical coverage begins due to a life event, the contribution will appear at the same time as the first medical plan deduction.

Q. How will the contribution be denoted on my paycheck?

A: The working spouse contribution is located in the pretax deductions section on your paycheck stub.

Life Events—Qualified Status Changes During the Year

You can change your coverage during the year only if you experience a qualified change in status consistent with IRS regulations for a cafeteria 125 plan. Changes must be made within 31 days of the qualified change in status event date. Information on this type of plan can be found at **www.irs.gov**. Examples of a qualified change in status:

- If you add or lose a family member(s) through marriage, divorce, birth, adoption, or death
- Termination of spouse's employment or commencement of employment by spouse
- Loss of coverage under another group health plan
- Your employment status changes from full-time to part-time or per diem
- Your employment status changes from part-time or per diem to full-time

Waiving Coverage

If you waive healthcare coverage for yourself and your eligible family members because you have other coverage, you can elect coverage with SIH at a later date if you involuntarily lose your other coverage or acquire a new family member.

Making Changes

To make changes, please go online to **benefits.sih.net** or call the Benefit Service Center at **844.386.2375**.

You must make the election change within 31 days of the qualified life event (60 days in the case of a special enrollment right under the Children's Health Insurance Program Reauthorization Act of 2009).

The change must be consistent with the qualified change in status.

Your coverage will be effective or terminate on the date of the event.

If you do not change your elections within 31 days of a qualified change in status event which causes your family members to lose eligibility under the option, the ineligible family member's coverage will still terminate as of the last day of the month, or as of the event date, in which he or she became ineligible. You will be responsible for any claims paid after your family member became ineligible.

For a more detailed guide regarding qualified life events, you can access the Qualified Status Change Guide year-round. Visit the benefits enrollment site at benefits.sih.net.

When Coverage Begins

In general, coverage for you and your eligible family members will begin on the first day of the month after your hire date or you become newly eligible, provided you complete the online enrollment by the end of the month you are hired or become newly eligible. If you are enrolling during annual enrollment, coverage begins on January 1st each year.

When Coverage Ends

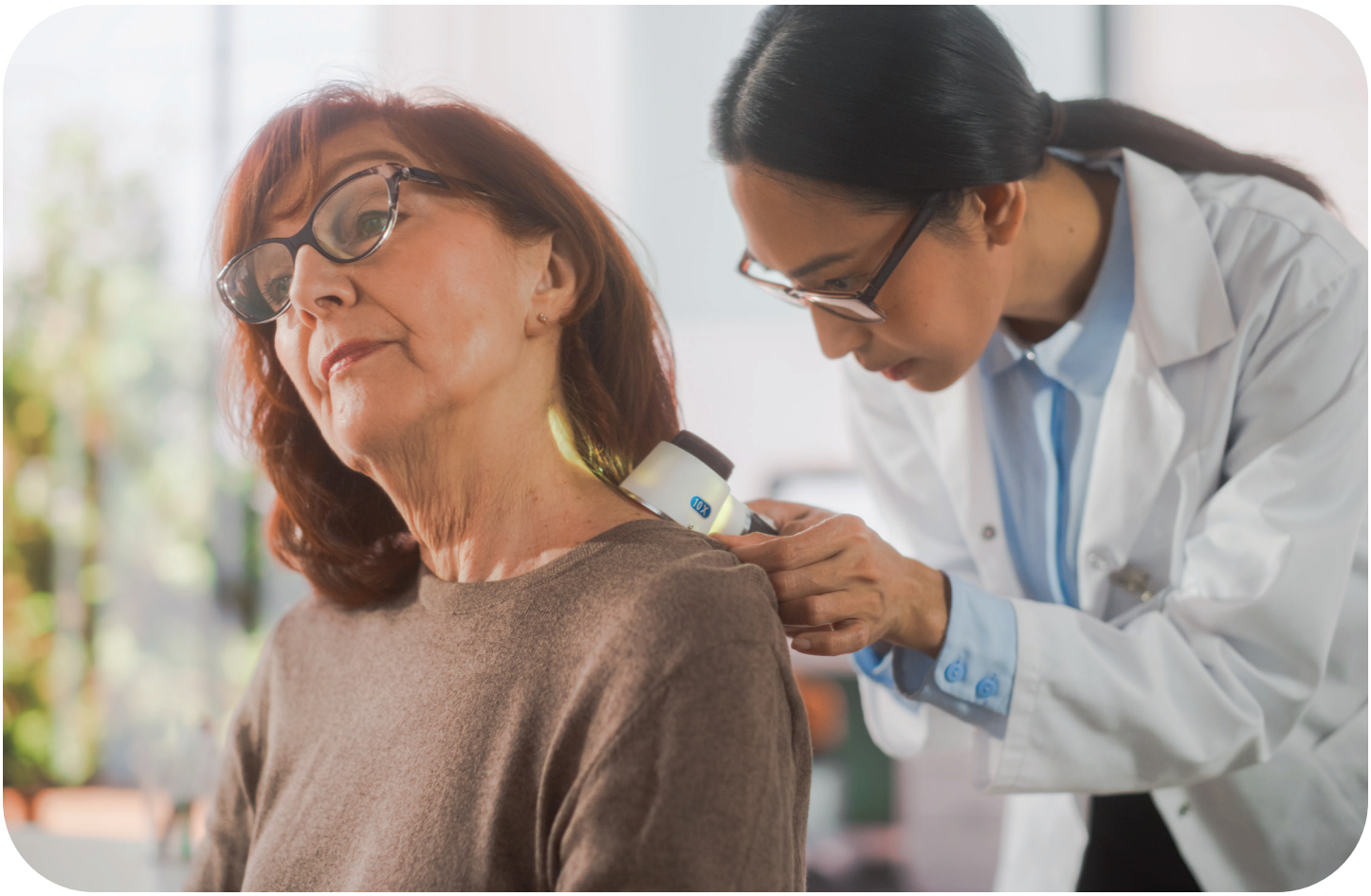
In general, coverage for you and your covered family members will end either on the 15th or the last day of the month, depending on the date you terminate employment. If you cancel coverage during annual enrollment your coverage will end on the last day of the calendar year. For employment status changes, such as changing from full-time employment to per diem, coverage will terminate the date of the employment change.

Please note: due to ACA regulations, medical coverage will not automatically terminate for employees who are in their stability period (i.e., employees changing from full-time to per diem). Employees who are in their stability period will need to actively take steps to terminate medical coverage by going to benefits.sih.net or by calling the Benefit Service Center at 844.386.2375.

COBRA Continuation of Coverage

You and your qualified family members may be offered COBRA continuation coverage when your coverage under the plan (e.g., medical, dental and/or vision) would otherwise end because of a "qualifying event." Canceling coverage during open enrollment is not a COBRA event

Businessolver, SIH's Benefit Enrollment/COBRA Administrator, will mail you the COBRA paperwork and you will make your decision directly through them. Should you have any questions regarding your COBRA coverage, Businessolver can be reached by calling 877.547.6257.



Changes Allowed Due to Change in Family Status Event

Medical, Dental, and FSA	Life, AD&D, and Disability Insurance	Dependent Care Spending Account
MARRIAGE, BIRTH, OR ADOPTION		
• See HIPAA special enrollment rights for medical coverage • You may add your new spouse or newly acquired dependent child to your current medical and dental coverage • You may increase your FSA deposit • You may drop SIH coverage if you enroll for coverage under your new spouse's plan	You may either increase or decrease your coverage	You may increase or decrease your election if the event affects your dependent care expenses
• You must drop coverage for the affected family member • You may decrease your FSA deposit	You may either increase or decrease your coverage	You may increase or decrease your election if the event affects your dependent care expenses
CHANGE IN THE EMPLOYMENT STATUS OF SIH EMPLOYEE (E.G., CHANGE BETWEEN FULL-TIME TO PART-TIME)		
• You may add SIH coverage if your premium contributions decrease • You may drop SIH coverage if your premium contributions increase • You may change your FSA deposit if the event affects eligibility for health coverage	You may either increase or decrease your coverage	You may increase or decrease your election if the event affects your dependent care expenses
DEPENDENT LOSES BENEFIT ELIGIBILITY (REACHES LIMITING AGE)		
• You must drop the affected family member's coverage • You may increase your FSA deposit if the family member remains eligible under FSA • You may decrease your FSA election if the family member no longer qualifies under FSA	N/A	You may decrease your deposit if your dependent ceases to be eligible under Dependent Care Spending Account (DSA)
LOSS OF OTHER MEDICAL COVERAGE BY EMPLOYEE, SPOUSE, OR CHILD(REN)		
• See HIPAA special enrollment rights for medical coverage	N/A	N/A
EMPLOYEE OR DEPENDENT BECOMES ELIGIBLE OR LOSES ELIGIBILITY TO MEDICARE OR MEDICAID		
• See HIPAA special enrollment rights for medical coverage • You may drop coverage upon enrollment for Medicare or Medicaid • You may enroll for coverage upon loss of Medicare or Medicaid eligibility	N/A	N/A
COURT ISSUED ORDER REGARDING MEDICAL COVERAGE OF A CHILD (QUALIFIED MEDICAL CHILD SUPPORT ORDER)		
• You may enroll yourself and/or the child in the plan and increase your FSA deposit if you are required to provide coverage • You may drop coverage or reduce your FSA deposit if another individual is ordered to provide coverage	N/A	N/A
ENROLLMENT PERIOD FOR COVERAGE UNDER ANOTHER OCCURS WHILE YOUR BENEFIT CHOICES ARE IN EFFECT		
• You may drop your coverage if you or a family member becomes covered under the other employer's plan • You may not change your FSA deposit	You may make benefit changes which correspond with coverage choices made under the other employer's plan	You may decrease your deposit if your spouse chooses coverage under an FSA offered by his/ her employer

Employment Status Changes and Impact to Benefits

Full-Time to Part-Time Less Than 0.50 FTE	All benefits drop the date of as of your employment status change (except medical for employees still in stability period)
Full-Time to Part-Time 0.80–0.50 FTE	31 days from employment status change to make changes to benefits
Part-Time to Full-Time	31 days from employment status change to enroll in benefits
Full-Time to Per Diem	All benefits drop as of your employment status change (except medical for employees still in stability period)
Part-Time to Per Diem	All benefits drop as of your employment status change (if enrolled in medical, coverage may continue if still in stability period)

Call a Benefit Specialist to confirm impact to your benefits if making changes to your employment status as each individual situation is different.

All benefits drop as of the date of your employment status change (except medical for employees still in stability period).

Please note, HSA elections can be increased or decreased at any time.

Medical

SIH offers full-time employees who work 72+ hours per pay period, part-time employees who work 40-71 hours per period, and ACA eligible employees a Traditional Plan and a High Deductible Health Plan (HDHP).

If adding family members to your medical enrollment, don't forget to complete the Coordination of Benefits Form (COB). Employees will be asked to complete the Coordination of Benefits Form around February, 2026. There are three options to complete the Coordination of Benefits Form:

1. Return questionnaire by mail
2. Online by visiting **askallegiance.com/SIH**
3. By phone by calling **855.999.1052**

Claims will not be paid until your COB is completed and returned.

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or spouse or family coverage under your spouse's plan. You cannot be enrolled in both.

ID Cards

MaxorPlus, our Pharmacy Benefit Manager, is rebranding to VytlOne. All employees enrolled in the Employee Health Plan will receive a new ID card with the new logo. **Cards with the old logo will still work!** The Rx and Bin numbers will remain the same as what is reflected on current ID cards, so if you forget to provide your new card to the pharmacy, you will not experience any disruption.

After January 2026, you will be issued a medical ID card if enrolling for the first time or if you added or removed family members.

Our Medical Plans

Include the Following Features

- **Annual deductible:** what you pay directly to a provider or facility before the plan starts paying a portion of your costs; the deductible only applies to services for which you pay a coinsurance
- **Annual out-of-pocket maximums:** the most any individual or family must pay in any one calendar year for covered services
- **Coinsurance:** the percentage you pay directly to a provider or facility for covered services after you meet the annual deductible
- **Contribution:** what you pay per paycheck for coverage
- **Copayment:** the specific dollar amount you pay directly to a provider or facility for covered services; you pay a copayment when there is no deductible or coinsurance that applies

Traditional Plan–Medical Plan Design

For SIH full-time employees who work 72 hours or more per pay period, part-time employees who work 40-71 hours per pay period, and ineligible part-time employees or PRN employees who average 30 hours per week of actual time worked after a 12-month look-back.

	QHP* Network Providers	Collaborative Partner Network Providers	Cigna Network Providers	Out-of-Network Providers
Deductible (single/family)	$500/$1,500	$1,500/$4,500	$2,500/$7,500	$4,000/$12,000
OUT-OF-POCKET MAXIMUM (SINGLE/FAMILY)				
Medical Out-of-Pocket Maximum (single/family)	$2,500/$5,000	$3,500/$7,000	$4,500/$9,000	Unlimited
Pharmacy Out-of-Pocket maximum (single/family)	$2,000/$4,000	$2,000/$4,000	$2,000/$4,000	$2,000/$4,000
COPAYS/COINSURANCE				
Hospital Inpatient	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Outpatient Hospital Surgery	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Other Hospital Outpatient	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Hospice	0% no charge	0% no charge	0% no charge	50% after ded.
Home Healthcare	5% after ded.	10% after ded.	30% after ded.	50% after ded.
Rehabilitative Therapy (up to 60 combined visits per year)	$20 copay	$30 copay	30% after ded.	50% after ded.
PCP Office Visit	$20 copay	$30 copay	$40 copay	50% after ded.
Specialist Office Visit	$30 copay	$40 copay	$50 copay	50% after ded.
Other Physician Services (lab, diagnostic)	5% after ded.	20% after ded.	30% after ded.	50% after ded.
Outpatient Labs, Imaging, and Diagnostic Tests at SIH Facilities	5% (ded. waived)	20% after ded.	30% after ded.	50% after ded.
Preventive Care	0% no charge	0% no charge	0% no charge	50% after ded.
Durable Medical Equipment (DME)**	5% after ded.**	Not applicable	30% after ded.	50% after ded.
Walk-In Clinics /Prompt Care***	$20 copay	$30 copay	$40 copay	50% after ded.
Urgent Care	$50 copay	$50 copay	$50 copay	$50 copay
Emergency Room (true emergency)	$250 copay	$250 copay	$250 copay	$250 copay
Other ER Care (not true emergency)	20% after ded.	30% after ded.	30% after ded.	50% after ded.
Spinal Manipulation ($500 maximum)	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Outpatient Mental Health Services	$20	$20	$20	50% coinsurance ded. waived, not subject to MEE

The medical plan documents are available online at **benefits.sih.net**. If you do not have access to a computer, printed copies are available upon request from Human Resources.

*To find QHP providers, go to **askallegiance.com/SIH**.
*DME goods fulfilled by EviCore and our Client Specific Network follow the QHP rate; EviCore can be reached at **855.999.1052**.
*What you will pay for SIH prompt care.

HDHP Plan–Medical Plan Design

Our HDHP Plan medical plan design is outlined below. In this plan, you must meet your deductible before cost sharing takes place. This means that you will pay for doctor's visits, trips to the emergency room, and other medical visits until you have reached your deductible amount. Once the deductible is met; you will pay a percentage of the cost of each medical visit until you reach your out-of-pocket maximum. Preventive care services are covered at no cost to you when you visit an in-network provider.

	QHP* Network Providers	Collaborative Partner and Cigna Network Providers	Out-of-Network Providers
Deductible (single/family)	$5,000/$10,000	$5,000/$10,000	$10,000/$20,000
Out-of-Pocket Maximum (single/family)	$8,300/$16,600	$8,300/$16,600	Unlimited/unlimited
COPAYS/COINSURANCE			
Hospital Inpatient	5% after ded.	20% after ded.	50% after ded.
Outpatient Hospital Surgery	5% after ded.	20% after ded.	50% after ded.
Other Hospital Outpatient	5% after ded.	20% after ded.	50% after ded.
Hospice	0% after ded.	0% after ded.	50% after ded.
Home Healthcare	5% after ded.	20% after ded.	50% after ded.
Rehabilitative Therapy (up to 60 combined visits per year)	5% after ded.	20% after ded.	50% after ded.
PCP Office Visit	5% after ded.	20% after ded.	50% after ded.
Specialist Office Visit	5% after ded.	20% after ded.	50% after ded.
Other Physician Services (lab, diagnostic)	5% after ded.	20% after ded.	50% after ded.
Outpatient Labs, Imaging, and Diagnostic Tests at SIH Facilities	5% after ded.	20% after ded.	50% after ded.
Preventive Care	0% no charge	0% no charge	50% after ded.
Durable Medical Equipment (DME)**	5% after ded.**	20% after ded.	50% after ded.
Walk-In Clinics /Prompt Care* **	5% after ded.	20% after ded.	50% after ded.
Urgent Care	5% after ded.	20% after ded.	50% after ded.
Emergency Room (true emergency)	5% after ded.	5% after ded.	5% after ded.
Other ER Care (not true emergency)	5% after ded.	20% after ded.	50% after ded.
Spinal Manipulation ($500 maximum)	50% after ded.	50% after ded.	50% after ded.
Outpatient Mental Health Services	5% after ded.	20% after ded.	50% after ded.

The medical plan documents are available online at benefits.sih.net. If you do not have access to a computer, printed copies are available upon request from Human Resources.

*To find QHP providers, go to **askallegiance.com/SIH**.

DME goods fulfilled by EviCore and our Client Specific Network follow the QHP rate; EviCore can be reached at **855.999.1052.

***What you will pay for SIH prompt care.

Traditional Plan–Medical Pricing (No Rate Increase for 2026!)

Market Competitive Pricing

We care about your health, which is why SIH will continue to pay 91% of an employee's single premium and 85% of the family premium. This is in comparison to Midwest employers who pay 75% of the employee's single premium and 68% of family coverage. In healthcare specifically, we see employers paying 76% of the employee's single coverage and 63% of the family coverage. SIH offers a strong, market competitive benefit package along with a design structure and employer funding much richer than the majority of our peers.

For SIH full-time employees who work 72 hours or more per pay period, SIH part-time employees who work 40-71 hours per pay period, and ineligible part-time or PRN employees who average 30 hours per week of actual time worked after a 12-month look-back. Any change in salary may impact medical premiums within the pay period in which the change occurred.

	Total Monthly Rate	SIH Monthly Contribution	Employee Monthly Contribution*	Employee Cost Per Pay Period*
<$40,000 ANNUAL SALARY				
Employee Only	$1,267.96	$1,185.96	$82.00	**$41.00**
Employee + Spouse	$2,662.72	$2,238.72	$424.00	**$212.00**
Employee + Child(ren)	$2,282.33	$2,004.33	$278.00	**$139.00**
Employee + Family	$4,057.47	$3,501.47	$556.00	**$278.00**
$40,000–$69,999 ANNUAL SALARY				
Employee Only	$1,267.96	$1,171.96	$96.00	**$48.00**
Employee + Spouse	$2,662.72	$2,184.72	$478.00	**$239.00**
Employee + Child(ren)	$2,282.33	$1,942.33	$340.00	**$170.00**
Employee + Family	$4,057.47	$3,467.47	$590.00	**$295.00**
$70,000–$99,999 ANNUAL SALARY				
Employee Only	$1,267.96	$1,143.96	$124.00	**$62.00**
Employee + Spouse	$2,662.72	$2,109.72	$553.00	**$276.50**
Employee + Child(ren)	$2,282.33	$1,882.33	$400.00	**$200.00**
Employee + Family	$4,057.47	$3,426.47	$631.00	**$315.50**
$100,000 + ANNUAL SALARY				
Employee Only	$1,267.96	$1,128.96	$139.00	**$69.50**
Employee + Spouse	$2,662.72	$2,037.72	$625.00	**$312.50**
Employee + Child(ren)	$2,282.33	$1,824.33	$458.00	**$229.00**
Employee + Family	$4,057.47	$3,377.47	$680.00	**$340.00**

For part-time employees working 40–71 hours per pay period.

	Total Monthly Rate	SIH Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	$1,267.96	$477.96	$790.00	**$395.00**
Employee + Spouse	$2,662.72	$917.72	$1,745.00	**$872.50**
Employee + Child(ren)	$2,282.33	$878.33	$1,404.00	**$702.00**
Employee + Family	$4,057.47	$1,718.47	$2,339.00	**$1,169.50**

HDHP Plan–Medical Pricing

Market Competitive Pricing

This section outlines the costs associated with the HDHP Plan.

	Total Monthly Rate	SIH Monthly Contribution	Employee Monthly Contribution*	Employee Cost Per Pay Period*
<$40,000 ANNUAL SALARY				
Employee Only	$1,058.07	$1,016.07	$42.00	**$21.00**
Employee + Spouse	$2,221.96	$1,923.96	$298.00	**$149.00**
Employee + Child(ren)	$1,904.53	$1,720.53	$184.00	**$92.00**
Employee + Family	$3,385.82	$3,006.82	$379.00	**$189.50**
$40,000–$69,999 ANNUAL SALARY				
Employee Only	$1,058.07	$1,004.07	$54.00	**$27.00**
Employee + Spouse	$2,221.96	$1,878.96	$343.00	**$171.50**
Employee + Child(ren)	$1,904.53	$1,669.53	$235.00	**$117.50**
Employee + Family	$3,385.82	$2,977.82	$408.00	**$204.00**
$70,000–$99,999 ANNUAL SALARY				
Employee Only	$1,058.07	$981.07	$77.00	**$38.50**
Employee + Spouse	$2,21.96	$1,815.96	$406.00	**$203.00**
Employee + Child(ren)	$1,904.53	$1,619.53	$285.00	**$142.50**
Employee + Family	$3,385.82	$2,943.82	$442.00	**$221.00**
$100,000 + ANNUAL SALARY				
Employee Only	$1,058.07	$968.07	$90.00	**$45.00**
Employee + Spouse	$2,221.96	$1,755.96	$466.00	**$233.00**
Employee + Child(ren)	$1,904.53	$1,570.53	$334.00	**$167.00**
Employee + Family	$3,385.82	$2,902.82	$483.00	**$241.50**

For part-time employees working 40-71 hours per pay period.

	Total Monthly Rate	SIH Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	$1,058.07	$426.07	$632.00	**$316.00**
Employee + Spouse	$2,221.96	$822.96	$1,399.00	**$699.50**
Employee + Child(ren)	$1,904.53	$782.53	$1,122.00	**$561.00**
Employee + Family	$3,385.82	$1,520.82	$1,865.00	**$932.50**

Prescription Drugs

SIH offers an evidence-based prescription drug program in our prescription drug benefit. VytlOne (formerly MaxorPlus), with recommendations and support by RxResults, LLC, administers this program.

The evidence-based prescription drug program is designed to help keep healthcare costs down for both you and our healthcare plan while promoting healthy outcomes and conforming to national guidelines and/or best practices with respect to drugs used to treat certain medical conditions. Managing prescription costs also helps control future health plan premium costs for our employees.

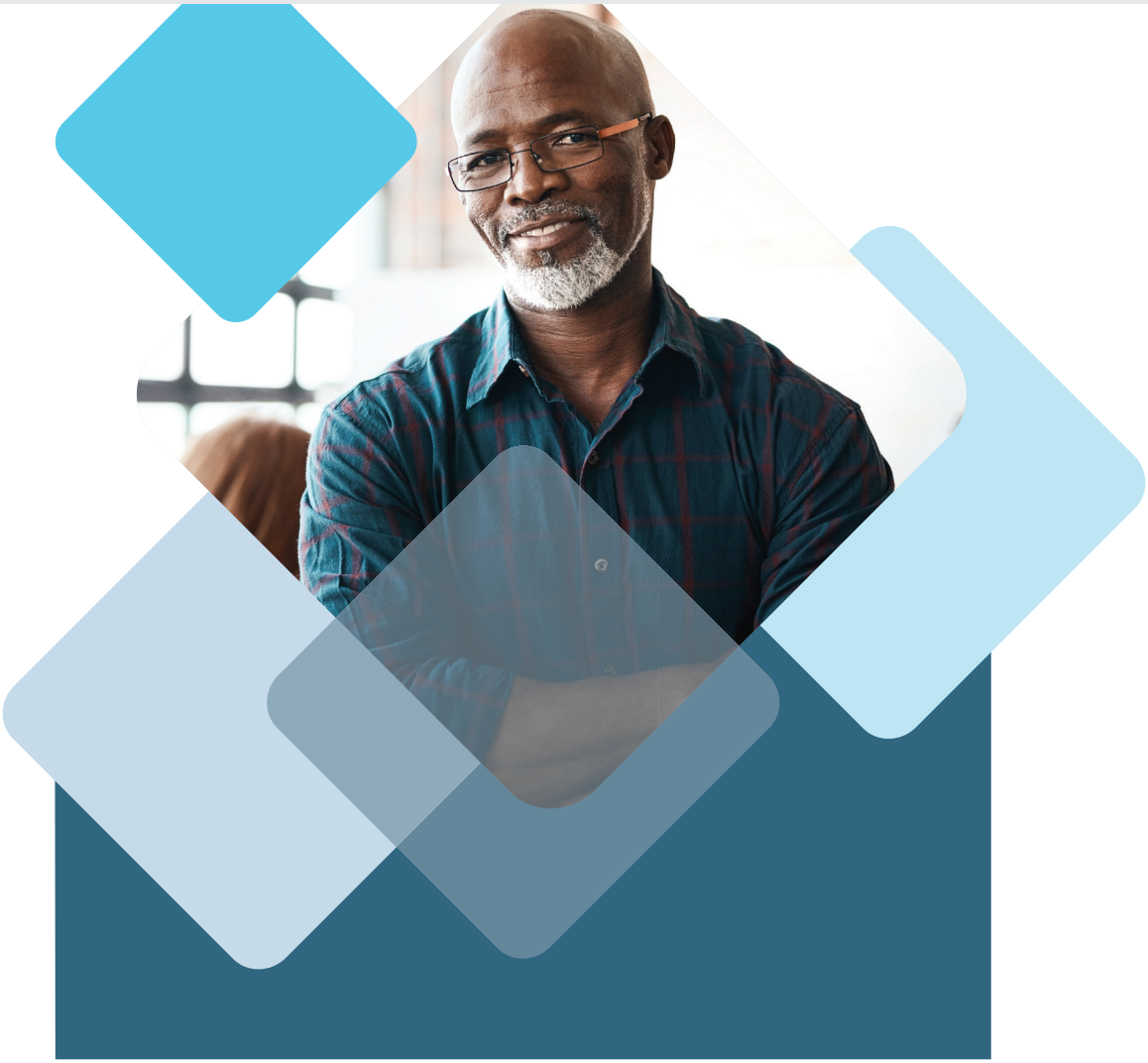
SIH values and promotes the health of our employees and their covered family members. We believe the evidence-based prescription drug program helps ensure you continue to have a high quality, cost-effective prescription drug benefit.

About VytlOne (Formerly MaxorPlus)

As a reminder, MaxorPlus is rebranding to VytlOne. VytlOne is a Pharmacy Benefits Manager helping optimize pharmacy benefit programs and shifting the focus back to you and your care.

With pharmacy benefit services nationwide and access to over 66,000 pharmacies across the US, VytlOne provides a clinically focused, evidence-based prescription drug formulary and clinical pharmacy services.

Employees do not need to elect the pharmacy benefit as it part of their Medical Insurance once you select one of the medical plans.



Mandatory Generic

If a Generic equivalent is available and either a Preferred Brand or Non-Preferred Brand drug is dispensed, the Dispense as Written (DAW) penalty will be applied in addition to your copayment.

However, if your physician believes a brand-name drug is medically necessary for you, he or she may submit a letter of medical necessity to VytlOne for review. If approved, you will still be required to pay the applicable brand copay, but you will not be required to pay the DAW penalty.

Reference Priced Drugs

Reference based pricing applies to drugs (target drugs) that have lower cost, equally effective alternate drugs in certain drug categories. **These target drugs may be brand or generic.** You may decrease your out-of-pocket expense by switching to the lower cost preferred alternative. If you choose to fill the reference priced drug, your out-of-pocket cost will be higher. The plan will only pay the amount it would pay for the preferred alternative(s). You will pay the difference in cost between the target drug and the preferred alternative(s). NOTE: The amount paid by you for the target drug will not apply towards your maximum out-of-pocket.

Filling Your Prescription

You can purchase up to a 30-day supply of medication from any of the types of pharmacies listed in this section. You can obtain a 90-day supply of certain maintenance medications from any of the types of pharmacies listed.

Types of Pharmacies

- **Participating retail pharmacy:** pharmacies who accept your medical ID card and participate in the VytlOne pharmacy network. Prescriptions can be either a 30-day or a 90-day supply. You can obtain a list of participating retail pharmacies by signing into your member portal at **https://vytlone.com/** or by calling **800.687.0707**.
- **Mail order pharmacy:** you can choose to utilize the mail order pharmacy, VytlOne Pharmacy Mail Service, for your 90-day supply prescriptions needs. Employees can call VytlOne Mail order at **800.687.8629**.

Disposing Medications

MedSafe bins are located at our three hospitals and the SIH Cancer Institute. The self-disposal boxes are for controlled (Schedules II-V), noncontrolled, and over-the-counter medicine, including narcotics. Here's what you need to know:

- NEVER dispose of medications for patients or members of your family.
- Do NOT put unused medications from the floor in any MedSafe bin.
- You CAN use the bins to dispose your own medications before or after your shift or on your day off.

MedSafe bins will be locked and unlocked by pharmacy personnel and are regulated by the US Drug Enforcement Agency (DEA).

Hours of Operation

Memorial Hospital of Carbondale and Herrin Hospital:
7:30 a.m.-6:00 p.m., seven days a week

St. Joseph Memorial Hospital in Murphysboro:
7:30 a.m.-6:00 p.m., Monday-Friday 7:30 a.m.-3:30 p.m., Saturday and Sunday

SIH Cancer Institute in Carterville:
7:30 a.m.-3:30 p.m., Monday-Friday

Maintenance Medications

Save money when you purchase a 90-day supply of eligible maintenance medications at a retail pharmacy, E-Pharmacy (see following page for information), or through VytlOne Pharmacy Mail Service. After filling two 30-day supplies of maintenance medications at retail, you will be required to fill a 90-day supply at a retail pharmacy or E-Pharmacy.

Specialty Medications Mail Order Program

VytlOne Specialty Pharmacy is the provider of specialty medications. VytlOne Specialty Pharmacists provide ongoing support for members using specialty medications. Care includes helping members with convenient delivery options, medication coverage support, and complex condition management. You can contact the VytlOne Specialty Pharmacy at **866.629.6779** for more information.

Advantages to the E-Pharmacy

- Prescriptions filled at work
- Your copay is less than a regular pharmacy
- You may order refills 24 hours a day via automated phone system, online, or smart phone link/app
- You are notified via email or automated call when your prescription is ready
- Pharmacist is available during open hours

Specialty Drug Pre-Approvals

Specialty medications require pre-authorization from RxResults. Prescribing physicians should call **844.853.9400** or fax request to **855.586.3291** to begin the pre-authorization process.

SIH Employee Pharmacy at Herrin Hospital

If you're enrolled in the SIH health plan, you and your covered family members should consider filling your prescriptions at the SIH Employee Pharmacy (E-Pharmacy). It's convenient and you'll save money. At the Employee Pharmacy you are able to take advantage of lower copayments and prices. Depending on the medication and certain regulations, you may pick up a 30-or 90-day supply. Prescriptions are also available for pickup from the ScriptCenter located in the outpatient surgery lobby at Memorial Hospital of Carbondale (MHC). Prescriptions are filled by Herrin Hospital pharmacy and loaded into the ScriptCenter for you to pick up at your convenience.

Location	Information
Herrin Pharmacy **618.351.8321**	• Monday-Friday: 8:00 a.m.–4:30 p.m. • Saturday/Sunday: 8:00 a.m.–2:00 p.m. (pick-up only)
ScriptsCenter: Located at MHC **618.351.8321**	• Order your prescriptions from the Herrin Hospital pharmacy • Create your ID and PIN at **ScriptCenter.com** • Allow 24 hours for prescriptions to be filled

Traditional Plan–Pharmacy Plan Design

Our Traditional Plan pharmacy plan design is outlined below. There are no changes to this plan. It is shown below for your reference.

Three-Tier Prescription Benefit

Tier 1: Generic Drugs
You and SIH receive the best value by using FDA approved generic drugs whenever medically appropriate. For this reason, members pay the lowest copayment ($10*) for generic drugs.

Tier 2: Preferred Brand-Name Drugs
This tier includes many brand-name drugs, which VytlOne has determined provide the best value and therapeutic quality for members. Medications in this tier require a higher copayment ($35*) than tier 1 drugs.

Tier 3: Non-Preferred Brand
This tier includes brands that are not on the VytlOne Preferred Drug List. Medications in this tier have the highest copay ($60*).

**Some drugs may be Reference Priced and have a different or higher member cost than the standard drug copays. You will be notified if your drug will have a higher cost.*

Medication Type	Retail (30-day supply)	Retail/Mail Order (90-day supply)
Tier 1–Generic	$10	$25
Tier 2–Preferred Brand	$35	$87
Tier 3–Non-Preferred Brand	$60	$150

SIH Employee Pharmacy at Herrin Hospital

If you enroll in either of SIH's medical plans, you and your covered family members should consider filling your prescriptions at the SIH Employee Pharmacy.

You will pay lower copayments and prices, and you may pick up a 30- or 90-day supply depending on the medication and certain regulations.

Retail	30-Day Supply	90-Day Supply
Tier 1–Generic	$5	$12.50
Tier 2–Preferred Brand	$17.50	$43.50
Tier 3–Non-Preferred Brand	$30	$75

Specialty Medications (Mail Order Only)

VytlOne Specialty Pharmacy remains the preferred provider of specialty medications. The cost share is 20% after you've met the deductible. Please note that specialty medications require pre-authorization from RxResults. Prescribing physicians should call **844.853.9400**.

VytlOne Specialty	90-Day Supply
Specialty Medication	20% to a maximum of $125

HDHP Plan–Pharmacy Plan Design

Our HDHP Plan pharmacy plan design is outlined below. In this plan, you must meet your deductible (combined with the medical deductible) before cost sharing takes place. This means you will pay for prescription drugs and other medical services until you have reached your deductible amount.

Three-Tier Prescription Benefit

Tier 1: Generic Drugs
You and SIH receive the best value by using FDA approved generic drugs whenever medically appropriate. For this reason, members pay nothing out of pocket ($0) for generic drugs.

Tier 2: Preferred Brand-Name Drugs
This tier includes many brand-name drugs, which VytlOne has determined provide the best value and therapeutic quality for members. Medications in this tier require a higher out-of-pocket cost.

Tier 3: Non-Preferred Brand
This tier includes brands that are not on the VytlOne Preferred Drug List. Medications in this tier have the highest out of pocket cost.

Some drugs may be Reference Priced and have a different or higher member cost than the standard drug copays. You will be notified if your drug will have a higher cost.

Medication Type	Retail (30-day supply)	Retail/Mail Order (90-day supply)
Preventive Generic	$0	$0
Tier 1–Generic	20% after ded.	20% after ded.
Tier 2–Preferred Brand	20% after ded.	20% after ded.
Tier 3–Non-Preferred Brand	20% after ded.	20% after ded.

SIH Employee Pharmacy at Herrin Hospital

If you enroll in either of SIH's medical plans, you and your covered family members should consider filling your prescriptions at the SIH Employee Pharmacy.

You will pay lower copayments and prices, and you may pick up a 30- or 90-day supply depending on the medication and certain regulations.

Retail	30-Day Supply	90-Day Supply
Tier 1–Generic	5% after ded.	20% after ded.
Tier 2–Preferred Brand	5% after ded.	20% after ded.
Tier 3–Non-Preferred Brand	5% after ded.	20% after ded.

Specialty Medications (Mail Order Only)
VytlOne Specialty Pharmacy remains the preferred provider of specialty medications. The cost share is 20% after you've met the deductible. Please note that specialty medications require pre-authorization from RxResults. Prescribing physicians should call **844.853.9400**.

VytlOne Specialty	30-Day Supply	90-Day Supply
Specialty Medication	20% after ded.	20% after ded.

Health and Welfare Benefits

Network Provider Descriptions

Quality Health Partners (QHP)—is a clinically-integrated, value-driven organization. It is a relationship between physicians, hospitals, and staff members committed to providing high-quality, cost-effective health services to the patients served. It is the formal name of the Physician Hospital Organization (PHO) for SIH. You pay the least out-of-pocket when you receive care or services from a SIH facility or QHP provider. To find the most current listing of providers in the QHP, please visit **askallegiance.com/SIH** and click the Find a Provider tab. See the list of SIH facilities on the next page.

Collaborative Partner network providers—since SIH is a partner with the BJC Collaborative, SIH employees are offered specific discounts only available to partners in the Collaborative. While remaining independent, BJC Collaborative members work together to improve access to and quality of medical care for patients, and create additional efficiencies which benefit our communities, achieve savings, and lower healthcare costs. See the list of these facilities on the next page. These facilities provide you with services at the next lowest cost to you. Deductibles, coinsurance, and copayments are lower than they are for Cigna network or out-of-network providers. Visit **askallegiance.com/SIH** to see a list of providers in the Collaborative Partner network.

Cigna network providers—Cigna's network providers have agreed to our plan's negotiated in-network rates. Your deductible, coinsurance, and copayments will be lower than an out-of-network provider. Visit **askallegiance.com/SIH** to see a list of providers in the Cigna network. You can choose a provider from any of the networks described above. The Cigna network is our plan's actual network. The QHP network and Collaborative Partner network providers are additional opportunities to receive deeper discounts and savings on your services.

Out-of-network providers—if you receive care from a provider who is not a part of the networks described here, your services may not be discounted. Seeing providers out-of-network will cost you the most out-of-pocket. Charges above reasonable and customary are your responsibility and will not apply to your deductible or annual out-of-pocket maximum. Also, charges applied to your out-of-network deductible and out-of-pocket maximum do not cross accumulate with the in-network expenses.

Network Access and Cross Accumulation

Please pay special attention to the three in-network providers. These are connected when it comes to your deductibles and out-of-pocket maximums. Any expenses you pay for care received in these three networks will cross accumulate.

This means if you pay a $75 bill in the Collaborative Partner Network, $75 will not only apply toward the $1,500 deductible for the Collaborative Partner Network, but it will also accumulate toward the $2,500 deductible which applies to the Cigna network as well as the $500 deductible which applies to the QHP network. This will allow you to receive greater cost savings with the plan while utilizing all three provider networks.

Listing of Facilities—SIH and Collaborative Partners

SIH Facilities

- Center for Medical Arts
- Memorial Hospital of Carbondale
- Harrisburg Primary Care Group
- Harrisburg Medical Center
- The Breast Center
- SIH Cancer Institute
- Miners Memorial Health Center
- Orthopaedic Institute of Southern Illinois Surgery Center (includes physician services and all imaging; all other services, such as labs, rehabilitation, and physical therapy are covered at the Cigna level of network discount; locations in Illinois only)
- Herrin Hospital
- Physician Surgery Center at CMA
- Logan Primary Care
- St. Joseph Memorial Hospital
- Rehab Unlimited
- Sleep Disorders Center

SIH Facilities for Labs and Imaging*

- Center for Medical Arts
- Memorial Hospital of Carbondale
- Harrisburg Primary Care Group
- Harrisburg Medical Center
- The Breast Center
- SIH Cancer Institute
- Miners Memorial Health Center
- Herrin Hospital
- Logan Primary Care
- St. Joseph Memorial Hospital

Collaborative Partner and BJC

- Abraham Lincoln Memorial Hospital
- Alton Memorial Hospital
- Anderson County Hospital
- Barnes-Jewish Hospital
- Barnes-Jewish Siteman Cancer Center
- Barnes-Jewish St. Peters Hospital
- Barnes-Jewish West County Hospital
- Blessing Hospital
- Christian Hospital
- Cox Medical Center Branson
- Cox Medical Center South
- Cox Monett Hospital
- Cox North Hospital
- Crittenton Children's Center
- Decatur Memorial Hospital
- Hendrick Medical Center
- Illini Community Hospital
- Memorial Hospital Belleville
- Memorial Hospital East
- Memorial Medical Center
- Meyer Orthopedic & Rehabilitation Hospital
- Missouri Baptist Medical Center
- Missouri Baptist Sullivan Hospital
- Parkland Health Center—Bonne Terre
- Parkland Health Center—Farmington
- Passavant Area Hospital
- Progress West HealthCare Center
- Rehabilitation Institute of St. Louis
- Saint Luke's Cushing Hospital
- Saint Luke's East Hospital
- Saint Luke's Hospital of Kansas City
- Saint Luke's North Hospital—Barry Road
- Saint Luke's North Hospital—Smithville
- Saint Luke's South Hospital
- Sarah Bush Lincoln Health Center
- St. Louis Children's Hospital
- Taylorville Memorial Hospital
- Wright Memorial Hospital

** The medical deductible will not apply when diagnostic services are billed under these facilities' tax ID numbers. Any services billed outside of diagnostic (i.e. surgical) or if billed under the provider's tax ID rather than the facility, the deductible will apply.*

Some hospitals and other locations are excluded from our medical plan. Services at these places will not be covered by our medical plan unless it is a true emergency. A true emergency is a traumatic injury or medical condition which occurs unexpectedly and which, if not immediately treated, might cause complications or jeopardize the patient's full recovery. True emergencies include heart attacks, cerebral vascular accidents (strokes), poisonings, loss of consciousness, severe shortness of breath, profuse bleeding, broken bones, and convulsions. Observation room services as a result of emergency room care and similar conditions may also be determined by a physician to be medical emergencies

Excluded Facilities and Locations from Medical Plan*

Excluded Facilities
• Cedar Court Imaging. Carbondale. IL
• Crossroads. Mt. Vernon. IL
• Deaconess Hospital. Evansville. IN
• Deaconess Illinois Medical Center. Marion, IL
• Mercy Health - Lourdes Hospital. Paducah. KY
• Physicians Surgery Center at Good Samaritan. Mt. Vernon. IL
• Saint Francis Medical Center. Cape Girardeau. MO
• Mercy Hospital Southeast. Cape Girardeau. MO
• Southern Illinois GI Specialists in Carbondale. IL is excluded including physician charges under Dr. Zahoor Makhdoom
• SSM Health Good Samaritan Hospital. Mt. Vernon. IL
• SSM Health St. Mary's Hospital. Centralia. IL
• Deaconess Illinois Union Country. Anna. IL (including the convenient care clinic)
• Baptist Health Hospital. Paducah. KY

**Exclusions include these locations and any location billing under the same Tax ID.*

Visit **askallegiance.com/SIH** and click the Find a Provider tab for a listing of in-network and excluded providers.

SIH Employee Wellness Program

SIH is committed to providing you with resources to support you with your Health and Wellbeing! The SIH Employee Wellness Program provides tools and resources to help you achieve and maintain a healthier lifestyle to help you be your best self! Visit your personal wellness portal at **sihwellness.com** to access wellness activities and program resources.

To avoid an increase of $250 a month in the SIH health plan premiums for 2027, you will need to complete various wellness activities in 2026.

- Employees (who are enrolled in the SIH medical insurance plan) need to complete an annual physical and recommended biometric screenings based on age and gender (required for both "Prevent Track" and "Manage Track" wellness initiatives). This requirement is due on September 1 each calendar year.
- Employees on the "Manage Track" need to complete health coaching with a member of the SIH Wellness team prior to December 15.

To manage your wellness activities, view your requirements and track your progress, visit **www.sihwellness.com**.

Contact Information

- Wellness website:
  - **www.sihwellness.com**
- Wellness phone:
  - **618.457.5200 ext. 67827**
- Wellness email:
  - **wellness@sih.net**

To register on the Wellness Website, Follow These Steps:

1. Visit **www.sihwellness.com**.
2. Click "Sign Up."
3. Enter your unique ID and date of birth. Your unique ID is the word "SIHS" followed by your employee ID number; for example, SIHS1234. For spouses, add "SO" at the end; example: SIHS1234SO.
4. Enter a valid email address. Note: employees and spouses cannot use the same email address.
5. Click "Agree," then visit the home page of ManageWell.

SIH Employee Wellness Health Coaching

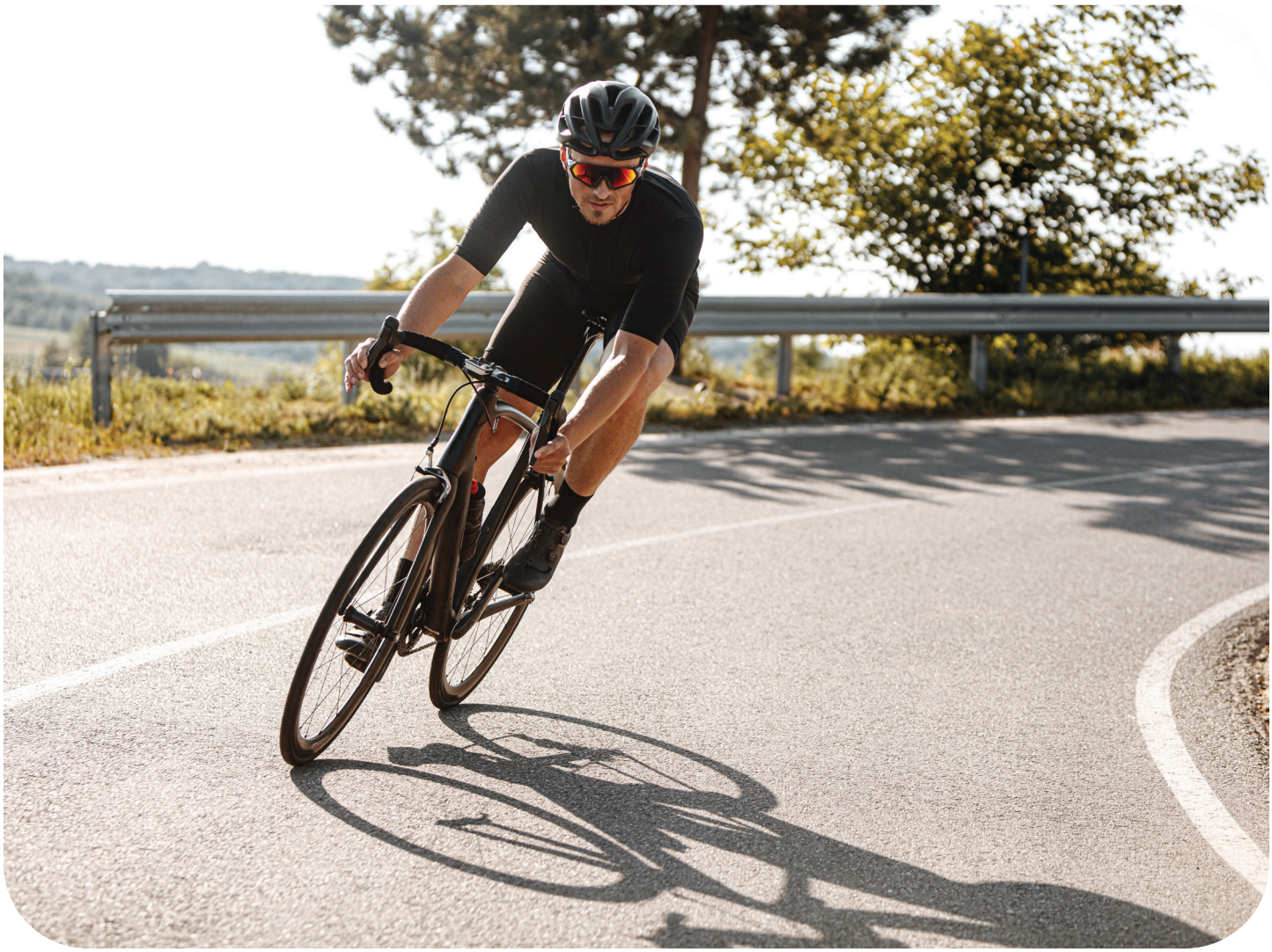
Our coaching team includes professionals with diverse education backgrounds including a certified personal trainer, a registered dietitian, and a registered nurse. Your Health Coach can help you with one or more of the following:

- Stress management
- Nutrition
- Weight management
- Work-life balance
- Sleep
- Diabetes
- High blood pressure
- High cholesterol
- Smoking cessation
- Physical activity
- And more

Your health coach can provide you with the following free of charge as part of the coaching program:

- Glucometers
- Nicotine replacement
- Blood pressure monitors

Call to learn more: **618.457.5200 ext. 67827** or click **Contact Me About Coaching** on your wellness portal at **www.sihwellness.com**.



Employee Assistance Program (EAP)

SIH offers eligible employees access to its Employee Assistance Program. This program is 100% free to SIH employees and their families. This program is administered by Personal Assistance Services (PAS). Personal Assistance Services (PAS) provides you with a wealth of confidential, professional services that can help you address challenges and strengthen your work and home life. PAS services are free. Should your PAS consultant suggest a referral to a specialist or longer-term care provider, services outside of PAS are your financial responsibility. Your PAS consultant will assist you in arranging for ongoing services, if needed.

If you are a full-time, part-time, or per diem employee, you and your eligible dependents can receive PAS' services. This is a pre-paid benefit funded by SIH.

How Are Services Accessed?

There are many ways to access PAS' services. You can contact a PAS Client Services Specialist by phone at **800.356.0845**. You can also access their website by visiting **www.mypaseap.com** and using the organization code SIH.

PAS provides two free mobile apps as well, RxWell and eM Life. Download the apps through your mobile device to access additional information.

What Services Are Provided?

PAS' confidential and free services include:

- Certified financial counselors
- Attorneys
- Elder care managers
- Child care specialists
- Certified child development and parenting professionals
- Organization and time management specialists
- Career and retirement coaches
- Tobacco cessation coaches
- Master's level licensed counselors
- Registered and licensed dietitians
- Life and health coaches
- And more

Along with counseling services with a PAS master's level licensed counselor, counselors may be accessed in-person, telephonically, or by tele-video. Examples of services include:

- Marital counseling/relationship strengthening
- Depression and/or anxiety
- Work and life transitions and balancing
- Addiction
- Domestic safety
- And more

Dental Options

You have two dental options, a High plan and a Low plan, and they are administered by Cigna. Each option includes preventive, basic, major care, and orthodontic care. Our plans access the Cigna DPPO network. Keep in mind the best discounts on your services are received when you use an in-network provider to ensure you are not subject to balance billing. If you seek services from an out-of-network provider, please note you may be subject to balance billing, where a provider may bill you for the difference between what Cigna paid the provider and what the provider actually charged.

To locate an in-network provider, visit **www.cigna.com** (select Total Cigna DPPO) or call **800.244.6224**.

You can also call your current dental provider to ensure they are in Cigna's network. If you enroll family members in your dental option, you will be required to complete a coordination of benefits (COB). The plan administrator will mail you a packet containing the required COB form. Please complete and submit this form in a timely manner to avoid claim denials in the future.

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or spouse or family coverage under your spouse's plan. You cannot be enrolled in both

SIH Dental Coverage	High Option (A)	Low Option (B)
Annual Deductible (per covered person for basic services)	$50	$100
Preventive Service (cleanings, fluoride, routine exams, X-rays)	100% coverage/no deductible	100% coverage/no deductible
Basic Services (fillings, extractions, root canal, etc.)	80% coverage after deductible	60% coverage after deductible
Major Services (bridges, dentures, inlays, crowns, etc.)	50% coverage after deductible	50% coverage after deductible
Annual Maximum Benefit (excluding orthodontic treatment)	$1,500	$1,250
Orthodontics (lifetime maximum benefit)	$1,500	$1,250

The dental plan documents are available online at **benefits.sih.net**. If you do not have access to a computer, printed copies are available upon request from Human Resources.

Dental Pricing (No Rate Increase for 2026!)

	Employee Monthly Contribution	Employee Cost Per Pay Period
DENTAL—HIGH OPTION		
Employee Only	$38.40	**$19.20**
Employee + Spouse	$80.65	**$40.33**
Employee + Child(ren)	$69.13	**$34.57**
Employee + Family	$122.90	**$61.45**
DENTAL—LOW OPTION		
Employee Only	$25.12	**$12.56**
Employee + Spouse	$52.76	**$26.38**
Employee + Child(ren)	$45.22	**$22.61**
Employee + Family	$80.38	**$40.19**

Vision

The SIH vision plan is administered by EyeMed and is available to all eligible full-time and part-time employees. Coverage and pricing can be reviewed below.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
EXAM WITH DILATION AS NECESSARY		
	$10 copay	Up to $35
FRAMES		
	$0 copay; $120 allowance; 20% off balance over $120	Up to $50
STANDARD PLASTIC LENSES		
Single Vision	$25 copay	Up to $25
Bifocal	$25 copay	Up to $40
Trifocal	$25 copay	Up to $55
Standard Progressive Lens	$90 copay	Up to $40
Premium Progressive Lens	$90 copay; 20% off retail price less $120 allowance	Up to $40
CONTACT LENS FIT AND FOLLOW-UP (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit and Follow-Up	Up to $55	N/A
Premium Contact Lens Fit and Follow-Up	10% off retail	N/A
CONTACT LENSES		
Conventional	$0 copay; $120 allowance; 15% off balance over $120	Up to $92
Disposable	$0 copay; $120 allowance; plus balance over $120	Up to $92
Medically Necessary	$0 copay, paid-in-full	Up to $200
FREQUENCY		
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
DIABETIC CARE SERVICES (Type 1 and Type 2 Diabetics)		
Office Service Visit– Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $77
Retinal Imaging– Up to (2) Services Per Benefit Year	Covered 100%, $0 copay (Not covered if extended ophthalmoscopy is provided within 6 months)	Up to $50
Extended Ophthalmoscopy– Up to (2) Services Per Benefit Year	Covered 100%, $0 copay (Not covered if retinal imaging is provided within 6 months)	Up to $15
Gonioscopy– Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $15
Scanning Laser– Up to (2) Services Per Benefit Year	Covered 100%, $0 copay	Up to $33

Vision Pricing (No Rate Increase for 2026!)

	Employee Monthly Contribution	Employee Cost Per Pay Period
VISION		
Employee Only	$5.68	**$2.84**
Employee + Spouse	$10.72	**$5.36**
Employee + Child(ren)	$11.27	**$5.64**
Employee + Family	$16.53	**$8.27**

Healthcare Flexible Spending Account (FSA)

The Healthcare Flexible Spending Account (FSA) is a type of savings and spending/flexible spending account that allows you to reimburse yourself with pretax dollars for eligible out-of-pocket healthcare costs. You can use the healthcare FSA to cover eligible healthcare expenses not covered by your health, dental, and/or vision plans. When you do, you don't pay federal income taxes on the money in your account.

You can set aside $60 to $3,400* for the 2026 plan year to cover eligible expenses during the year. Your contributions come out of your pretax pay in equal installments each pay period. You or your family members do not have to be a member of any medical, dental, or vision option to enroll in the healthcare FSA. Money is available as of the plan start date with the Healthcare Flexible Spending Account.

FSAs have a "use it or lose it" policy, which means you forfeit any amounts unused and not reimbursed for services received during the plan year. You may use what you set aside for the plan year for services up to March 15th of the following year. You must file your claims by March 31st of the following year. The FSA administrator is Allegiance and provides convenient ways for you to access your account: debit card, direct deposit, and online viewing.

Examples of Eligible Expenses

Some Eligible Expenses	Some Expenses Not Eligible
Money Can Be Set Aside for	The IRS Lists These Non-Eligible Expenses
• Deductibles and copayments	• Cosmetic procedures
• Dental and vision care expenses	• Your contributions for outside health or life insurance
• Prescription drugs and over-the-counter medications	• Employer health premiums of any kind
• Chiropractic visits	• Procedures or expenses not medically necessary
• Doctor prescribed weight loss programs	• Weight loss programs not prescribed by a doctor

**Subject to change each year based upon IRS maximum limits.*

For more information and other tools and resources, log on to **www.AllegianceFlexAdvantage.com** or call **855.999.1052**.

Dependent Care Flexible Spending Account (FSA)

The Dependent Care Flexible Spending Account (FSA) is a type of savings and spending, flexible spending account that allows you to reimburse yourself with pretax dollars for eligible expenses you pay to take care of a qualified dependent.

Qualifying dependents include:

- Children under age 13 you claim as dependents on your tax return
- Anyone age 13 or older who lives with you at least eight hours a day and needs supervised care, such as an elderly parent or a child or spouse with a disability

Based on Your Tax Status...	For the Plan Year, You Can Set Aside...
If single or married filing jointly	$60 to $7,500
If married filing jointly and your spouse's employer offers a dependent care account	Up to $7,500 in total between the two accounts
If married filing separate returns	Up to $3,750

Health Savings Account (HSA)

The Health Savings Account (HSA) is a tax-favored savings account that works with your high deductible health plan (HDHP). You can use it to pay qualified medical expenses such as deductibles, copays, dental, and vision care. For more information and other tools and resources, log on to **www.AskAllegiance.com** or call **877.424.3570**.

HSA Major Benefits

- Your account always belongs to you; you can take it with you when you leave the company or retire.
- Your balance rolls over from year to year.
- Contributing lowers your taxable income.
- The account helps you build a healthcare nest egg for emergencies or retirement.

Triple Tax Savings

- Tax deduction when you contribute to your account.
- Tax-free earnings through investment.
- Tax-free withdrawals for qualified expenses.

Contribution Limits

You can set aside $4,400 for individual coverage and $8,750 for family coverage for the 2026 plan year. If you are age 55+ you can contribute an additional $1,000 catch-up contribution. This is determined by the number of months enrolled in the HDHP. The prorated contribution limit is determined by dividing the annual contribution limit by 12 and multiplying that number by the number of months enrolled in an HDHP. For example, if you enroll 04/01/26 into the HDHP and elect the HSA, your maximum contribution limit would be $3,300 for single coverage and $6,562.50 for family coverage. If you are age 55+, and you enroll 04/01/26, your maximum contribution limit would be $3,550 for single coverage and $6,812.50 for family coverage.

EXAMPLES OF ELIGIBLE EXPENSES

Qualified Medical Expenses		Qualified Everyday Expenses	
• Ambulance • Contact lenses • Dentures • Eyeglasses • Fertility enhancement, such as IVF	• Hearing aids • Lab tests • Stop-smoking programs • X-rays	• Band-aids • Contraceptives • Cough suppressants • Eyedrops • Ibuprofen	• Menstrual products • Sunscreen (SPF 15 or higher with broad spectrum protection) • Wearable trackers, such as Oura Ring and Garmin

For a complete list of eligible expenses, review **www.irs.gov/publications/p502**.

Basic Life and Accidental Death and Dismemberment (AD&D)

Life insurance provides protection for your family in the event you are no longer able to provide for them. At SIH, full-time employees are provided 1× your salary FREE as a Basic Life and Accidental Death and Dismemberment Benefit.*

Beneficiary Information

Be sure to keep your beneficiary updated in the event you pass away to ensure your life insurance is paid to the intended person(s).

Some common beneficiary choices are:

- **Primary beneficiary**—the person or persons named will receive the benefit
- **Contingent beneficiary**—if the primary beneficiary is no longer living, the benefit is paid to this person

Supplemental Employee Life Insurance

You may select any of the life insurance options when you are first eligible or as a new hire. Benefit amounts between 1 and 4 times your base annual earnings, up to a maximum of $1,000,000 are available.* Medical underwriting may be required. The Basic Life coverage amount is included in the $1,000,000 coverage maximum for full-time employees. Eligible part-time employees may also elect this coverage.

If you purchased at least 1 time your salary when you were first eligible, you can increase your life insurance one step during open enrollment without medical underwriting, not to exceed $300,000. If the next step exceeds $300,000, you will be required to submit proof of good health for any amount over.

During Open Enrollment, you may enroll in supplemental life for the first time or increase coverage up to the guarantee issue amount of $300,000 without evidence of insurability.

Benefit Reductions

- At age 70, the original benefit is reduced to 67%
- At age 75, the original benefit is reduced to 50%

Basic Life and AD&D is insured through Reliance Matrix.

**This represents what the majority of full-time employees are provided.*

Under IRS regulations, employer-provided group term life insurance in excess of $50,000 is taxable. For more information, visit **https://www.irs.gov/government-entities/federal-state-local-governments/group-term-life-insurance**.

Changes in Amount of Insurance

Increases and decreases in the amount of insurance because of changes in age are effective on the January 1 coinciding with or next following the date of the change. Increases and decreases in the amount of insurance because of changes in class or earnings (if applicable) are effective on the date of the change.

Voluntary Spouse Life

All employees enrolled in Supplemental Employee Life Insurance and have a dependent spouse listed in the dependent information section of the online benefit enrollment may elect and pay for Voluntary Spouse Life coverage. Spouses may be enrolled in either a $5,000, $10,000, $20,000, or a $40,000 benefit.

Your family member's coverage may not exceed your own coverage.

During Open Enrollment, if you are enrolled in supplemental life coverage, you may also elect spouse for the first time without evidence of insurability.

The employee is always the beneficiary of this plan.

Voluntary Spouse Life is insured through Reliance Matrix.

Please note: if your spouse is an employee of SIH and carries Supplemental Employee Life Insurance, you are not eligible to purchase this coverage, as it will be considered duplication and the insurance carrier will not pay on both policies in the event of a life claim.

Voluntary Child Life

All employees enrolled in Supplemental Employee Life Insurance and have a dependent child(ren) listed in the dependent information section of the online benefit enrollment may elect and pay for Voluntary Child Life coverage. Children may be enrolled in either a $2,500, $5,000, $10,000, or a $20,000 benefit. Coverage is guaranteed issue. The maximum benefit for a dependent child who is less than 6 months old is $1,000.

The employee is always the beneficiary of this plan.

Voluntary Child Life is insured through Reliance Matrix.

Please note: if your spouse is an employee of SIH and carries Voluntary Child Life Insurance, you are not eligible to purchase this coverage, as it will be considered duplication and the insurance carrier will not pay on both policies in the event of a life claim.

CONFIRM YOUR SPOUSE'S ELECTIONS BEFORE ENROLLING IN THESE PLANS.

Supplemental AD&D Options

The Voluntary Accidental Death and Dismemberment (AD&D) plan pays an additional benefit to your life insurance in the event you die or suffer certain injuries as a result of an accident. The full amount is payable for accidental death, or a percentage of your coverage amount is payable for other covered losses. Full-time and eligible part-time employees are able to purchase additional amounts of coverage on themselves, as well as family members. If you do purchase coverage for your eligible family members, their coverage will be a percentage of the amount you choose for yourself. See the table below for more details. Benefit amounts between 1× and 4× your base annual earnings, up to a maximum of $1,000,000 are available.* The Accidental Death and Dismemberment coverage provided FREE to full-time employees is included in the $1,000,000 coverage maximum.

Family AD&D Coverage	
Spouse Only	60% of the amount you select
Child(ren) Only	15% of the amount you select (for each child)
Spouse and Child(ren)	50% (for your spouse) and 10% (for each child) of the amount you select

Loss	Percent of Coverage Amount
Life	100%
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand and One Eye	100%
One Foot and One Eye	100%
Speech and Hearing	100%
One Hand or One Foot or One Eye	50%
Speech or Hearing	50%
Thumb and Index Finger on Same Hand	25%

**This represents what the majority of employees are provided. Confirm your spouse's elections before enrolling in these plans.*

Benefit Reductions

- At age 70, the original benefit is reduced to 67%
- At age 75, the original benefit is reduced to 50%

Voluntary Accidental Death and Dismemberment is insured through Reliance Matrix.

Changes in Amount of Insurance

Increases and decreases in the amount of insurance because of changes in age are effective on the January 1 coinciding with or next following the date of the change. Increases and decreases in the amount of insurance because of changes in class or earnings (if applicable) are effective on the date of the change.

Please note: if your spouse is an employee of SIH and carries Voluntary Accidental Death and Dismemberment Family Insurance, you are not eligible to purchase this coverage, as it will be considered duplication and the insurance carrier will not pay on both policies in the event of a claim.

Short Term Disability

This coverage is an important part of your financial security should you become disabled due to an accident or illness and are unable to work for a period of time. Short Term Disability is FREE for full-time employees after one year of full-time service. Coverage begins on the first of the month following one year of full-time service.

After a 5-calendar day/40-hour elimination period, 60% of your weekly pre-disability earnings up to $10,000 per week maximum is paid directly to you in the event of a disability claim approval up to a 90-day duration. You may choose to utilize your ETO to supplement the remaining 40% of your pay.

Short Term Disability is administered by our SIH Leave and Absence department.

How to File a Short Term Disability or FML Claim

SIH's leave policy requires that all employees file leave and report within three (3) days of the leave start date for continuous leaves and 24 hours for intermittent leaves.

To file a claim, call **618.457.5200 ext. 67828** or email **LOA@sih.net**.

Long Term Disability and Buy-Up

Long-Term Disability

Long-Term Disability protection helps replace a portion of your income for the "long term," resulting from a covered injury or sickness. Long Term Disability is FREE for full-time employees after one year of full-time service. Coverage begins on the first of the month following one year of full-time service.

After a 90-calendar day elimination period, 50% of your pre-disability earnings up to a monthly maximum of $10,000 is paid to you in the event of a disability claim approval up to the benefit duration.*

Long Term Disability is administered by Reliance Matrix.

**This represents what the majority of employees are provided.*

Long Term Disability– Buy-Up

You can select an additional 10% of Long Term Disability Coverage for a total of 60% of covered pre-disability earnings. Total monthly earnings will not exceed $10,000.

During Open Enrollment, you may enroll in the long-term disability buy-up plan without evidence of insurability.

Long Term Disability Buy-Up Coverage is administered by Reliance Matrix.

Voluntary Benefits through Reliance Matrix Benefits

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or spouse or family coverage under your spouse's plan. You cannot be enrolled in both.

Group Critical Illness Coverage

Group Critical Illness coverage helps offer financial support if you are diagnosed with a covered critical illness. You select the benefit coverage amount based on your individual need and your budget.

There are two benefit plan options from which to choose:

- Plan 1: $10,000
- Plan 2: $20,000

If you have covered family members, these plans can also provide cash benefits for them. Covered diagnoses include but are not limited to the following:

- Heart attack
- Stroke
- Kidney Renal Failure
- Loss of sight
- Advanced Alzheimer's Disease
- Major Organ Failure
- Invasive Cancer

Group Accident Coverage

Group Accident coverage pays you cash benefits for covered accidents and includes coverage for a variety of occurrences, such as: hospital confinement, physician treatment, dislocation or fracture, ambulance services, physical therapy, and more.

Following are a few highlights of the plan:

- $210 for Emergency Treatment
- $1,000 for Initial Hospital Confinement
- $200 for Daily Hospital Confinement
- $250 for X-ray

Please note: if your spouse is also an employee of SIH, you will need to choose employee coverage under your own plan or spouse or family coverage under your spouse's plan. You cannot be enrolled in both.

Employee Semi-Monthly Contribution	
ACCIDENT	
Employee Only	$4.03
Employee + Spouse	$9.27
Employee + Child(ren)	$11.64
Employee + Family	$15.02

Group Hospital Indemnity Medical Coverage

Indemnity Medical insurance pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account for hospital-related expenses. You can use the money toward deductibles, copays, premiums, and even to help cover your daily living expenses. Base benefits include the following:

Benefit	Description
Hospital Admission plus First Day Hospital Confinement	$1,200
Daily Hospital Confinement	$200 per day*
Hospital Intensive Care	$400 per day*

**Max 10 days per hospital confinement*

Employee Semi-Monthly Contribution	
HOSPITAL INDEMNITY	
Employee Only	$14.27
Employee + Spouse	$39.65
Employee + Child(ren)	$24.70
Employee + Family	$42.80

Reliance Matrix Critical Illness, Hospital Indemnity, and Accident products cannot pay benefits to you if you have coverage through Medicaid. If you are covered by Medicaid, you should not enroll in these products. If only your child or children are eligible for Medicaid benefits, you may still benefit from the Reliance Matrix products, but you should not enroll your child(ren).

Retirement Savings Plan

SIH Retirement Savings Plan is a retirement savings plan designed to allow eligible employees to save and invest through a salary contribution. Read these highlights to learn more about our Plan. If there are any discrepancies between this document and the Plan Document, the Plan Document will govern.

Eligibility Enrollment

You are eligible to participate in the Plan on the first day of the month coinciding with or following your date of employment. You are eligible to contribute if you are full-time, part-time, per diem or temporary.

Automatic Enrollment

SIH Retirement Savings Plan is an automatic enrollment plan. If you have not made an affirmative election to contribute or opt out within 30 days after your first pay period, you will be automatically enrolled to contribute 5% of your pretax compensation. You may change your deferral amount or opt out by accessing your Empower Retirement account at **empowermyretirement.com** or by calling **833.SIH.401K (833.744.4015)**. You may also schedule an appointment to discuss your options at **sih.empowermytime.com/#/**.

Automatic Annual Increase

If you are contributing less than 10% pretax, your pretax contribution rate will be increased according to the table below. If your pretax contribution rate is at 10% or higher, your contribution rate will not be affected. The automatic contribution rate increases only affect your pretax contributions. Participants making only Roth contributions or a combination of pretax and Roth contributions in which the pretax contribution is less than 10% will have their pretax contribution rate automatically increased as noted below. Participants who are contributing a pretax flat dollar amount will not be affected by these changes.

Pretax Contribution Rate	Pretax Contribution Rate Increase	Effective Date
0%–4%	5%	September
5%–9%	1% each year until it reaches 10%	September

Your Contributions

In 2026, the total employee contribution limit to all 401(k) plans for those under 50 is $24,500*. The catch-up contribution limit is $8,000, so if you're 50+, your 401(k) employee contribution limit is $32,500 in 2026. If you are aged 60-63 by the end of 2026, your catch-up contribution is $11,250.

Before-Tax and Roth Contributions

You may designate your 401(k) contribution as pretax or Roth or a combination of the two.

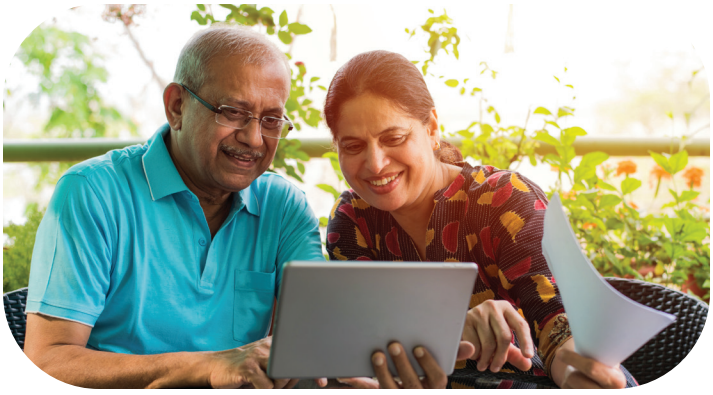
Pretax contributions are made with dollars before taxes are paid. If you believe that your tax bracket will be lower in retirement, you may pay less in taxes at withdrawal by contributing on a pretax basis. You will pay ordinary income tax on your contributions and earnings at withdrawal.

Roth contributions are made with after-tax dollars. If you believe your tax bracket will be higher in retirement, you may pay less by paying taxes before your contributions are deposited to your 401(k) account. You will not pay ordinary income tax at withdrawal on the investment earnings with a qualified distribution.**

Beginning January 1, 2026, the SECURE 2.0 Act requires high-earning employees over the age of 50 to make all catch-up contributions to their workplace retirement plans in a Roth, or after-tax, basis.

**Subject to change each year based upon IRS maximum limits.*

***Subject to requirements: Roth contributions must have been made in your account for at least five years and the money withdrawn after you have reached age 59½, become disabled or died. If a distribution is not qualified, the earnings are taxed as ordinary income and may be subject to early withdrawal penalties.*



Employer Matching

Currently, SIH matches 50% of your contribution up to the first 5% of eligible compensation. You are eligible for this Employer Match contribution into the Plan the first of the month following your completion of 1,000 hours of service and 12 consecutive months commencing with your date of hire and during any subsequent Plan Year. In order to continue receiving a Matching Contribution for a subsequent Plan Year, you must have completed at least 1000 hours of service during the prior Plan Year. A Matching Contribution is not guaranteed each Plan Year. The amount of the Matching Contribution, if any, will be determined under a matching formula established by SIH for each Plan Year.

Employer Basic Contributions

SIH may provide for a Basic contribution (profit sharing) in an amount of 1.5% of your eligible compensation. To be eligible for the profit sharing contribution into the Plan, you must complete 1,000 hours of service after one calendar year. You must be employed on the last day of the last pay period of the calendar year to be eligible.

Medicare Basics

Healthcare expenses in retirement could be a huge expense. It's important to have a solid understanding of Medicare basics, including costs and benefits. We have resources at SIH to help you better understand Medicare and how it affects your retirement planning. Use the contact information below to take advantage of Medicare counseling.

Contact Information

Christine Thompson, Medicare Counselor
Ext. 67856
christine.thompson@sih.net

Vesting Schedule

2 types of employer contributions. (**Employer matching – vested 100% on day 1**, **Employer Basic Contribution – 3 year vesting required**).

Vesting refers to the percentage of your account you are entitled to receive upon the occurrence of a distributable event. The value of your contributions (including rollovers from previous employers), Matching Contributions, and any earnings they generate are always 100% vested. The value of Basic contributions to the Plan and any earnings they generate are vested as follows:

Years of Service Vested	Percentage of Employer Contributions
Less than 3 years	0%
3 years	100%

Beneficiary

You must select a beneficiary for your account. You can view or change your beneficiary information at any time by logging in to your account at **empowermyretirement.com**. You should check this information periodically to make sure it is up to date. If you are married, federal law says your spouse is automatically the beneficiary of your 401(k) account. You should still complete the beneficiary information with your spouse's information for the record. If you want to name a beneficiary who is someone other than your spouse, your spouse must sign a notarized waiver. If you are single, you can name whomever you choose as a beneficiary.

If your minor children are your beneficiaries, consider this carefully.

You may be eligible for withdraws, rollovers, and loans. Call the Empower Retirement Service Center or visit your online account at **empowermyretirement.com** for eligibility information.

Additional Benefits

Earned Time Off (ETO)

All employees begin accruing ETO immediately upon their date of hire. Full-time and part-time employees with an FTE of 0.5 and greater, there is no additional accrual and no payment for any ETO hours over the maximum of 544 hours.

Per diem and part-time employees with an FTE below 0.5 accrue ETO based on the number of hours worked and not to exceed 40 hours per week. There is no additional accrual and no payment for any ETO hours over the maximum of 40 hours.

ETO can be used for the following:

- Vacation
- Personal time
- Illness
- Any non-worked time including holidays

Holidays

SIH recognizes the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The Friday after Thanksgiving
- Christmas Day

Employees who do not work a holiday must use ETO. Employees who work on a holiday receive 1.5 times their hourly pay.

Professional Development Assistance (SY-HR-205)

SIH encourages employees to pursue educational opportunities that can assist their personal and professional growth, and that could also benefit SIH in fulfilling its mission. A professional development assistance program makes funds available to qualified employees who satisfactorily complete job-related courses, as a means to further this objective. Full time employees are eligible for $5250 reimbursement and part-time employees budgeted to work at least 40 hours per pay period are eligible for $2625 reimbursement of college courses and/or certification courses and exams. Reimbursement amounts are credited to the calendar year in which they are completed.

Glossary of Health Coverage and Medical Terms

This glossary defines many commonly used terms but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in our plan or health insurance policy. Some of these terms also might not have the same meaning when used in our policy or plan, and in any case, the policy or plan governs (see your Summary of Benefits and Coverage for information on how to get a copy of our policy or plan document).

ALLOWED AMOUNT
This is the maximum payment the plan will pay for a covered healthcare service. May also be called "eligible expense," "payment allowance," or "negotiated rate."

APPEAL
A request that your health insurer or plan review a decision that denies a benefit or payment (either in whole or in part).

BALANCE BILLING
When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount.

For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not bill you for covered services.

CLAIM
A request for a benefit (including reimbursement of a healthcare expense) made by you or your healthcare provider to your health insurer or plan for items or services you think are covered.

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

COPAYMENT
A fixed amount (for example, $20) you pay for a covered healthcare service, usually when you receive the service. The amount can vary by the type of covered healthcare service.

COST SHARING
Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket.

Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn't cover usually aren't considered cost sharing.

DEDUCTIBLE
An amount you could owe during a coverage period (usually one year) for covered healthcare services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered healthcare services subject to the deductible.)

DIAGNOSTIC TEST
Tests to figure out what your health problem is. For example, an X-ray can be a diagnostic test to see if you have a broken bone.

DURABLE MEDICAL EQUIPMENT (DME)
Equipment and supplies ordered by a healthcare provider for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

EMERGENCY MEDICAL CONDITION
An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention, you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

EMERGENCY MEDICAL TRANSPORTATION
Ambulance services for an emergency medical condition. Types of emergency medical transportation may include transportation by air, land, or sea.

EMERGENCY ROOM CARE/EMERGENCY SERVICES
Services to check for an emergency medical condition and treat you to keep an emergency medical condition from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for emergency medical conditions.

EXCLUDED SERVICES
Healthcare services that your plan doesn't pay for or cover.

FORMULARY
A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier.

HEALTH INSURANCE
A contract that requires a health insurer to pay some or all of your healthcare costs in exchange for a premium. A health insurance contract may also be called a "policy "or "plan."

HOME HEALTHCARE
Healthcare services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed healthcare providers. Home healthcare usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

HOSPICE SERVICES
Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

HOSPITALIZATION
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some plans may consider an overnight stay for observation as outpatient care instead of inpatient care.

HOSPITAL OUTPATIENT CARE
Care in a hospital that usually doesn't require an overnight stay.

IN-NETWORK COINSURANCE
Your share (for example, 20%) of the allowed amount for covered healthcare services. Your share is usually lower for in-network covered services.

IN-NETWORK COPAYMENT
A fixed amount (for example, $20) you pay for covered healthcare services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

MAXIMUM OUT-OF-POCKET LIMIT
Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

MEDICALLY NECESSARY
Healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

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

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

ORTHOTICS AND PROSTHETICS
Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient's physical condition.

OUT-OF-NETWORK COINSURANCE
Your share (for example, 40%) of the allowed amount for covered healthcare services to providers who don't contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

OUT-OF-NETWORK COPAYMENT
A fixed amount you pay for covered healthcare services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments.

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

OUT-OF-POCKET LIMIT
The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for healthcare costs. This limit never includes your premium, balance-billed charges or healthcare your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

PHYSICIAN SERVICES
Healthcare services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

PLAN
Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain healthcare costs. Also called "health insurance plan," "policy," "health insurance policy," or "health insurance."

PREAUTHORIZATION
A decision by your health insurer or plan that a healthcare service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency.

Preauthorization isn't a promise your health insurance or plan will cover the cost.

PREMIUM
The amount that must be paid for your health insurance or plan.

PRESCRIPTION DRUG COVERAGE
Coverage under a plan that helps pay for prescription drugs. If the plan's formulary uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in cost sharing will be different for each "tier" of covered prescription drugs.

PRESCRIPTION DRUGS
Drugs and medications that by law require a prescription.

PREVENTIVE CARE (PREVENTIVE SERVICE)
Routine healthcare, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

PRIMARY CARE PHYSICIAN
A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of healthcare services for you.

PRIMARY CARE PROVIDER
A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the plan, who provides, coordinates, or helps you access a range of healthcare services.

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

RECONSTRUCTIVE SURGERY
Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

REHABILITATION SERVICES
Healthcare services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and or outpatient settings.

SCREENING
A type of preventive care that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

SKILLED NURSING CARE
Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is not the same as "skilled care services," which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

SPECIALIST
A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

SPECIALTY DRUG
A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a healthcare professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.

UCR (USUAL, CUSTOMARY, AND REASONABLE)
The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

The UCR amount sometimes is used to determine the allowed amount.

URGENT CARE
Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

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