Ascension



2027 BENEFITS OVERVIEW

Health, Healing and Hope For All of Us

GET STARTED

OUT-OF-MARKET

Welcome to Your 2027 Benefits

At Ascension, we are answering *God's call to bring health, healing and hope to all*. This includes you – our associates. Rooted in our Mission, we recognize that supporting our communities starts with supporting you and your family. That's why for 2027, we're making meaningful changes to improve your experience, make care easier to access and enhance your support – all with **no increases to your medical copays, deductibles or out-of-pocket maximums**.

Ascension helps reduce your benefits expenses by covering a majority of the cost for many of our offerings!



Esta guía ofrece una descripción general de sus beneficios para 2027.

Para cualquier pregunta, póngase en contacto con el Departamento de Recursos Humanos al 844-847-4747.

Use this Benefits Overview to:

- Understand your benefit options and how they work
- Compare your choices and pick the plan that works best for you and your family
- Learn about the tools and resources available to you for help finding care, reviewing coverage or managing prescriptions

Keep in mind:

- **Premiums are paid through your paycheck.** All premiums are paid through biweekly payroll deductions.
- **You can only update benefits at certain times.** You can make changes as a new hire, during Open Enrollment or if you experience a qualifying life event, such as getting married or welcoming a child to your family.

You can find more detailed information and additional resources on **OurAscension**, including the full version of the **Benefits Guidebook**.

Questions about your benefits?
Contact HR Central at 844-847-4747

Note: Associates governed by and subject to a Collective Bargaining Agreement should refer to that agreement to determine eligibility to participate.

Table of Contents

2027 Open Enrollment 4

Eligibility and Who You Can Cover 7

Medical benefits 9

Prescription drug benefits 15

Saving and spending accounts 18

Dental benefits 21

Vision benefits 23

Family-building support 25

Legal and caregiving support 26

Life and accidental death and dismemberment (AD&D) insurance 27

Retirement savings program 29

Time off and leaves of absence 31

Voluntary benefits and associate perks 32

Frequently Asked Questions 34





2027 Open Enrollment

Open Enrollment is your opportunity to review your benefits and choose the coverage that best supports you and your family for the year ahead. For 2027, Ascension is introducing updates designed to make your health plan easier to understand and easier to use.

Mark your calendar:
Open Enrollment is November 2 – 13

Be sure to enroll by November 13 if you want to:

- Add or change your benefit elections
- Add or change eligible dependents
- Contribute to a healthcare and/or dependent care Flexible Spending Account (FSA)

Anote en su calendario:
La inscripción abierta es del 2 al 13 de noviembre

Asegúrese de inscribirse antes del 13 de noviembre si desea:

- Agregar o cambiar sus elecciones de beneficios
- Agregar o cambiar dependientes elegibles
- Aportar a una Cuenta de gastos flexibles (FSA) para atención médica y/o atención de dependientes



What's changing for 2027

New plan options

For 2027, you'll have two medical plan options: the **National Plan** and the **National HDHP Plan**.

Both give you automatic access to the Anthem National Network and the Ascension+ Network **at the same cost sharing levels**.

What this means for you:

- Automatic access to the Anthem National Network and Ascension+ Network at same cost sharing levels
- Easy access to the local care you need
- Easier to understand cost and network options

Easier access to care

Luminare Health will be your new medical plan administrator and go-to resource to navigate the healthcare system. Their **Care Champions** can help you find providers, understand your benefits and connect you to the services you need.

We're also simplifying the referral process, reducing the number of services requiring prior authorizations and introducing a new digital provider directory. **All of these changes will make it easier than ever before to access care.**

What this means for you:

- Faster approvals
- Less time spent navigating the healthcare system
- Personalized guidance and support whenever you need it

WHAT DOES HDHP MEAN?

HDHP stands for High-Deductible Health Plan. HDHP options have lower premiums, a higher deductible and access to an HSA with an annual contribution from Ascension.

A new prescription experience. Easier prescription management.

Judi Rx will be your new pharmacy benefits administrator, helping you manage prescription drug benefits and better understand your costs and coverage. You will continue to use Ascension Rx for maintenance and specialty medication, and as a preferred community pharmacy where available.

What this means for you

- Active prior authorizations automatically transfer to Judi Rx
- More visibility into prescription costs
- Easier tracking of medication approvals
- Less confusion around specialty drugs
- Continued lower cost prescriptions through Ascension Rx

AscensionHealthPlan.org is your new personalized portal for managing your health plan benefits. After you receive your new member ID card or member ID number, register for the portal to find in-network providers, track claims and access additional health plan information and support.

LOOKING FOR MORE DETAILS BEFORE YOU ENROLL?

Visit **LuminareHealth.com/ExploreAscensionHealthPlan** to learn about our new partners, search the directory and understand how your health benefits work. Visit OurAscension to view plan details, compare your coverage and complete Open Enrollment.

HOW TO ENROLL

You'll make your 2027 benefit elections through the new Oracle platform. Here are the steps to follow:

1. **Visit** OurAscension
2. **Select** Tasks
3. **Select** View Benefits Elections under Pay and Benefits
4. **Select** Enroll Now
5. **Review** your options, make your elections and submit your enrollment

What this means for you:

GO TO...	WHEN YOU NEED...
OurAscension	• A central hub for 2027 Open Enrollment • Detailed plan information • Benefits updates, information and announcements
LuminareHealth.com/ExploreAscensionHealthPlan	• Pre-enrollment plan education • Details about our new partners and resources • Access to our new provider directory
AscensionHealthPlan.org After you receive your new member ID card, you can register to access personalized care navigation COMING JANUARY 1, 2027	• Personalized plan information • Digital ID cards • Access to our new provider directory • Help finding providers or accessing care • Support understanding coverage and claims • Prescription pricing • Medication approvals • Pharmacy benefits and prescription support
Create a request or contact HR Central 844-847-4747.	• Help with general benefits questions • Open Enrollment Navigation • Dependent verification • Life-event changes

Eligibility and Who You Can Cover

What you need to know

- Log in to OurAscension for details on benefits eligibility.
- You can cover eligible dependents, including your spouse, eligible children and, if applicable, a legally domiciled beneficiary.
- If you add dependents, you'll need to provide required information during enrollment and complete any verification steps by the deadline provided.

Are you eligible for benefits?

Log in to **OurAscension** to view eligibility information for your ministry. Note that if you decline coverage now, your options to enroll later may be limited.

NOT BENEFITS-ELIGIBLE?

You may still be eligible for the **associate-pay-all medical plan option** with prescription drug coverage.

Who can you cover?

If you enroll in coverage, you may also be able to cover eligible dependents, including:

YOUR SPOUSE	Your legal spouse
YOUR CHILD UNDER AGE 26	May include your biological, adopted, foster or stepchildren, as well as children placed with you for adoption or under your legal custody or guardianship
AN UNMARRIED DISABLED CHILD AGE 26 OR OLDER	Child must have become permanently and totally disabled before age 26 while covered under the applicable plan and meet additional support and tax-dependent requirements
A LEGALLY DOMICILED BENEFICIARY	Someone who lives in your home and may be covered under your health benefits, but is not your legal spouse or dependent (check out more information below)

See the Summary Plan Description for complete eligibility details.



Before you enroll

Have the following information ready:

- ☑ Dependent's name
- ☑ Date of birth
- ☑ Social Security number, if available

Check the spousal surcharge, if applicable

The surcharge applies only to spouses and legally domiciled beneficiaries aged 18 or older who are enrolled in a medical plan offered by Ascension and also have access to other employer-sponsored medical insurance coverage.

Answer the spousal surcharge question carefully so your coverage and costs are accurate.

After you enroll

Verify your dependents

If you cover dependents, you may be asked to verify their eligibility. You can access instructions through OurAscension and they will also be sent to your Ascension email. Be sure to complete any required steps by the deadline provided so your dependent coverage stays up to date.

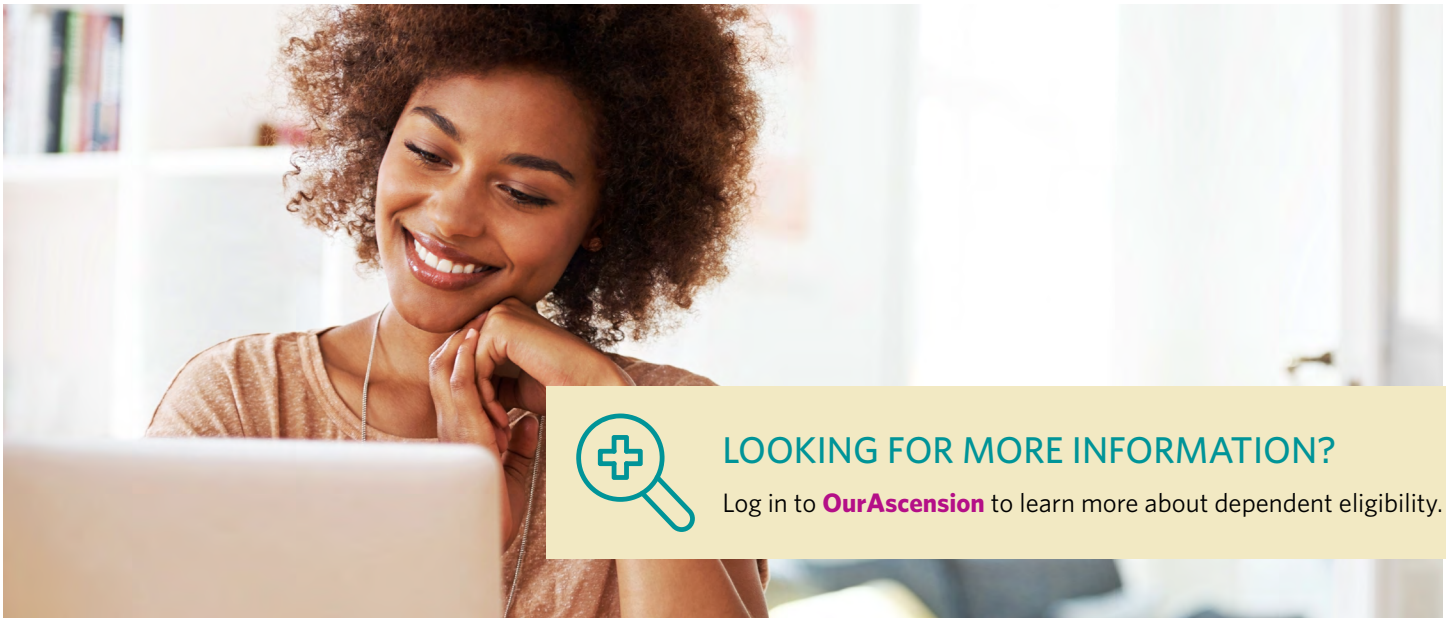
Covering a legally domiciled beneficiary

A legally domiciled beneficiary, or LDB, is someone who lives in your home and can be covered under your health benefits but is not your legal spouse or dependent. To be eligible, an LDB must meet these criteria:

- Lives in your primary household residence for at least six months
- Is not your employee, such as a nanny
- Is not your spouse or eligible child
- Is not receiving Medicare benefits and is not eligible for Medicare
- Is limited to one beneficiary, including spouse, per associate

Examples may include:

- A non-dependent parent living in your household
- A non-dependent adult child who is no longer eligible under the law but lives in your household
- A non-dependent adult sibling living in your household
- A non-dependent in a close relationship who lives in your household



LOOKING FOR MORE INFORMATION?

Log in to **OurAscension** to learn more about dependent eligibility.

Medical benefits

What you need to know

- Choose between two medical plans: the National Plan and the National HDHP Plan.
- Both plans give you automatic access to the Anthem National Network and the Ascension+ Network at the same cost sharing levels.
- Your medical premium is paid through biweekly payroll deductions. If you're full-time, your premium is based on your annual base pay.
- Preventive care is covered at no cost when you receive care from an in-network provider.
- If you need help finding care, understanding your benefits or connecting to services, Luminare Health Care Champions can help.

Medical coverage overview

Ascension offers two different types of medical plans, giving you the flexibility to choose the option that best fits your healthcare needs, budget and provider preferences.

NATIONAL PLAN	NATIONAL HDHP PLAN
• Higher premiums (what comes out of your paycheck) • Lower deductible (the amount you have to pay before the plan starts sharing costs) • Copays for some medical and prescription services • Access to a Healthcare Flexible Spending Account (FSA)	• Lower premiums (what comes out of your paycheck) • Higher deductible (the amount you have to pay before the plan starts sharing costs) • Copays only apply once the deductible has been met • Access to a Health Savings Account (HSA) with an annual contribution from Ascension
CHOOSE THIS PLAN IF...	**CHOOSE THIS PLAN IF...**
• You prefer to pay more from each paycheck and less when you receive care	• You prefer to pay less from each paycheck and can manage higher upfront costs when you receive care • You want to build savings for future healthcare expenses or take advantage of Ascension's contribution to your HSA

Both options work in the same basic way to provide coverage for you and eligible family members:



YOU PAY FOR COVERAGE FROM YOUR PAYCHECK

Your medical premium is paid through biweekly payroll deductions



PREVENTIVE CARE IS COVERED AT 100%

When you see an in-network provider, preventive care is covered at no cost to you



YOU PAY FOR CARE WHEN YOU USE IT

You pay either a copay or coinsurance toward your deductible



YOU AND THE PLAN SHARE THE COST

Once you meet your deductible, the plan begins paying a portion of your costs, and you pay coinsurance (a percentage of the cost)



YOU PAY $0 ONCE YOU REACH YOUR OUT-OF-POCKET MAXIMUM

After you reach your out-of-pocket maximum, the plan pays 100% of covered expenses for the rest of the year

Know your key medical plan terms



PREMIUM

The amount you pay from your paycheck to have medical coverage



DEDUCTIBLE

The amount you pay for non-preventive healthcare before the plan begins to pay



COPAY

A set amount you pay for a healthcare service



COINSURANCE

Your share of the cost for a healthcare service (usually a percentage)



OUT-OF-POCKET MAXIMUM

The most you pay during the plan year before the plan pays 100% for covered benefits

Is an HDHP right for me?

With the National HDHP Plan, you pay less from each paycheck, but have a higher initial deductible than traditional plans. You must pay out-of-pocket for most medical and prescription expenses until you meet that deductible. You can also contribute to a Health Savings Account (HSA) and receive an annual contribution from Ascension to help pay for current or future healthcare expenses.

An HDHP may be a good fit if you:

- Can manage higher upfront costs when you need care
- Want to save for future healthcare expenses
- Value receiving an HSA contribution from Ascension



AGGREGATE VS. EMBEDDED: REVIEW THE DIFFERENCE

Depending on the medical plan you elect, your deductible and out-of-pocket maximum will be either aggregate or embedded. **With an aggregate approach**, covered family members work together toward one family deductible and the plan starts paying benefits for everyone once that is reached. **With an embedded approach**, each covered family member also has their own single deductible and once that is met, the plan begins paying benefits for that person. Once any combination of covered family members reach the family deductible the plan begins paying benefits for all.

The same approach applies for out-of-pocket maximums. Review the **plan chart** to see which plan is aggregate and which is embedded.

Getting the most from your medical plan



Care when you need it

Preventive care is covered at 100%. This includes services like routine physicals, well-baby and child care, routine immunizations, annual gynecological exams, annual mammograms and more covered at no cost when you use an in-network provider.

You have coverage for urgent care and emergency room services under both medical plans. What you pay depends on your plan and where you receive care.

What network is available to me?

Both the National Plan and National HDHP Plan give you automatic access to the Anthem National Network and the Ascension+ Network at the same cost sharing levels. You can use the **provider directory** to confirm your providers are in-network before you get care.



Need help finding care?

If you can't find an available in-network provider for the care you need, your provider can submit a referral. Luminare Health Care Champions will then work with them to identify care at the lower-cost in-network level of coverage.

Comparing the plans

Your premium is only one part of your total cost. As you compare plans, also consider your deductible, copays, coinsurance, out-of-pocket maximum and expected healthcare needs. When reviewing the charts below, unless otherwise noted, the percentages represent the **amount you pay after** you reach the deductible.

Deductible and out-of-pocket maximum

	NATIONAL PLAN		NATIONAL HDHP PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Type of deductible and out-of-pocket maximum	Embedded	Embedded	Aggregate	Aggregate
Annual deductible: Single	$1,000	$10,000	$2,500	$10,000
Annual deductible: Family	$2,000	$20,000	$5,000	$20,000
Out-of-pocket maximum: Single	$5,000	$13,000	$5,000	$13,000
Out-of-pocket maximum: Family	$10,000	$26,000	$10,000	$26,000

Inpatient, outpatient and urgent care

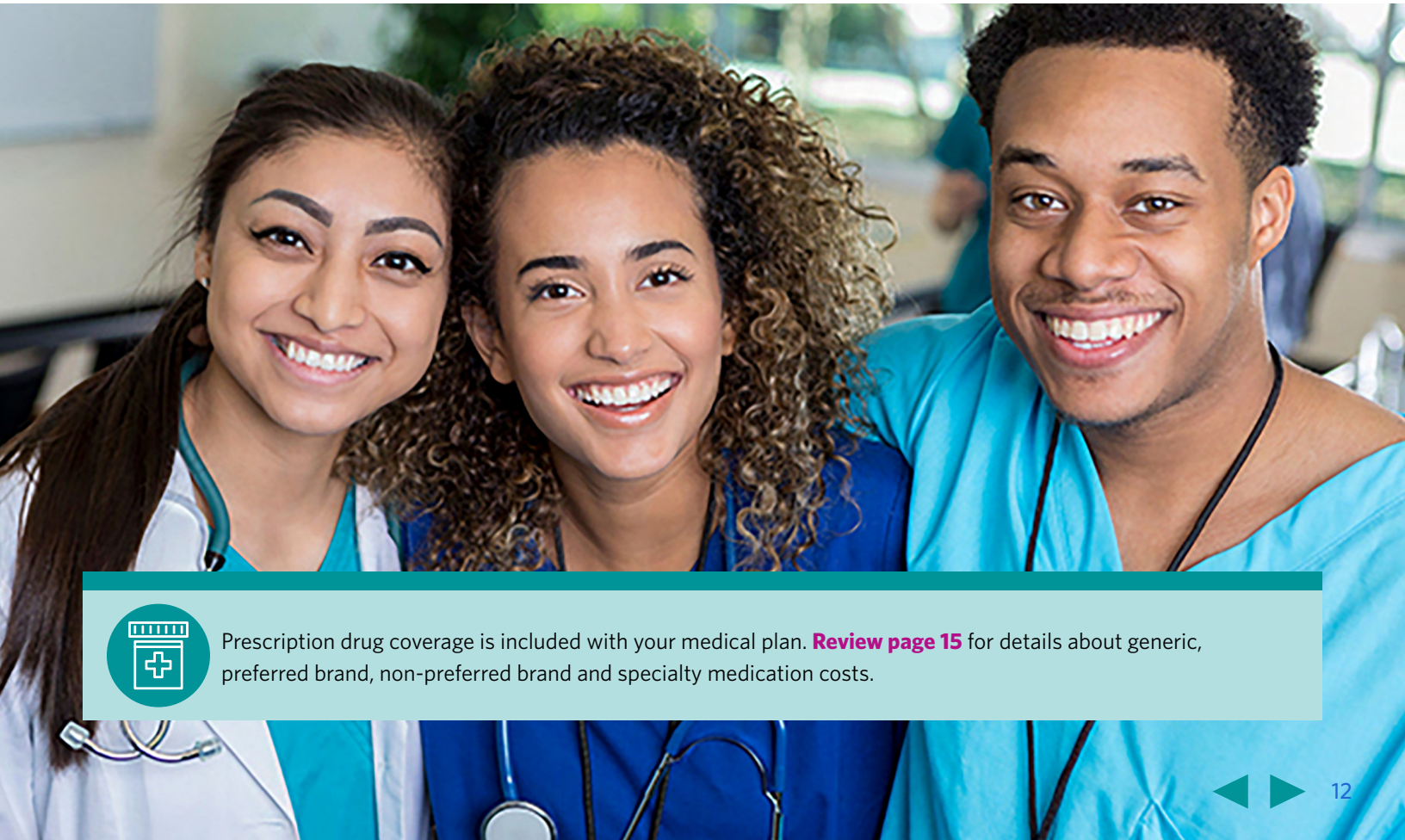
	NATIONAL PLAN		NATIONAL HDHP PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Inpatient hospital services	20%	50%	15%	50%
Outpatient services, such as lab or radiology	20%	50%	15%	50%
Urgent care	$50 copay	$200 copay after in-network deductible	40%	$200 copay after in-network deductible
Emergency room visit	$500 copay (waived if admitted)	$500 copay (waived if admitted)	15% (waived if admitted)	15% after in-network deductible (Waived if admitted)

Note: Unless otherwise noted, percentages represent the amount you pay after you reach the deductible.

Office visits and therapy

	NATIONAL PLAN		NATIONAL HDHP PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Primary care visits	$30 copay	50%	15%	50%
Specialist visits	$60 copay	50%	15%	50%
Mental health visits (individual and group therapy)	$30 copay	50%	15%	50%
Therapy, physical/speech/ Occupational (annual max: 60 visits)	20%	50%	15%	50%
Chiropractic office visit (annual max: 35 visits)	$35 copay	50%	15%	50%
Preventive care	$0	50%	$0	50%

Note: Unless otherwise noted, percentages represent the amount you pay after you reach the deductible.



Prescription drug coverage is included with your medical plan. **Review page 15** for details about generic, preferred brand, non-preferred brand and specialty medication costs.

How could my costs add up?

The below example shows how out-of-pocket (OOP) costs can vary based on whether you select the **National Plan or National HDHP Plan**.

	Without insurance	NATIONAL PLAN[1]	NATIONAL HDHP PLAN[1]
Office visit[2]	$150	**$30** copay[3]	**$150** toward deductible
Lab tests[2]	$250	**$250** toward deductible	**$250** toward deductible
Generic prescriptions[4]	$175	**$25** copay[3]	**$175** toward the deductible
Surgery[2]	$2,000	**$1,000** *Full cost applies until $1,000 deductible is met; then 20% coinsurance*	**$1,936.25** *Full cost applies until $2,500 deductible is met; then 15% coinsurnace*
Physical therapy session[2]	$250	**$50** *20% coinsurance after deductible*	**$37.50** *15% coinsurance after deductible*
SUBTOTAL:	$2,835	**$1,355**	**$2,548.75**
HSA money used to cover costs		N/A	$500[5]
TOTAL OOP COST:		**$1,355**	**$2,048.75**

[1] *Assumes associate-only coverage*
[2] *Assumes service is received in the Ascension+ Network*
[3] *Copay does not apply toward deductible*
[4] *Assumes prescriptions are filled at an Ascension Rx pharmacy*
[5] *Assumes contributes at least $26/year to HSA, and HSA contributions are prorated throughout the year.*



Additional medical benefits and resources

Health Benefits Subsidy

The Health Benefits Subsidy may provide waivers and discounts for medical, pharmacy, dental and vision plans for eligible associates and family members. You can confirm eligibility and apply at any time during the year.

Associate pay-all medical plan

If you are not benefits-eligible, you may still qualify for an associate pay-all medical plan with medical and prescription drug coverage if you meet certain Affordable Care Act (ACA) eligibility requirements. Log in to **OurAscension** to learn more.



LOOKING FOR MORE INFORMATION?

- Visit **LuminareHealth.com/ExploreAscensionHealthPlan** to learn about our new partners, search the provider directory and explore how your health plan benefits work before you enroll.
- Log in to **OurAscension** to review your medical plan options, premiums and schedules of benefits.
- After you receive your new member ID card, visit **AscensionHealthPlan.org** to track claims, get help navigating care from a Luminare Health Care Champion and much more.

Prescription drug benefits



What you need to know

- Prescription drug coverage is included when you enroll in an Ascension medical plan.
- Your prescription drug costs will depend on the medication and where you fill it.
- Maintenance medications need to be filled through Ascension Rx Community Pharmacies or Ascension Rx Home Delivery.*
- Using Ascension Rx Home Delivery ensures you receive a 90-day supply at the lowest copay rate.
- Outpatient specialty medications must be filled by Ascension Rx Specialty Pharmacy to avoid paying the full cost.
- You have one combined ID card for medical and pharmacy benefits.
- Judi Rx is your resource for prescription pricing, medication approvals, pharmacy benefits and prescription support.

** Not available in Arkansas or California.*

Prescription drug costs

Prescription drug coverage is included when you enroll in an Ascension medical plan. Your prescription drug costs may depend on several factors, including the type of medication, whether it is covered under the plan, where you fill it and whether approval is required before it is covered.

Before you fill a prescription, use **Judi Rx** (accessible through the **Ascension Health Plan Portal**) to check:

- **Whether the medication is covered.** The prescription plan covers medications on the Ascension formulary, or prescription drug list. If a medication is excluded and you continue to fill it, you'll pay the full cost, and that amount will not apply to your deductible or out-of-pocket maximum. You may be able to use pretax dollars from an HSA or FSA.
- **How the medication is covered.** Your medication may be covered as generic, preferred brand, non-preferred brand or specialty. This affects what you pay.
- **Where you should fill it.** You may pay less or have different coverage depending on whether you use Ascension Rx community, home delivery, or specialty pharmacies or a retail pharmacy. Your costs will be lower at Ascension Rx pharmacies.
- **Whether approval is needed.** Some medications require prior authorization before they are covered by the plan.

You can also use this chart as a high-level guide.

IF YOU FILL AT....	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
Ascension Rx, 30-day supply	Up to $25	20%, up to $100	30%, up to $175
Non-Ascension retail prescription, 30-day supply	Up to $35	25%, up to $150	35%, up to $225
Ascension Rx, mail order, 90-day supply	Up to $40	20%, up to $200	30%, up to $350
Specialty pharmacy (specialty medications)	30% coinsurance, up to a $300 maximum copay		

Note: If you enroll in an HDHP, you generally pay the full cost of covered prescriptions until you meet your deductible. After you meet the deductible, the costs shown above apply.

Where to fill prescriptions

We encourage you to use in-network pharmacies whenever possible because it gives you access to:

- Convenient home delivery
- A more coordinated approach to your care
- Cost savings on copays for maintenance medications (you must use Ascension Rx for maintence medications)
- Financial assistance to help with medication costs

To find an in-network pharmacy, **click here**, select your plan and then you can search pharmacies.

UNDERSTAND YOUR PRESCRIPTION COSTS WITH JUDI Rx

Before you fill a prescription, use Judi Rx (accessible through the **Ascension Health Plan Portal**) to check pricing, coverage and medication approval information. Judi Rx can help you better understand what to expect and where to go for prescription support.

Maintenance vs. Specialty medications

MAINTENANCE MEDICATIONS	SPECIALTY MEDICATIONS
Maintenance medications are long-term medications you take on an ongoing basis. These medications must be filled through Ascension Rx Home Delivery. You can receive 90-day supplies of qualifying maintenance medications at the lowest copay rate when you use Ascension Rx Home Delivery.	Qualifying outpatient specialty medications must be filled through **Ascension Rx Specialty Pharmacy** to avoid paying the full out-of-pocket cost. Specialty medications are covered in a single specialty tier, with 30% coinsurance and a $300 maximum copay.

Not sure what counts as a specialty medication? Specialty medications are high-cost prescription medications used to treat complex, chronic or rare health conditions.

Manufacturer assistance programs

Some drug manufacturers offer coupons or copay assistance that may lower what you pay for certain prescriptions at the pharmacy. If assistance is available for your medication, you may still benefit from the lower cost when you fill your prescription.

Keep in mind:

- Manufacturer assistance will not count toward your deductible or out-of-pocket maximum. Your plan totals will reflect what you actually paid, not the amount covered by the manufacturer.
- These programs can change or end during the year. If that happens, you may need to pay the regular copay or cost for your prescription based on your plan.
- For support with manufacturer assistance programs, contact the Ascension Rx Medication Assistance Team at 833-980-2352 and select option 7 to get started.

Pharmacy Medication Management

Medication Management services are focused on helping you access your medications as well as evaluating, coordinating and recommending medication therapies specific to you and your needs. The Pharmacy team works with your providers, Ascension Rx Home Delivery Pharmacy and Judi Rx to help you understand your medications, access helpful resources and get the support you need. Available to all Ascension Health Plan members regardless of the provider network and pharmacy used.

What can the Pharmacy Medication Management Team do for me?

- Help manage complex medication needs and treatment plans
- Coordinate with your providers and healthcare team to support quality care
- Guide you through medication questions and connect you with financial assistance resources
- Help you understand changes to drug coverage or participating pharmacies

Questions about your medications?

The Pharmacy Medication Management Team can help you understand your medications, refill a prescription and answer other medication-related questions. Call toll-free **877-560-4303** on weekdays from 9am-5pm (local market time).

LOOKING FOR MORE INFORMATION?

Log in to **OurAscension** to review your medical plan options, premiums and schedules of benefits. After you receive your new member ID card, register at **AscensionHealthPlan.org** to manage your medical and prescription benefits, including checking prescription prices and approvals, tracking claims and finding providers.





Saving and spending accounts

What you need to know

- Spending accounts can help you save money by setting aside tax-free dollars from your paycheck to pay for eligible healthcare or dependent care expenses.
- Your medical plan determines whether you can contribute to a Health Savings Account (HSA). If eligible, you can elect a Health Care FSA even if you do not enroll in an Ascension medical plan.
- A Dependent Care FSA is separate from your medical plan and can help with eligible dependent care expenses while you work.
- Contributions for all three accounts are paid through biweekly payroll deductions.

Ascension offers three different savings and spending accounts to promote your financial well-being: a **Health Savings Account (HSA), Healthcare Flexible Spending Account (FSA) and a Dependent Care FSA**. Your medical plan enrollment determines whether you're eligible to contribute to an HSA or healthcare FSA. A dependent care FSA is separate from your medical coverage, so you can contribute regardless of whether you enroll in an Ascension medical plan.

When you participate in any of these accounts, you receive special tax advantages, including:

TAX-FREE CONTRIBUTIONS:

The money you and Ascension contribute goes into your account through pre-tax payroll deductions (not subject to federal income taxes and not taxed by most states).

TAX-FREE SPENDING:

When you use the money in your account for qualified expenses, it comes out of your account tax-free.

TAX-FREE SAVINGS (HSA ONLY):

When you invest the money in your HSA, any investment earnings grow tax-free ($1,000 minimum balance required).

Comparing the HSA and Healthcare FSA

An HSA and a healthcare FSA both let you set aside tax-free dollars from your paycheck to help pay for eligible healthcare expenses, including medical, dental and vision expenses. These accounts can help lower your taxable income and make it easier to plan for out-of-pocket costs during the year.

Both accounts also give you tools to help manage and use your money, including:

- A payment card to pay for eligible expenses
- Online access to your account balance, claims and account information
- Direct deposit for claims reimbursement
- A mobile app to access your account and upload claim documentation
- Text alerts for account information on the go
- Daily claims processing with no minimum claim amount

While both accounts can help you save, they work differently. **Here's how they compare:**

	HSA	HEALTHCARE FSA
Available with	• National HDHP Plan	• National Plan
Use it to pay for	Eligible healthcare expenses, including medical, dental and vision expenses	Eligible healthcare expenses, including medical, dental and vision expenses
How much you can contribute in 2027	• $4,500 individual • $9,000 family if you cover dependents *Note: You must contribute at least $26 per year.*	• $3,400, with a $260 minimum
Ascension contribution	Ascension contributes*: $250 individual /$500 family If you contribute at least $26, Ascension will contribute: $500 individual /$1,000 family (total, not in addition to amounts noted above)	No Ascension contribution
Changing your contribution	You can change your contribution amount any time during the year	You generally cannot change your contribution after Open Enrollment unless you have a qualified life event
Using unused money	Unused money in your account carries over year after year with no limit	A limited amount may carry over; amounts over the carryover limit are forfeited. Associates can roll over up to $680 from 2027 to 2028
Enrollment each year	Enrollment requirements may depend on your plan election	You must re-enroll each year if you want to contribute
Submitting claims	There is no deadline to submit claims for reimbursement	You have until March 31 to submit claims for eligible expenses from the prior year
If you leave Ascension	The HSA is yours to keep	Only continues if you elect COBRA; if you do not elect COBRA, remaining funds are forfeited

** To receive the full employer contribution, you must be enrolled in the HSA on January 1 and contribute each pay period.*

Save on eligible dependent care expenses with a Dependent Care FSA

A dependent care FSA lets you set aside tax-free dollars from your paycheck to help pay for eligible dependent care expenses while you work. This account is separate from your medical plan, so your medical plan election does not determine whether you can use it.

How it works

- Choose your contribution carefully. You generally cannot change your contribution during the year unless you have a qualified life event.
- Use the money by year-end. You must spend the money in your account by the end of the calendar year or you will forfeit any remaining balance.
- Submit claims by March 31, 2028. You have until March 31 to submit reimbursement requests for eligible expenses incurred during the prior year.
- Re-enroll each year. If you want to contribute to a dependent care FSA next year, you must make an election during Open Enrollment.

Contribution limits

You can contribute as little as **$260 per year** and up to the annual limit that applies to your situation.

IF YOU ARE...	YOU CAN CONTRIBUTE UP TO...
Single, or married filing a joint tax return and your spouse does not participate in a dependent care FSA	**$7,500 per year**
Married filing separately, or your spouse participates in a dependent care FSA at another organization	**$3,750 per year**



LOOKING FOR MORE INFORMATION?

- Log in to **OurAscension** for details, including eligible expenses.
- Contact Optum Financial Member services by going **online** or calling **844-594-1231** with questions about your account.

Dental benefits

What you need to know

- You have three dental coverage options to choose from, all administered by Delta Dental of Missouri.
- Preventive care is covered at 100% in-network under all three dental options.
- You can use any dentist, but you'll generally pay less when you use a Delta Dental PPO or Premier network provider.
- Use Delta Dental's **Find a Dentist tool** to find a PPO or Premier network dentist before you get care.
- Dental premiums are paid through biweekly payroll deductions.

Comparing your dental coverage options

Ascension offers three dental coverage options administered through Delta Dental of Missouri.

	BASE BENEFIT OPTION	COMPREHENSIVE OPTION	COMPREHENSIVE PLUS OPTION
Best fit if you want...	Lower-cost coverage for preventive and some basic dental care	More coverage for basic and major dental care	The highest level of coverage, including orthodontia for children up to age 19
Annual deductible	None	• $25 individual • $75 family	• **In-network:** $25 individual / $75 family • **Out-of-network:** $50 individual / $150 family out-of-network
Preventive care Exams, cleanings, x-rays	• **In-network:** Covered at 100% • **Out-of-network:** Covered at 80%	• **In-network:** Covered at 100% • **Out-of-network:** Covered at 80%	• **In-network:** Covered at 100% • **Out-of-network:** Covered at 80%
Basic services Fillings, extractions, endodontics	• **In-network:** Covered at 50%-60% • **Out-of-network:** Covered at 40%	• **In-network:** Covered at 50%-60% • **Out-of-network:** Covered at 40%	• **In-network:** Covered at 80% - 85% • **Out-of-network:** Covered at 60%
Major services Bridges, dentures, crowns	Not covered	• **In-network:** Covered at 50% • **Out-of-network:** Covered at 40%	• **In-network:** Covered at 50% • **Out-of-network:** Covered at 40%
Orthodontia Children up to age 19	Not covered	Not covered	50% coverage, up to a $1,500 lifetime maximum
Annual maximum	$500	$1,500	$2,000

SAVE MORE WHEN YOU STAY IN NETWORK

You can use any dentist, but you'll generally pay less when you use a Delta Dental PPO or Premier network provider.

LOOKING FOR MORE INFORMATION?

For questions about your dental benefits, contact Delta Dental of Missouri Member Services at **800-335-8266** or **service@deltadentalmo.com**. You can also go **online** to find a network dentist, print a claim form, request an ID card, ask a question and more.

For details on your coverage, visit **OurAscension**.

Using your dental benefits

DENTAL NETWORK

You can use dentists in or outside of the Delta Dental of Missouri network. Your coverage level depends on the network you use:

- **Delta Dental PPO network:** Offers the most out-of-pocket savings
- **Delta Dental Premier network:** Includes the most local providers
- **Out-of-network:** Usually has the highest out-of-pocket costs

DENTAL COSTS

Your dental premiums are paid through biweekly payroll deductions. Log in to **OurAscension** to view your dental coverage costs.

ID CARDS

You don't need an ID card to use your dental coverage, but Delta Dental will mail one to your home after you enroll for the first time.

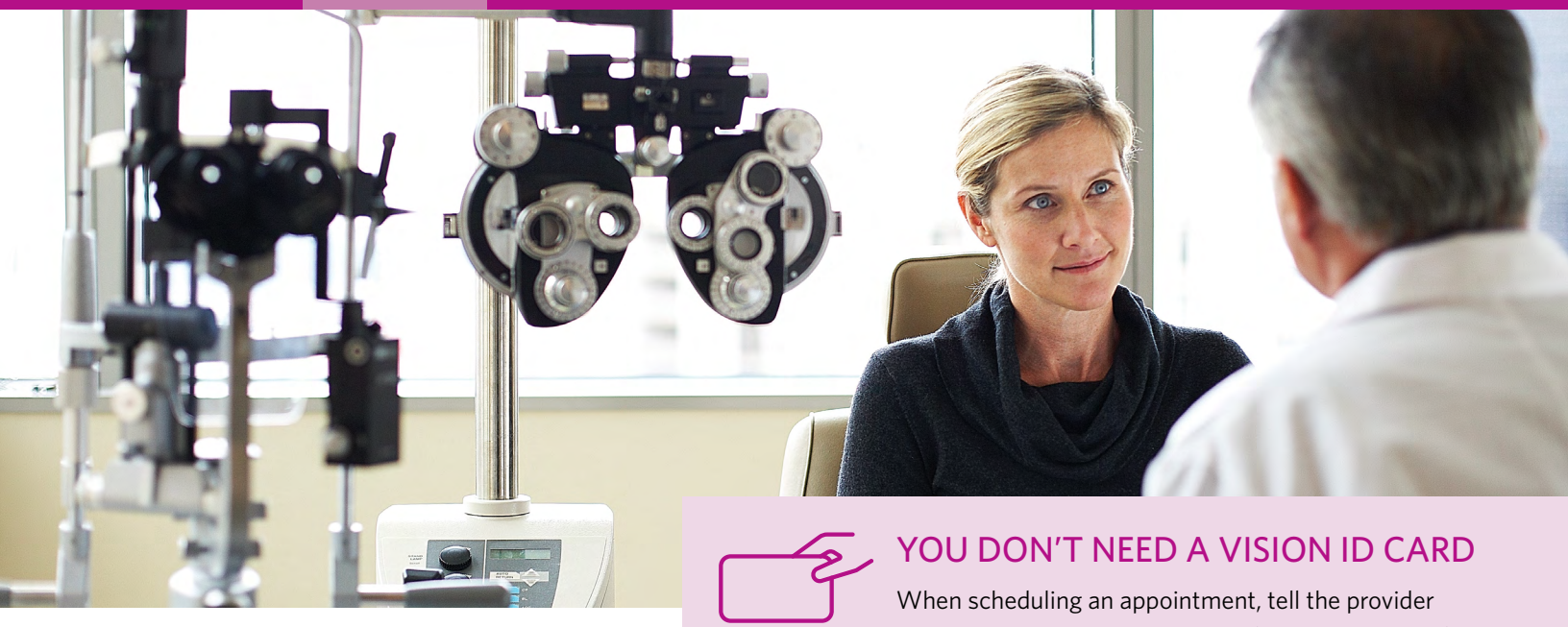
PLANNING FOR HIGHER-COST DENTAL CARE

If your dental care is not urgent and is expected to cost more than $200, ask your dentist to submit a treatment plan to Delta Dental of Missouri at least 14 days before treatment begins. This can help you understand what you may pay out of pocket before you receive care.

FILING DENTAL CLAIMS

When you use a Delta Dental PPO Network or Delta Dental Premier Network provider, you do not need to file a claim. Your dentist will submit the claim and paperwork for you, and claim payments will be sent directly to the dentist.

If you use an out-of-network provider, you are responsible for paying the dentist directly and filing a claim for reimbursement. You can download the claim form **online**. You can call Delta Dental of Missouri at **800-335-8266** with any questions.



Vision benefits

YOU DON'T NEED A VISION ID CARD

When scheduling an appointment, tell the provider you're an Ascension associate with VSP coverage. The provider's office can confirm your coverage.

What you need to know

- You have two vision coverage options to choose from, both administered by VSP Vision Care.
- You'll generally get the highest level of benefits and discounts when you use a VSP in-network provider.
- Vision premiums are paid through biweekly payroll deductions.

Compare your vision options

Ascension offers two vision coverage options administered through VSP Vision Care.

	FULL SERVICE PLAN	FULL SERVICE PLUS PLAN
Best fit if you want...	Core vision coverage for exams, lenses, frames and contacts	A higher frame/contact allowance and access to additional VSP EasyOptions benefits
Exams, lenses, frames and contacts	Covered every calendar year	Covered every calendar year
Exam copay	$0	$0
Frames and lenses copay	$25	$25
Contact lens exam copay	$0	$0
Retail frame allowance	$150	$200
Elective contact lens allowance	$150	$200
Lens enhancements (anti-reflective coating)	40% discount	40%
Diabetic eyecare	$20 copay	$20 copay
Additional benefits	Not available	VSP EasyOptions, including covered anti-glare coating, covered progressives or $100 additional frame allowance



LOOKING FOR MORE INFORMATION?

For questions about your vision benefits, contact VSP Member Services at **800-877-7195** (TDD for those deaf or hearing impaired 800-428-4833). You can also go **online** to find a network provider, ask a question and more.

For details on your coverage, visit **OurAscension**.

Using your vision benefits

You do not need to choose a vision provider until you need care. You can use either:

- **VSP in-network providers**, which offer the highest level of benefits and discounts.
- **Out-of-network providers**, which require you to pay in full at the time of care and submit a claim for reimbursement.

IN-NETWORK CARE

When you use a **VSP in-network provider**, you pay the applicable copays for your exam, lenses and frames. The plan then pays up to the plan allowance toward frames or elective contact lenses, and you pay any remaining cost. You do not need to complete claim forms for in-network care.

OUT-OF-NETWORK CARE

You can also use an out-of-network provider, such as a licensed optometrist, ophthalmologist or optician who does not participate in the VSP Network. If you do, you must pay the provider in full and submit a claim for reimbursement. If your claim is approved, VSP will determine the reimbursement amount. You have up to **12 months after the date of service** to submit a claim.

Family-building support

What you need to know

- Ascension offers support for associates who are looking to grow their family through BenefitBump (offered by Progyny).
- Support is available for pregnancy, birth and adoption.
- BenefitBump can help with benefits education, maternity or parental leave planning, childcare planning, budgeting and care navigation, guidance and financial accounts.

Support for growing your family

At Ascension, growing your family is an important life moment that can come with many decisions and logistics. If you're looking to expand your family, BenefitBump (offered through Progyny) can provide support to help you navigate the process with more confidence and care.

How BenefitBump can help

BenefitBump provides support for pregnancy, birth and adoption, with guidance to help you navigate benefits, leave planning and budgeting as you grow your family.

If you're preparing for pregnancy or birth, BenefitBump can connect you with:

- 1:1 sessions with Maternal Wellness Experts
- Peer support groups
- Delivery preparation and lactation support
- Guidance on benefits, leave planning and budgeting
- Postpartum resources and support

If you're exploring adoption, BenefitBump can provide:

- Help identifying adoption agencies
- Guidance on benefits, leave planning and budgeting



Legal and caregiving support

TO GET STARTED WITH CAREGIVING SUPPORT...

Register at **Family First**

What you need to know

- The **MetLife Legal Plan** gives you access to personal legal services for common life events and family needs.
- When you enroll in the MetLife Legal Plan, you also receive access to **MetLife Family First**, which provides confidential caregiving guidance and support.
- You must enroll in the MetLife Legal Plan during Open Enrollment to access these legal and caregiving services.
- You pay for coverage through biweekly payroll deductions.

Support for legal and caregiving needs

The MetLife Legal Plan provides support for personal legal matters and caregiving responsibilities. When you enroll, you can access legal services for many common life events, along with personalized caregiving guidance through MetLife Family First.

Personal legal services

The MetLife Legal Plan provides access to personal legal services for needs such as:

- Getting married
- Buying, selling or renting a home
- Starting a family
- Dealing with identity theft
- Sending children to college
- Caring for aging parents

The MetLife Legal Plan gives you access to professional guidance that can help you understand your options, prepare important documents and move forward with greater confidence. With this support, you can save time, avoid uncertainty and make informed decisions during important life moments.

Personalized caregiving support

Managing caregiving responsibilities can be complicated. **MetLife Family First** gives you **free, 100% confidential** access to dedicated care experts who can help you create a personalized care plan for yourself or a loved one on topics such as:

- Eldercare
- Child and adolescent well-being
- Cognitive issues and dementia
- Aging in place
- Homecare and placement
- Crisis intervention
- Mental health and emotional support
- Substance abuse and addiction
- New and chronic diagnosis
- Financial challenges, such as bill pay
- Insurance and Medicare navigation
- Powers of Attorney and wills

Family First mobile app

Apple

Google Play

If you enroll in the MetLife Legal Plan for 2027, you can register for Family First and access the mobile app beginning January 1. The app offers the following benefits:

- **Direct Access to Your Care Expert:** Secure messaging means you get practical help and answers quickly–without any extra hassle or back-and-forth.
- **Streamlining the Caregiver Experience:** Using a shared calendar in the Digital Care Hub, invite others to collaborate and communicate so everyone is on the same page.
- **Caregiving, Simplified:** Document storage allows easy access to your caregiving portfolio and other important files such as health directives and insurance cards.
- **On-Demand Knowledge and Resources:** Access articles and assessments on decision making, self-care strategies, tips on navigating the healthcare system and more.
- **Stay Connected Anytime, Anywhere:** Take action and track progress with personalized solutions that support you as a caregiver.

Questions? Call MetLife Member Services at 1-800-821-6400

Life and accidental death and dismemberment (AD&D) insurance

What you need to know

- Ascension provides basic life insurance at no cost to all benefits-eligible associates.
- You can buy additional life insurance for yourself, your spouse and/or your eligible children.
- You can also buy voluntary accidental death and dismemberment (AD&D) coverage for yourself and/or your family.
- Your beneficiary is the person or people who would receive benefits if you pass away. Be sure to review and update your beneficiaries as needed.

Associate basic life insurance

Ascension provides basic life insurance for benefits-eligible associates at no cost. Your coverage amount is based on your role and annual base pay.

IF YOU ARE...	ASCENSION PROVIDES...
Part-time or full-time associate	1x your annual base pay, rounded up to the next $1,000*
Manager, director, physician or advanced practice provider	2x your annual base pay, rounded up to the next $1,000*

**If not an even multiple.*



Basic life insurance is subject to the following minimum and maximum coverage levels:

- **Minimum:** $20,000 (regardless of your base pay)
- **Maximum:** $1,000,000

Associate supplemental life insurance

For further protection, you can buy up to **nine times your annual base pay** in supplemental life insurance. This is subject to the following minimum and maximum coverage levels:

- **Minimum:** $20,000
- **Maximum:** $5,000,000

Supplemental life insurance also includes:

- A living benefit option, which may provide support if you become terminally ill while covered under the plan.
- Access to online estate planning and will preparation at no cost.

LOOKING FOR MORE INFORMATION?

Log in to **OurAscension** to learn more about life and AD&D insurance options, including eligibility, coverage amounts, costs and beneficiary information.

Dependent supplemental life insurance

You may also buy supplemental life insurance coverage for your spouse and/or eligible children.

COVERAGE	WHAT YOU CAN ELECT	ADDITIONAL FEATURE
SPOUSE LIFE INSURANCE	$25,000 to $250,000	Includes a living benefit option if your spouse becomes terminally ill while covered under the plan
CHILD LIFE INSURANCE	$5,000, $10,000 or $20,000 (amount applies to each covered child, regardless of how many children you cover)	Includes a living benefit option if your covered child becomes terminally ill while covered under the plan

Voluntary AD&D insurance

Voluntary AD&D insurance provides a benefit for loss of life or certain accidental injuries. You may buy AD&D coverage for yourself and/or your family.

You can buy coverage in amounts equal to multiples of your annual base pay, from 1x to 10x, up to a maximum of $4,000,000.

If you choose family coverage, the coverage amounts are based on the amount you elect for yourself:

FAMILY COVERAGE OPTION	BENEFIT AMOUNT
SPOUSE ONLY	65% of your AD&D amount, up to $1,000,000
CHILD OR CHILDREN ONLY	25% of your AD&D amount, up to $75,000 per covered child
SPOUSE AND CHILD OR CHILDREN	55% of your AD&D amount for your spouse, up to $1,000,000 20% of your AD&D amount for each covered child, up to $75,000 per child



Your spouse or dependent cannot be covered under your life insurance if that person also works for Ascension and has coverage as an associate. Although the enrollment system may allow the election, the duplicate coverage will not take effect or provide an additional benefit.

Business travel accident insurance

You are automatically covered by business travel accident insurance when you are hired. If you pass away while traveling on approved Ascension business, this coverage provides a **$400,000 survivor protection benefit** to your named beneficiary or beneficiaries.

MANAGING YOUR BENEFICIARIES

Your beneficiary is the person or people you name to receive benefits if you pass away. Unless you request otherwise, your beneficiary for AD&D coverage is the same as the beneficiary you designate for basic life and/or business travel accident insurance.



Keep your beneficiaries up to date. Review your beneficiaries whenever you experience a major life change, such as getting married, welcoming a child or changing family circumstances.

Retirement savings program

What you need to know

- Ascension offers a retirement savings program to help you save for the future.
- Your specific retirement plan is based on your ministry's structure and participation.
- You can enroll, change your contribution amount, update investments and manage beneficiaries at any time through Transamerica.
- Ascension may contribute to your retirement account through matching and automatic contributions, based on your eligibility and plan rules.
- You can take your vested retirement savings with you if you leave Ascension.

Saving for retirement with Ascension

The Ascension Retirement Savings Program gives you a convenient way to save for retirement through payroll deductions. Depending on your ministry's structure and participation, you may be eligible to participate in a **403(b)** or **401(k)** savings plan.

Your contributions

Every pay period, you can contribute up to 80% of your earnings as long as your total contribution (pre-tax plus Roth) doesn't exceed the annual contribution limit set by the IRS. Options include:



Pre-tax contributions, which lower your taxable income now

Roth after-tax contributions, which are taxed when you contribute and may be tax-free when you take qualified withdrawals



A combination of both, as long as your total contributions stay within annual IRS limits

Ascension's contributions

In addition to your contributions, Ascension contributes in two ways:

Matching contributions: If you contribute to the retirement savings program, Ascension will match a percentage of your contribution. The match is deposited into your account each pay period you make a contribution. Details are determined by your ministry's structure and participation — log in to **OurAscension** to find details on matching contributions and maximums, vesting schedules and more.

Automatic contributions: Whether or not you contribute to the 403(b) or 401(k) plan, Ascension makes an annual contribution to your retirement account to help you reach your retirement goal. The annual amount you receive is based on your years of service as of December 31. Log in to **OurAscension** for eligibility and vesting information.

Get Started

To get started in the Ascension Retirement Savings Program, set up your online retirement account through **Transamerica**. You can enroll as soon as you become an Ascension associate. Want personalized help? Connect with your dedicated **Retirement Planning Consultant** to learn more about your plan, understand your options and get help with enrollment.

Select investments and contributions

You can pick and choose your own investment funds through Transamerica or invest with help. Plus, you can change your contribution level at any time throughout the year.

What does vesting mean?

Vesting means the money in your account is yours to keep, even if you leave Ascension. You are always 100% vested in the contributions you make to your account. Ascension contributions may vest over time based on your plan's vesting rules. For details on your ministry's matching contributions, eligibility and vesting, visit **OurAscension**.

Accessing your money

Your retirement savings are designed to help support you in retirement, so there are rules about when you can withdraw money.

- **Before age 59½:** You generally cannot withdraw money from your vested account unless you meet certain financial hardship requirements.
- **After age 59½:** You can withdraw money from your vested account for any reason, even if you are still actively employed.
- **Withdrawal options:** You may be able to take all or part of your money as a one-time withdrawal or as recurring payments.

Additional savings opportunity for some associates

Ascension also offers a **457(b) Deferred Compensation Plan** for associates whose base salary is **$160,000 or more**. If you qualify, Transamerica will notify you and explain what steps you need to take.



LOOKING FOR MORE INFORMATION?

- Log in to **OurAscension** to learn more about Ascension contributions, eligibility and vesting.
- Log in to **Transamerica** or call **877-346-7284** to manage your account, update beneficiaries, change contributions or schedule a retirement planning session.
- Use the **myRetirement checklist** to start preparing for retirement.

Time off and leaves of absence

What you need to know

- Ascension offers two different paid time off plans and eight paid holidays.
- Your time off plan depends on your role.
- Disability and leave benefits can help support you when you need time away for your own health, family needs or other qualifying reasons.

CHECK YOUR TIME-OFF BALANCE

Visit **OurAscension** and your available time-off blanace will be on the homepage under My Tasks and Info.

Paid time off

Ascension has two paid-time-off plans to ensure you can take time away from work. All benefits-eligible associates are placed in one of the following plans based on role.

	ACCRUED PAID TIME OFF (PTO) PLAN	FRONT-LOADED TIME OFF (FLTO) PLAN
HOW IT WORKS	• Accrued PTO is earned based on hours worked. • You can cash out some hours twice a year.	• In January, your FLTO hours will be deposited into your bank. • At the end of each year, you're allowed to roll 80 unused front-loaded hours into the next year.

Paid holidays

Ascension recognizes eight paid holidays each year. Holiday hours are not accrued or counted as part of your time off hours; they are deposited on the date the holiday is observed. Paid holidays include:

- New Year's Day
- Martin Luther King Jr. Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas

Disability and leaves of absence

Disability and leave benefits are designed to help you balance work and personal responsibilities when you need time away. This may include short-term disability, long-term disability, family medical leave, paid parental and pregnancy leave and other leave programs.

PLANNING OR NEEDING A LEAVE?

Log in to **OurAscension** to learn more about leave of absence and disability benefits, including eligibility and how to get started.

LOOKING FOR MORE INFORMATION?

Log in to **OurAscension** to review time off and leave information, including your time-off schedule, PTO and FLTO policies, paid holiday policy, leave of absence and disability benefits, and how to check your available time-off balance.

Voluntary benefits and associate perks

What you need to know

- Ascension makes a variety of voluntary benefits and associate perks available. Voluntary benefits are offered by independent insurance companies at discounted rates but are not sponsored by Ascension.
- Some can only be elected during Open Enrollment and some are available year-round.
- If you elect voluntary benefits, you pay the cost through convenient payroll deductions.

You have access to several voluntary benefits to enhance and supplement your well-being throughout different stages of life. These are designed to help you further protect your family and loved ones. If benefits-eligible, you may purchase insurance and other voluntary benefits at discounted rates through convenient payroll deductions.

Voluntary benefits you can elect during Open Enrollment

VOLUNTARY BENEFIT	HOW IT CAN HELP
ACCIDENT INSURANCE	• Provides a lump-sum payment for covered accidental injuries on or off the job (in addition to any medical or disability payments you may receive). • You can use the payment to help with medical costs or everyday expenses, such as mortgage payments, childcare or groceries.
CRITICAL ILLNESS INSURANCE	• Provides a lump-sum payment if you or a covered loved one experiences a serious illness, such as a heart attack, cancer or stroke. • You can use the payment to help with expenses not usually covered by medical or disability plans, such as housekeeping services, special transportation and childcare.
HOSPITAL INDEMNITY INSURANCE	• Helps pay expenses related to a covered hospital stay, including a stay for an accident, illness or childbirth. • Benefits are paid directly to you based on the covered service you receive.
LIFE INSURANCE WITH LONG-TERM CARE	• Combines life insurance protection with a personal care expense benefit.



Voluntary benefits are optional. If you choose to participate, you pay the cost of coverage. Ascension does not sponsor or make employer contributions toward voluntary benefits.

Year-round benefits and perks

Ascension also offers benefits and perks you can access throughout the year, including:

- ID theft protection
- Financial assistance tools, including student loan assistance
- Employee Assistance Plan (EAP)
- Well-being resources through myCare
- Adoption assistance
- Relocation assistance
- Transportation benefits
- Pet insurance
- Discount shopping

Eligibility varies by ministry. Log in to **OurAscension** to view eligibility information for your ministry.

Access earned pay before payday with ONE@Work

Unexpected expenses do not always line up with payday. ONE@Work gives eligible associates early access to up to 50% of pay they have already earned, at no cost. You can request early access up to twice per pay period and use the program as needed throughout the year.

ONE@Work also offers tools that can help you:

- Track your earnings
- Build savings automatically
- Create and manage a budget

ONE@Work is available to Ascension associates at the director level and below, excluding physicians and PRN associates.

If you request early access to your earnings, the amount you receive will be deducted from your next Ascension paycheck and shown as Early Wage Access. Regular taxes and benefit deductions will continue to apply.



LEARN MORE ABOUT ONE@WORK

Visit OurAscension to review eligibility details and learn how to access the program.

No employer contributions are made for voluntary benefits. Employee participation in voluntary benefits is completely voluntary. Neither Ascension nor any entity related to Ascension (collectively "Ascension Entities") endorses any particular voluntary benefit or provider thereof. The role of the Ascension Entities is limited to permitting insurers to publicize voluntary benefit programs and collecting and remitting premiums. The Ascension Entities receive no consideration whatsoever in connection with the voluntary benefit programs.

Frequently Asked Questions

Open Enrollment

When is Open Enrollment, and what do I need to do?

Open Enrollment runs **November 2 - 13**. This is your opportunity to review your benefits, understand what's changing for 2027 and elect the benefits that best meet the needs of you and your family. Be sure to take action by the deadline if you want to add or change benefit elections, contribute to a healthcare or dependent care FSA, add or change eligible dependents, or identify whether the spousal surcharge applies to you.

Do I need to re-enroll during open enrollment to keep my coverage?

Most of your current benefits elections will automatically carry over to 2027, with the exception of any Healthcare FSA and Dependent Care FSA elections, which must be re-elected during Open Enrollment each year. If you're currently enrolled in the out-of-area plan, you will be automatically enrolled in the National Plan. If you're currently enrolled in a medical plan, the spousal surcharge will be applied for 2027 if it applied to you in 2026.

We strongly encourage you to log in to Oracle during Open Enrollment to review your plan choices, verify covered dependents, update beneficiaries, enroll in the healthcare Flexible Spending Account for 2027 and ensure your coverage best meets your needs.

What happens if I take no action during Open Enrollment?

If you don't take action, your current medical coverage will transition to the equivalent 2027 National Plan option. However, optional benefits – such as Health Care Flexible Spending Accounts (FSAs) – require re-enrollment each year and will not automatically roll over.

What do I need to know if I add dependents?

Have each dependent's name, date of birth and Social Security number, if available, ready before you enroll. If you cover dependents, you may be asked to verify their eligibility. Instructions will be available through myHR and sent to your Ascension email, and you'll need to complete any required steps by the deadline provided.

What is the spousal surcharge?

A spousal surcharge may apply if your spouse or legally domiciled beneficiary has access to other employer-sponsored medical coverage and is enrolled in an Ascension medical plan. If enrolling a spouse in coverage, make sure you review your spouse's contact information and indicate if they have other coverage to determine if the spousal surcharge is applicable to you.

When can I make changes to my benefits?

You can make benefit changes as a new hire, during Open Enrollment or if you experience a qualifying life event, such as getting married or welcoming a child to your family. Medical, dental and vision premiums are paid through biweekly payroll deductions.

Where do I go to enroll?

Visit OurAscension > Tasks > Under Pay and Benefits click View Benefits Elections, Click Enroll Now. Review your options, make your elections and submit your enrollment.

I submitted my elections and want to make changes to it. What should I do?

You can continue and make changes until Open Enrollment ends on November 13. Associates governed by and subject to a Collective Bargaining Agreement should refer to that agreement to determine eligibility to participate.

Medical and prescription drugs

What's the difference between the National Plan and the National HDHP Plan?

Both give you automatic access to the Anthem National Network. The main differences are how you pay for care and which healthcare account is available. With the National Plan, you pay more from each paycheck and generally less when you receive care. You can contribute to a Healthcare Flexible Spending Account (FSA). With the National HDHP Plan, you pay less from each paycheck but more upfront for care. You can contribute to a Health Savings Account (HSA) and receive an annual contribution from Ascension.

How does prescription drug coverage work?

Prescription drug coverage is included when you enroll in an Ascension medical plan. Your prescription cost depends on the medication and where you fill it. Before you fill a prescription, check whether it's covered, what tier it's in, whether approval is needed and which pharmacy you should use.

What is the difference between Ascension Rx and Judi Rx?

- Use Ascension Rx to fill prescriptions. Ascension Rx refers to our in-house pharmacies that dispense your medications and includes Ascension's community pharmacy locations, mail-order pharmacy and specialty pharmacy.
- Use Judi Rx for prescription coverage and cost information. Judi Rx administers your pharmacy benefits and processes prescription claims.



Dental and vision

Do I need to choose a dentist or vision provider when I enroll?

No. You choose your coverage when you enroll, but you do not need to choose a dental or vision provider until you need care. You'll generally save the most with the Delta Dental PPO network for dental care and get the highest level of benefits and discounts with a VSP in-network provider for vision care.

How do dental and vision claims work?

For dental, if you use a Delta Dental PPO Network or Delta Dental Premier Network provider, you do not need to file a claim. Your dentist submits the claim for you. If you use an out-of-network dental provider, you pay the dentist directly and file a claim for reimbursement.

For vision, if you use a VSP in-network provider, there are no claim forms to complete. If you use an out-of-network provider, you pay in full and submit a claim for reimbursement.

Spending accounts

What's the difference between an HSA and a healthcare FSA?

Both accounts let you use pretax dollars to pay for eligible healthcare expenses, but they work differently. The medical plan you choose determines which account is available to you.

	HEALTH SAVINGS ACCOUNT (HSA)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)
AVAILABLE WITH	National HDHP Plan	National Plan
WHO CONTRIBUTES	You can contribute, and Ascension contributes if you meet the contribution requirements	You contribute through pretax payroll deductions
WHEN YOU CAN USE THE MONEY	Money is available as it is deposited into your account each pay period	Your full annual election is available at the beginning of the plan year
WHAT HAPPENS TO UNUSED MONEY	All unused money carries over from year to year and remains yours	A limited amount may carry over; money above the annual carryover limit is forfeited



Your Resources

Where can I get help with enrollment or benefit questions?

- For enrollment and benefits information, start with OurAscension and this guide.
- For help finding providers, understanding medical coverage or claims, or accessing care, use Ascension Health Plan Portal (AscensionHealthPlan.org). From there, you can get connected to a Luminare Care Champion. You can also use the **provider directory** to find in-network providers.
- For prescription pricing, medication approvals and pharmacy benefit questions, use Judi Rx (accessible through **Ascension Health Plan Portal**).
- For help enrolling in benefits, contact HR Central at 844-847-4747

How can Luminare Health Care Champions help me?

Luminare Health Care Champions can help you find providers, understand your benefits and connect to the services you need. They can help you find in-network care and get the most value from your medical plan.

