

Employee Benefits



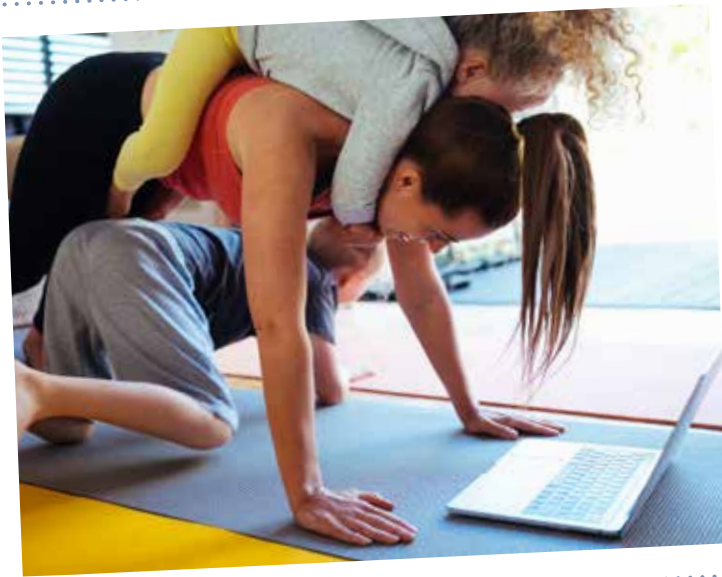
Southeast
H E A L T H

2023



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Working together is what makes Southeast Health a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2023 benefits. Contact the HR Department department with any questions.



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See **39** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Southeast Health. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Dear Southeast Health employee,

You matter to us. So, the things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, vision, life and disability, and additional benefits coverage. We are committed to excellence in our work and in our offerings for 2023.

This guide includes:

- An overview of your 2023 benefits options
- Explanations of each offering to help you make the best decisions for you and your family
- Contact information for all benefits vendors
- Costs associated with your benefits

Why have costs changed?

Healthcare costs grow steadily each year in the U.S. due to an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs), and an increase in chronic illness. Southeast Health cares about your health, so we do all we can to keep your healthcare costs reasonable. Use this guide to discuss your options and make the best choices for you and your family. Taking advantage of preventive care, focusing on wellness, and budgeting your costs can prepare you for the year ahead.

Any questions?

We're here to help. Contact the HR Department at 334-793-8001 Ext. 5570.



What's New for 2023

Medical/Rx & Spending Accounts

- Southeast Health will remain with BCBS of Alabama, RxBenefits/Optum and Health Equity.
- We continue to encourage employees to utilize Southeast Health/Statera providers for care. For 2023, there will not be changes to medical benefits at Southeast Health/Statera providers. Deductibles and out-of-pocket maximums have been adjusted for other in-network BCBS of Alabama and out-of-network services.
- In efforts to manage our pharmacy costs, Southeast Health will implement a new pharmacy program targeting higher cost, less effective treatments. Employees and dependents impacted will receive a letter that would offer a less costly and more effective medication alternative.
- Employee costs for the PPO plan have increased between 4-6% depending on your enrolled coverage tier. In efforts to provide a competitively priced offering, HDHP employee costs have been decreased by 5%.
- We are excited to introduce an employer funded Health Savings Account contribution for all HDHP enrollees:
 - \$250 annually for EE Only coverage
 - \$500 annually for EE + Dependent Coverage

Employee Assistance Program (EAP)

- Southeast Health will introduce a new EAP through SupportLinc for 2023. You will now have 5 free face-to-face visits to address not only mental health concerns, but also legal, financial, retirement, and more.
- The program will include an increased benefit of 5 therapy sessions at no cost to you.

Dental & Vision

- We will remain with Delta Dental and VSP with no changes to benefits or employee costs.

Life, Disability, FMLA & Voluntary Products

- Life, Disability and FMLA administration will move to Unum for 2023.
- There are no changes to your existing employer paid benefits.
- Accident & Critical Illness will remain with Unum with enhanced benefits and decreased employee costs. Supplemental Hospitalization coverage with Unum will be offered as a voluntary benefit for election (benefit compensates enrollees directly, if hospitalized). Liberty National's ICU & Cancer products will no longer be available for election.

Pet Insurance

- Southeast Health will now offer employees an opportunity to enroll in discounted Pet Insurance with ASPCA. You will pay your monthly premium directly to ASPCA, not through payroll deductions.

Eligibility and Enrollment

Southeast Health's benefits are designed to support your unique needs.

Eligibility

If you are a part-time or full-time employee working 20+ hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

If you are a new hire, your elections are effective on the 1st of the month following your hire date. Any changes made during Open Enrollment will take effect January 1, 2023. Benefits cannot be changed until the next enrollment period unless you experience a qualifying life event.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.

Note

Open Enrollment is your annual chance to choose your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child.

Working Spouse Exclusion

If your spouse has access to healthcare coverage through their employer, they are not eligible to participate in the Southeast Health medical plan. If your spouse does not work, is not eligible for coverage or has lost coverage as an active employee but has been offered COBRA, this exclusion does not apply.

Note: Southeast Health reserves the right to verify whether or not your spouse is provided coverage elsewhere. We expect this information to be consistent with the information you reported during Open Enrollment. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.



Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start with a new employer or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

Common QLEs include:

A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

A change in your legal marital status (marriage, divorce, or legal separation)

Changes in address or location that may affect coverage

A change in a spouse's employment status (resulting in a loss or gain of coverage)



Eligibility for coverage through the Marketplace

A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)



Entitlement to Medicare or Medicaid

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

Some lesser-known qualifying events are:

Turning 26 and losing coverage through a parent's plan



Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)



Death in the family (leading to change in dependents or loss of coverage)






Reach out to Southeast Health's HR Department with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

Ready for Open Enrollment?

Southeast Health covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of Southeast Health, you must elect coverage for yourself in order to elect coverage for dependents.

Open Enrollment Action Items

-  **Update your personal information.**
If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child or a move — you may need to change your elections or update your pertinent details.
-  **Double-check covered medications.**
If you make any changes to your plan, consider how it affects your prescriptions.
-  **Review available plans' deductibles.**
Foresee a lot of medical needs this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.
-  **Consider your HSA or FSA.**
An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.
-  **Check your networks.**
Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best options.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are free resources available 24/7 to all US residents.



National Suicide Prevention Lifeline Call 800-273-TALK (8255); En Español 888-628-9454

The Lifeline is a free, confidential crisis hotline that connects callers to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.

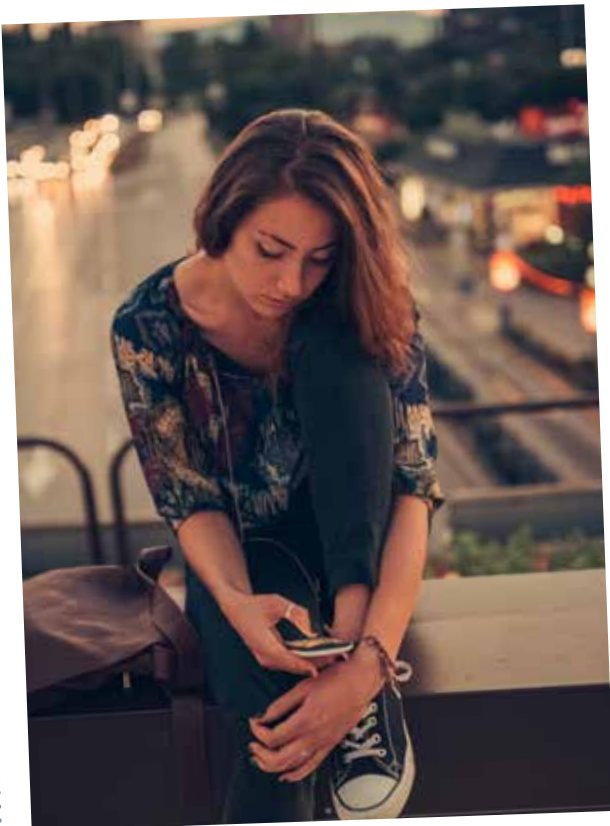


Crisis Text Line Text "HELLO" to 741741 Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



Veterans Crisis Line Call 800-273-TALK (8255) and press 1 or text to 838255 The Veterans Crisis Line can be used by phone or text to connect veterans with a trained responder 24/7. The service is available to all veterans, even if they are not registered with the VA or enrolled in VA healthcare.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.



Note

According to the [American Psychological Association](#), 61% adults say they could have used more emotional support in 2020.

Medical Plan Summary

This chart summarizes the 2023 medical coverage provided by Blue Cross Blue Shield of Alabama. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	PPO			HDHP		
	SOUTHEAST HEALTH & STATERA	BCBS OF AL IN-NETWORK	OUT OF NETWORK	SOUTHEAST HEALTH & STATERA	BCBS OF AL IN-NETWORK	OUT OF NETWORK
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	\$750	\$3,500	\$6,500	\$1,500	\$4,000	\$7,000
FAMILY	\$1,500	\$7,000	\$13,000	\$3,000	\$8,000	\$14,000
COINSURANCE (PLAN PAYS)	90%*	80%*	50%*	90%*	80%*	50%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)						
INDIVIDUAL	\$4,000	\$7,000	\$13,000	\$4,000	\$7,000	\$13,000
FAMILY	\$8,000	\$14,000	\$26,000	\$8,000	\$14,000	\$26,000
COPAYS/COINSURANCE						
PREVENTIVE CARE	No charge	No charge	Not covered	No charge	No charge	Not covered
PRIMARY CARE	\$30 copay	\$30 copay	50%*	\$30 copay*	\$30 copay*	50%*
SPECIALIST SERVICES	\$50 copay	\$50 copay	50%*	\$50 copay*	\$50 copay*	50%*
DIAGNOSTIC CARE	90%*	80%*	50%*	90%*	80%*	50%*
MENTAL HEALTH - INPATIENT	90%*	80%*	50%*	90%*	80%*	50%*
MENTAL HEALTH - OUTPATIENT	\$30 copay	\$30 copay	50%*	\$30 copay*	\$30 copay*	50%*
URGENT CARE	\$30 copay	\$30 copay	50%*	\$30 copay*	\$30 copay*	50%*
EMERGENCY ROOM	\$100 copay then 90%*	\$100 copay then 90% after Tier 1 Deductible	\$100 copay then 90% after Tier 1 Deductible	\$100 copay then 90%*	\$100 copay then 90% after Tier 1 Deductible	\$100 copay then 90% after Tier 1 Deductible

*After deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket maximum.

Each covered individual is not required to meet the individual deductible. The HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same typically applies for the out-of-pocket maximum.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit bcbsal.org to learn more.

Medical Benefits

Medical benefits are provided through Blue Cross Blue Shield of Alabama. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2023 plan year unless you have a qualifying life event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your contributions.

	PPO		HDHP	
BI-WEEKLY CONTRIBUTIONS				
	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
EMPLOYEE ONLY	\$60.00	\$114.50	\$46.00	\$88.00
EMPLOYEE + SPOUSE	\$160.00	\$228.50	\$121.00	\$173.00
EMPLOYEE + CHILD(REN)	\$116.00	\$186.50	\$90.00	\$144.00
EMPLOYEE + FAMILY	\$224.50	\$276.50	\$169.50	\$209.00
MONTHLY CONTRIBUTIONS				
	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
EMPLOYEE ONLY	\$120.00	\$229.00	\$92.00	\$176.00
EMPLOYEE + SPOUSE	\$320.00	\$457.00	\$242.00	\$346.00
EMPLOYEE + CHILD(REN)	\$232.00	\$373.00	\$180.00	\$288.00
EMPLOYEE + FAMILY	\$449.00	\$553.00	\$339.00	\$418.00

How to Find a Provider

Visit bcbsal.org or call Customer Care at 1-833-994-0019 for a list of Blue Cross Blue Shield of Alabama network providers.

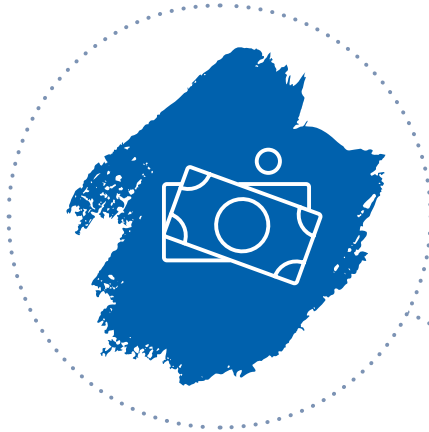


Note

Preventive care offered by an in-network physician, such as an annual physical, is often covered at 100%.

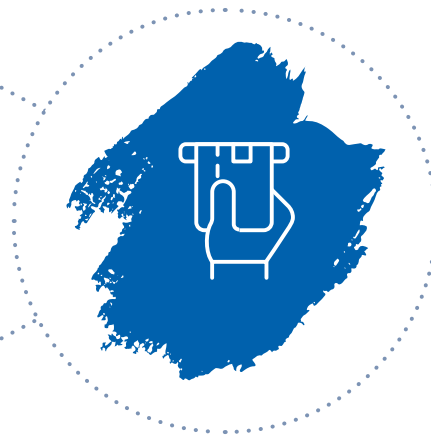
Out-of-Pocket Costs

These are the types of payments you're responsible for:



copay

The fixed amount you pay for healthcare services at the time you receive them.



deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.



out-of-pocket maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

How to Pick a Plan

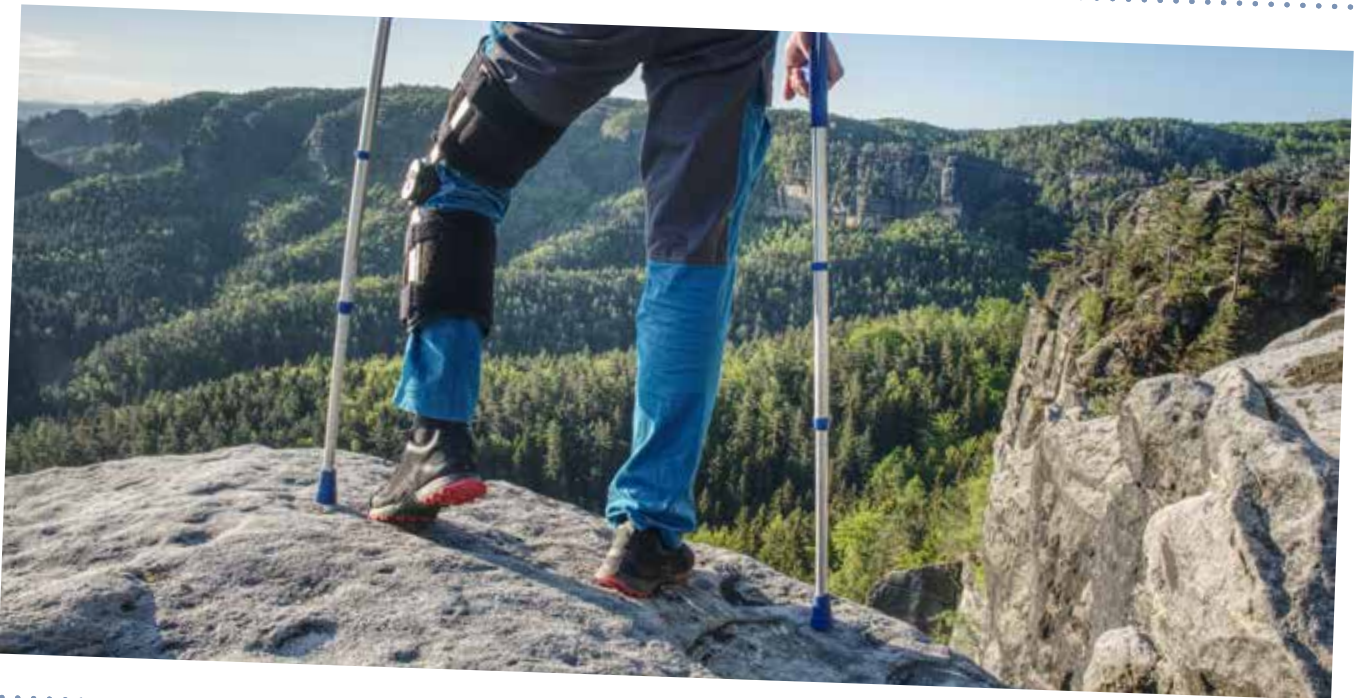
What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does a PPO (Preferred Provider Organization) work?

- You'll pay more in premiums, but perhaps less at the time of service.
- You can choose from a network of providers who offer a fixed copay for services.
- If you expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How does a HDHP (High Deductible Health Plan) work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You can also use a Health Savings Account (see page 16) in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- You'll pay for the full cost of non-preventive medical services until you reach your deductible (no fixed copays).
- If you expect to mostly use preventive care (which is covered), this plan could be for you.



Preventive Care



Deep Dive!

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for children ages 6 to 12 months at risk for anemia)

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care



Deep Dive!

You're feeling sick, but your primary care physician is booked through the end of the month. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

As a reminder, we encourage you to visit Southeast Health and Statera providers for care. While you do have flexibility to choose your provider, your deductible and out-of-pocket exposure will be lower with Southeast Health and Statera providers.



Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment



Urgent Care Center

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)



Emergency Room

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bone

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.



*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through OptumRx. Information on your benefits coverage and a list of network pharmacies is available online at RxBenefits.com or by calling 800-334-8134. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	PPO			HDHP		
	SOUTHEAST HEALTH IN-HOUSE PHARMACY	RETAIL PHARMACIES	OUT-OF-NETWORK	SOUTHEAST HEALTH IN-HOUSE PHARMACY	RETAIL PHARMACIES	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)						
GENERIC	10%* (\$4 Min)	20%* (\$10 Min)	Not covered	10%* (\$4 Min)	20%* (\$10 Min)	Not covered
PREFERRED	20%* (\$4 Min, \$60 Max)	30%* (\$10 Min, \$100 Max)	Not covered	20%* (\$4 Min, \$60 Max)	30%* (\$10 Min, \$100 Max)	Not covered
NON-PREFERRED	30%* (\$100 Max)	40%* (\$150 Max)	Not covered	30%* (\$100 Max)	40%* (\$150 Max)	Not covered
SPECIALTY DRUGS	\$120	\$150	Not covered	\$120	\$150	Not covered
RETAIL RX (90-DAY SUPPLY)						
GENERIC	10%* (\$8 Min)	Not covered	Not covered	10%* (\$8 Min)	Not covered	Not covered
PREFERRED	20%* (\$8 Min, \$120 Max)	Not covered	Not covered	20%* (\$8 Min, \$120 Max)	Not covered	Not covered
NON-PREFERRED	30%* (\$200 Max)	Not covered	Not covered	30%* (\$200 Max)	Not covered	Not covered
SPECIALTY DRUGS	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

*After deductible

Specialty Medications: Specialty drugs are limited to a 30-day supply. Specialty medications must be filled at Southeast Medicine Shop In-house pharmacy unless it is a limited distribution drug or Southeast Medicine Shop is unable to dispense, in which case it should be filled at Briova. Prior authorization may be required and quantity limits may apply.

Dispense as Written (DAW) Policy: If a Brand name drug is filled when a Generic equivalent is available, you will be required to pay the Brand cost share plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if the prescription indicates the Brand must be dispensed.

Compound Medications: Compound medications in which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script may require prior authorization.

Low Clinical Value Program: Effective 1/1/2023, Southeast Health's prescription drug formulary will exclude higher cost, less effective treatments. Impacted members will receive a notification letter, which will include guidance on a less costly and more effective covered medication alternative. If you are prescribed a low clinical value drug from your physician, your pharmacy will indicate that it is not covered and your physician may have to write an alternative covered prescription.



Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in a HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Health Equity will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

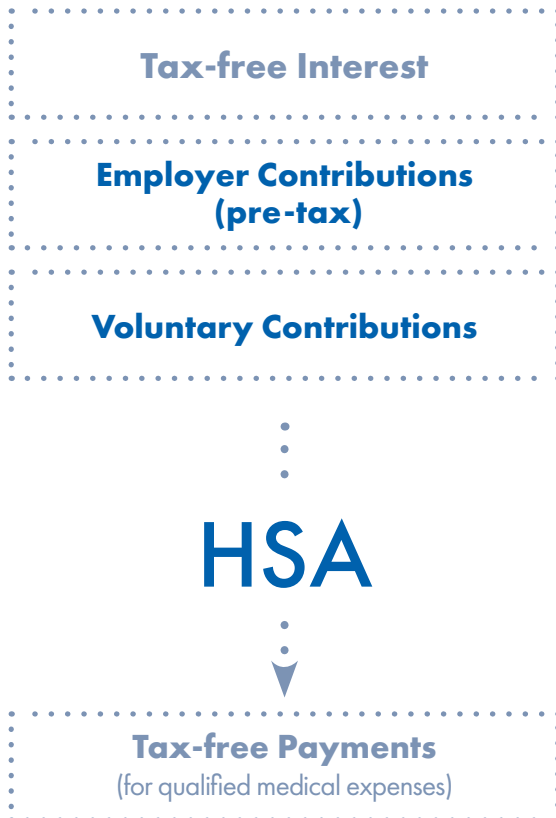
Eligibility

You are eligible to contribute to an HSA if:

- ▶ You are enrolled in an HSA-eligible High Deductible Health Plan.
- ▶ You are not covered by your spouse's non-HDHP.
- ▶ Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- ▶ You are not eligible to be claimed as a dependent on someone else's tax return.
- ▶ You are not enrolled in Medicare or TRICARE.
- ▶ You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.



How to Enroll

To enroll in Southeast Health's HSA, you must elect the HDHP with Southeast Health. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Southeast Health will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Health Equity. The money in your HSA (including interest and investment earnings) grows tax free. When the funds are used for qualified medical expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.



Note

Not sure how much to contribute? Think about how much you may need to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2023, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,850
FAMILY	\$7,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Southeast Health provides an HSA employer contribution that will be deposited in full at the beginning of each year.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	\$250
EMPLOYEE + 1	\$500

HSA contributions over the IRS annual contribution limits (\$3,850 for individual coverage and \$7,750 for family coverage for 2023) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Southeast Health HSA is established with Health Equity. You may be able to roll over funds from another HSA. For more enrollment information, contact the HR Department or visit healthequity.com.

Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,050 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.



Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- Expenses are reimbursable if the provider is not your dependent.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact Health Equity with reimbursement questions. If you need to submit a receipt, Health Equity will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2023 plan year.
- Funds cannot be transferred between FSAs.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You must “use it or lose it” — any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees (family gross earnings were \$125,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

Grace Period

- FSA participants may have an additional 2½-month grace period to incur expenses after the plan year ends (December 31, 2023).
- If an expense occurs between December 31, 2022 and March 15, 2023, AND is submitted for reimbursement on or before April 15, 2023, any remaining balance in the previous plan year that ended April 15, 2023 will be paid out from the claim, even though the service was provided in the NEW plan year.
- The grace period applies to both the Dependent Care and Healthcare FSAs.

Note

You can use your FSA funds to pay for deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, and more.



Deep Dive!

FSA vs HSA

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are both ways to save pre-tax money to pay for eligible healthcare costs. Which one is best for you?

	FLEXIBLE SPENDING ACCOUNTS	HEALTH SAVINGS ACCOUNTS
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You're eligible for an FSA if it's offered by your employer. You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	<ol style="list-style-type: none"> 1. You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. 2. You can change your contribution at any time during the Plan Year.
TAXATION	Contributions are tax free via payroll deduction. Funds are spent tax free when used for qualified expenses.	For Federal tax purposes, the money in the account is "triple tax free," meaning: <ol style="list-style-type: none"> 1. Contributions are tax free. 2. The account grows tax free. 3. Funds are spent tax free when used for qualified expenses.
CONTRIBUTIONS	Both you and your employer can contribute according to IRS limits. The contribution limit for the Healthcare FSA for 2023 is \$3,050.	Both you and your employer can contribute according to IRS limits. The contribution limit for 2023 is \$3,850 for individuals and \$7,750 for families. This includes the employer contribution. If you are 55 or older, you may make an annual "catch-up" contribution of \$1,000.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	Many HSAs include a debit card, ATM withdrawal, or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or you may use another account to pay for services and save the money in your HSA for future expenses or retirement.
ROLLOVER OR GRACE PERIOD	You must use the money in the account by end of Plan Year; however, a Healthcare FSA may allow up to \$610 to roll over to the next year. A Healthcare FSA or Dependent Care FSA may include a 2.5-month grace period after the end of the Plan Year for expenses to be incurred and reimbursed. A plan can have either a rollover or a grace period, but not both. Any unclaimed funds at the end of the run out are lost and returned to your employer.	HSA funds roll over from year to year. Money is always yours and may be used for future qualified expenses — even in retirement years.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov .	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov .
OTHER TYPES	Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before- and after-school care.	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

Supplemental Health Benefits

Southeast Health offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Unum, provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

WELLNESS BENEFIT: A \$50 annual Wellness Benefit is payable for each covered family member who completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test.



ACCIDENT COVERAGE

BRIEF SUMMARY OF BENEFITS*	
HOSPITAL ADMISSION	\$1,000 + \$300 per day
ADMISSION - HOSPITAL ICU (ADDITIVE TO ADMISSION)	\$1,000 + \$300 per day
DISLOCATIONS AND FRACTURES	Up to \$9,000
AMBULANCE	Ground: \$300 / Air: \$1,000
EMERGENCY ROOM	\$200
TREATMENT IN A PHYSICIAN'S OFFICE OR URGENT CARE FACILITY	\$200
MEDICAL IMAGING (BONE SCAN, CAT, CT, EEG, MR, MRA, OR MRI)	\$200
PHYSICIAN FOLLOW UP VISIT	\$75
BURNS	Up to \$10,000
CONCUSSION	\$200
GENERAL SURGERY: ABDOMINAL, THORACIC, OR CRANIAL	\$1,500
GENERAL SURGERY: EXPLORATORY	\$150
RUPTURED OR HERNIATED DISC SURGERY	\$675
THERAPY SERVICES (CHIROPRACTIC, SPEECH, PHYSICAL THERAPY, OCCUPATIONAL)	\$30
DURABLE MEDICAL EQUIPMENT	Up to \$200
WELLNESS	\$50 (annually)

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$8.11
EMPLOYEE + SPOUSE	\$15.05
EMPLOYEE + CHILD(REN)	\$21.87
EMPLOYEE + FAMILY	\$28.81

Critical Illness Coverage

Critical Illness coverage through Unum pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Children are covered at NO COST when you elect employee coverage
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis.; Illnesses or occurrences prior to the effective date of coverage will not be payable events
- Be Well Benefit is payable once per calendar year for health screening tests, such as cancer screening, imaging studies, immunizations, etc. The payable amount ranges from \$50 to \$100 based on your Critical Illness elected benefit amount.

Coverage Amounts

- Employee: \$10,000, \$20,000, or \$30,000
- Spouse: 100% of employee coverage amount
- Children: 100% of employee coverage amount (for free)



COVERED CONDITIONS AND BENEFIT AMOUNTS*

CRITICAL ILLNESSES

CORONARY ARTERY DISEASE (MAJOR)	50%
CORONARY ARTERY DISEASE (MINOR)	10%
END STAGE RENAL (KIDNEY) FAILURE	100%
HEART ATTACK (MYOCARDIAL INFRACTION)	100%
MAJOR ORGAN FAILURE REQUIRING TRANSPLANT	100%
STROKE	100%

ADDITIONAL CRITICAL ILLNESSES FOR YOUR CHILDREN

CEREBRAL PALSEY	100%
CLEFT LIP OR PALATE	100%
CYSTRIC FIBROSIS	100%
DOWN SYNDROME	100%
SPINA BIFIDA	100%

CANCER

INVASIVE CANCER (INCLUDING ALL BREAST CANCER)	100%
NON-INVASIVE CANCER	25%
SKIN CANCER	\$500

SUPPLEMENTAL CRITICAL ILLNESSES

BENIGN BRAIN TUMOR	100%
COMA	100%
LOSS OF HEARING	100%
INFECTIOUS DISEASE	25%
INFECTIOUS DISEASE HOSPITAL CONSECUTIVE DAYS	14 Days
LOSS OF SIGHT	100%
LOSS OF SPEECH	100%
OCCUPATIONAL HUMAN IMMUNODEFICIENCY VIRUS (HIV) OR HEPATITIS	100%
PERMANENT PARALYSIS	100%

PROGRESSIVE DISEASES

AMYOTROPHIC LATERAL SCLEROSIS (ALS)	100%
DEMENTIA (INCLUDING ALZHEIMER'S DISEASE)	100%
FUNCTIONAL LOSS	100%
MULTIPLE SCLEROSIS	100%
PARKINSON'S DISEASE	100%

*This is a summary. Refer to plan document for details including definitions, plan exclusions and limitations.

MONTHLY

ATTAINED AGE:	\$10,000 BENEFIT		\$20,000 BENEFIT		\$30,000 BENEFIT	
	EE ONLY / EE + CHILD(REN)	EE + FAMILY	EE ONLY / EE + CHILD(REN)	EE + FAMILY	EE ONLY / EE + CHILD(REN)	EE + FAMILY
<25	\$3.93	\$7.86	\$7.86	\$15.72	\$11.79	\$23.58
25 - 29	\$4.83	\$9.66	\$9.66	\$19.32	\$14.49	\$28.98
30 - 34	\$6.03	\$12.06	\$12.06	\$24.12	\$18.09	\$36.18
35 - 39	\$7.93	\$15.86	\$15.86	\$31.72	\$23.79	\$47.58
40 - 44	\$10.33	\$20.66	\$20.66	\$41.32	\$30.99	\$61.98
45 - 49	\$13.43	\$26.86	\$26.86	\$53.72	\$40.29	\$80.58
50 - 54	\$17.33	\$34.66	\$34.66	\$69.32	\$51.99	\$103.98
55 - 59	\$23.43	\$46.86	\$46.86	\$93.72	\$70.29	\$140.58
60 - 64	\$32.43	\$64.86	\$64.86	\$129.72	\$97.29	\$194.58
65 - 69	\$46.93	\$93.86	\$93.86	\$187.72	\$140.79	\$281.58
70 - 74	\$72.43	\$144.86	\$144.86	\$289.72	\$217.29	\$434.58
75 - 79	\$79.73	\$159.46	\$159.46	\$318.92	\$239.19	\$478.38
80 - 84	\$114.83	\$229.66	\$229.66	\$459.32	\$344.49	\$688.98
85+	\$183.73	\$367.46	\$367.46	\$734.92	\$551.19	\$1,102.38

Supplemental Hospitalization Coverage

Supplemental Hospitalization Coverage through Unum pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU). You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- Benefits are payable for pregnancy on the first day of coverage
- Coverage is guaranteed issue; no medical questions

SUMMARY OF BENEFITS*

HOSPITAL ADMISSION (1 DAY PER YEAR)	\$1,000
HOSPITAL ICU ADMISSION (1 DAY PER YEAR)	\$1,000
DAILY STAY (PER DAY UP TO 365 DAYS)	\$200 per day
DAILY STAY - HOSPITAL ICU (PER DAY UP TO 30 DAYS; ADDITIVE TO DAILY STAY)	\$200 per day
SHORT STAY (1 DAY PER YEAR)	\$100

*This is a summary. Refer to plan documents for details.

MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$20.53
EMPLOYEE + SPOUSE	\$40.36
EMPLOYEE + CHILD(REN)	\$31.89
EMPLOYEE + FAMILY	\$51.72



Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Southeast Health offers affordable plan options from Delta Dental for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at deltadentalins.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Delta Dental for 2023.



		DELTA DENTAL PPO	
BIWEEKLY CONTRIBUTIONS			
		FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
	EMPLOYEE ONLY	\$5.67	\$10.77
	EMPLOYEE + SPOUSE	\$14.17	\$20.39
	EMPLOYEE + CHILD(REN)	\$14.17	\$20.39
	EMPLOYEE + FAMILY	\$20.39	\$27.76
MONTHLY CONTRIBUTIONS			
		FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
	EMPLOYEE ONLY	\$11.34	\$21.54
	EMPLOYEE + SPOUSE	\$28.34	\$40.78
	EMPLOYEE + CHILD(REN)	\$28.34	\$40.78
	EMPLOYEE + FAMILY	\$40.78	\$55.52
		DELTA DENTAL PPO DENTISTS	NON-DELTA DENTAL PPO DENTISTS
CALENDAR YEAR DEDUCTIBLE			
	INDIVIDUAL	\$50	\$50
	FAMILY	\$150	\$150
CALENDAR YEAR MAXIMUM			
	PER PERSON	\$2,000	\$2,000
COVERED SERVICES			
	PREVENTIVE SERVICES Exams, Cleanings, X-rays, and Sealants	100%	100%
	BASIC SERVICES Fillings, Endodontics, Periodontics, and Oral Surgery	80%	80%
	MAJOR SERVICES Crowns, Inlays, Onlays, and Cast Restorations	50%	50%
	ORTHODONTICS Adults and Dependent Children	50%	
	ORTHODONTIC LIFETIME MAXIMUM	\$2,000	

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through VSP.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by VSP for 2023.

		VSP CHOICE PLAN		
BIWEEKLY CONTRIBUTIONS				
		FULL-TIME & PART-TIME EMPLOYEES		
EMPLOYEE ONLY		\$6.51		
EMPLOYEE + SPOUSE		\$10.30		
EMPLOYEE + CHILD(REN)		\$10.52		
EMPLOYEE + FAMILY		\$16.96		
MONTHLY CONTRIBUTIONS				
		FULL-TIME & PART-TIME EMPLOYEES		
EMPLOYEE ONLY		\$13.02		
EMPLOYEE + SPOUSE		\$20.59		
EMPLOYEE + CHILD(REN)		\$21.04		
EMPLOYEE + FAMILY		\$33.92		
		IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS				
	COPAY	\$15.00	Up to \$45.00	Once every 12 months
LENSES				
	SINGLE VISION	Covered in full	Up to \$30.00	Once every 12 months
	BIFOCAL	Covered in full	Up to \$50.00	
	TRIFOCAL	Covered in full	Up to \$65.00	
	LENTICULAR	Covered in full	Up to \$100.00	
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
	FITTING AND EVALUATION**	\$150 allowance plus 15%	Up to \$105	Once every 12 months
	ELECTIVE	Up to \$150	Up to \$105	
	MEDICALLY NECESSARY	Covered in full	Up to \$210	
FRAMES				
	COPAY	Combined with exam	Combined with exam	Once every 24 months
	ALLOWANCE	\$150.00	\$70.00	

**Fitting and Evaluation fee applied to contact lens allowance.



Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Southeast Health provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Unum, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x annual base salary, up to \$100,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Unum insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact the HR Department or your own legal counsel with any questions.



Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	1x annual base salary
WHO PAYS	Southeast Health
MAXIMUM BENEFIT	\$100,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	1, 2, 3, or 4x annual base salary
WHO PAYS	Employee
MAXIMUM BENEFIT	\$400,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$300,000
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	\$10,000 or \$25,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$25,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$25,000
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	\$5,000 or \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$10,000

VOLUNTARY LIFE INSURANCE			
RATES/\$1,000 (MONTHLY)			
AGE (AS OF 01/01/2023)	EMPLOYEE	AGE (AS OF 01/01/2023)	SPOUSE
15-24	\$0.041	15-24	\$0.041
25-29	\$0.041	25-29	\$0.041
30-34	\$0.049	30-34	\$0.049
35-39	\$0.065	35-39	\$0.065
40-44	\$0.097	40-44	\$0.097
45-49	\$0.162	45-49	\$0.162
50-54	\$0.267	50-54	\$0.267
55-59	\$0.446	55-59	\$0.446
60-64	\$0.551	60-64	\$0.551
65-69	\$0.963	65-69	\$0.963
70-74	\$1.644	70-74	\$1.644
75-100	\$1.644	75-100	\$1.644

VOLUNTARY CHILD LIFE INSURANCE	
PREMIUM RATES – \$1,000 MONTHLY	
Child Life	\$0.240

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$	÷ 1,000 =	\$	× Age Based Rate =	\$
Benefit Elected				Monthly Premium



Whole Life Insurance

Southeast Health employees are eligible to elect Whole Life insurance through Unum. Whole Life insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition, and more.

How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement. Whole Life Insurance also builds cash value at a guaranteed rate of 4.5%. * You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

What's included?

A "Living" Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're diagnosed with a terminal illness and expected to live 12 months or less. It can help cover your costs while you're still alive. The payout would reduce the benefit that's paid when you die.

Waiver of Premium

If you're disabled for at least six months before age 65 and you remain disabled, you won't have to pay premiums until you recover and return to work.

Who can get coverage?

You	You can purchase coverage for as little as \$ weekly, as long as the minimum benefit is at least \$2,000. The benefit amount is based on the premium amount you select, your age when coverage begins, and whether you use tobacco.
Your spouse: Individual Coverage	"Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase coverage for as little as \$3 weekly, as long as the minimum benefit is at least \$2,000. The benefit amount is based on the premium amount you choose, your spouse's age when coverage begins, and whether they use tobacco."
Your children: Individual Coverage	"Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase coverage for each child for as little as \$1 a week."

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

What else can I add?

An Accidental Death Benefit

This increases the payment your family would receive if you die from a covered accident before age 70.

- Available for you and your spouse, age 15-65
- Doubles the death benefit, which could add up to \$150,000 extra coverage

This option will increase your cost.



Life Insurance: Term vs. Whole Life

TERM LIFE	WHOLE LIFE
WHAT IS IT?	
<ul style="list-style-type: none"> • Provides protection during your working years • Affordable coverage to help survivors weather an unexpected loss 	<ul style="list-style-type: none"> • Provides benefits for a lifetime • More than just a death benefit — value you can use during times of need
WHY DO YOU NEED IT?	
<ul style="list-style-type: none"> • Income replacement • Like renting a house: you use the protection for a set period of time • Can help pay the costs families face during the working years if the breadwinner dies prematurely: housing, education, saving for retirement • Can be used to pay for expenses associated with terminal illness 	<ul style="list-style-type: none"> • Final expenses plus cash accumulation • Like owning a house: you keep the benefit for a lifetime • Can help pay final expenses • Accumulates cash value at a guaranteed interest rate; you can borrow against this value
HOW DOES IT WORK?	
<ul style="list-style-type: none"> • Flexible, normally ends at retirement • You may increase coverage as your needs evolve • The benefit typically decreases after age 65, and can end at retirement, when income replacement may no longer be necessary • Guaranteed issue means you can get coverage with no health questions or exams 	<ul style="list-style-type: none"> • Guaranteed premium, level benefit — for life • Your premium is locked in for the amount of coverage you desire — the younger you are, the lower the premium. Rates this affordable with guaranteed issue are usually only available in the workplace • The level death benefit does not decrease with age • The coverage continues for life • Guaranteed issue — generally available only in the workplace. You can get coverage with no health questions or exams
HOW LONG DO THEY WORK TOGETHER?	
<ul style="list-style-type: none"> • Protection for now, helpful benefits for later • With valuable protection for your working years and benefits that carry into retirement, a combination of Term Life and Permanent Life provides comprehensive protection for your loved ones. 	



Income Protection

You and your loved ones depend on your regular income. That's why Southeast Health offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short Term Disability (STD) Insurance

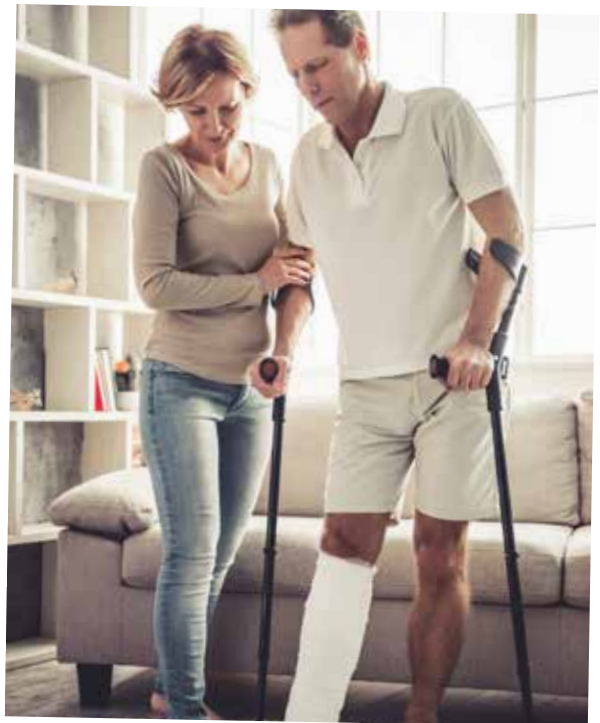
Short Term Disability (STD) benefits are available for purchase on a voluntary basis. This insurance replaces 66.67% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or HR Department for details.

WEEKLY MAXIMUM BENEFIT	\$1,250
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	11 weeks

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or HR Department for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



VOLUNTARY STD/LTD RATES (MONTHLY)		
AGE (AS OF JANUARY 1, 2023)		
AGE RANGE	STD	LTD
<25	\$0.697	\$0.122
25-29	\$0.697	\$0.171
30-34	\$0.697	\$0.326
35-39	\$0.697	\$0.509
40-44	\$0.697	\$0.761
45-49	\$0.697	\$1.025
50-54	\$0.697	\$1.418
55-59	\$0.774	\$1.505
60-64	\$0.902	\$1.588
65+	\$0.990	\$1.650

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:

\$	÷ 52 =	\$	x 66.67%	\$	x Rate	\$	÷ \$10	\$
Annual Salary		Weekly Income		Weekly Benefit		Amount		Monthly Premium

TO CALCULATE HOW MUCH YOUR LTD COVERAGE WILL COST:

\$	÷ 12 =	\$	x Rate	\$	÷ \$100	\$
Annual Salary		Monthly Covered Payroll		Amount		Monthly Premium

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: [Million Dollar Round Table](#))



Deep Dive!

Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to your 457(b) account now can help keep you financially secure later in life. The Southeast Health 457(b) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	Southeast Health 457(b) Plan
RECORDKEEPER	Transamerica Retirement Solutions
WEBSITE	transamerica.com/portal/southeasthealth
ELIGIBILITY	Immediately
COMPANY MATCH 401(A)	After 1 full year of employment, Southeast Health will match 100% of the first 3% that you contribute.

All About 457(b)

This retirement account can help your future self by saving money - tax free - from your paycheck. You are eligible to start making pre-tax contributions to your 457(b) account immediately upon hire. The sooner you participate in your retirement planning, the more time your assets have to grow.

Please note, you will have 60 days after your hire date to determine whether or not you would like to contribute to your 457(b) account. If no selection is made after 60 days, you will be automatically enrolled at a 3% contribution.

After 1 full year of employment, Southeast Health will begin to match 100% of the first 3% that you contribute and place into a 401(a) account. These funds have a 5 year vesting schedule attached to them. Meaning, if you were to terminate 1 year after you become eligible for the employer match, you will only be eligible to receive 20% of the total match provided through 1 year.

Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$20,500 for 2022.

If you are age 50 or older this year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$6,500 for 2022 — for a combined total contribution allowance of \$27,000.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in.

How do I enroll?

1. Complete the "Join the Plan" enrollment card included in your packet and return it to Human Resources
2. Contact **Transamerica** to allocate funds and establish beneficiaries.
 - One on one meetings in HR
 - The Transamerica Representative will be available in HR one week of each month, Monday - Friday. Click on "Transamerica Appointments" under HR & Benefits to schedule an appointment.
 - Transamerica Direct: (800) 755-5801
 - Website: transamerica.com/portal/southeasthealth
 - Your information will be uploaded to Transamerica the Friday after you receive your first paycheck from Southeast Health.
 - Rollovers - we do accept rollovers from other qualified plans. Transamerica will assist you with the process.

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including Southeast Health's generous matching contribution of Southeast Health will match 100% of the first 3% that you contribute. If you can't afford to save that much, make sure to save up to the matching amount so you don't leave free money behind.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Transamerica at 800-755-5801 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets. The Southeast Health 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit transamerica.com/portal/southeasthealth.

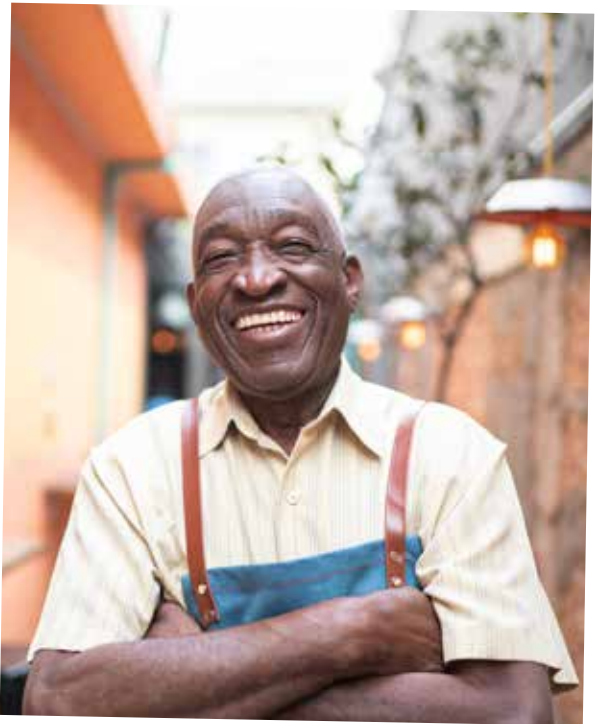
Note

The average American starts saving for retirement at age 27. But it's never too late! [Source: [Annuity.org](https://www.annuity.org)]

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Southeast Health. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. When you're fully vested, you'll own 100% of the contributions. You always own and are fully vested in your own personal 401(k) contributions.

VESTING SCHEDULE	
YEARS OF SERVICE	PERCENTAGE VESTED
1 Year	20%
2 Years	40%
3 Years	60%
4 Years	80%
5 Years	100%



Deep Dive!

Additional Benefits

Southeast Health wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Employee Assistance Program (EAP)

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to five (5) sessions of face-to-face counseling sessions for a wide variety of concerns, such as:

- Anxiety
- Depression
- Marriage and Relationship Problems
- Grief and Loss
- Substance Abuse
- Anger Management
- Stress
- Financial Assistance
- Legal Assistance
- Family Assistance

Phone: 1-888-881-LINC (5462)

Web: supportlinc.com

Username: southeasthealth

Pet Insurance

A plan that's right for you and your pet

Save up to 10% on ASPCA Pet Health Insurance! Complete CoverageSM can help you give your pet the best care possible with less worry about the cost. It offers robust coverage that you can customize for a fit that suits your pet's needs and feels right for your budget. Coverage includes accidents, illnesses, cancer, hereditary conditions, alternative therapies, behavioral issues, and more. You can also add preventive care at a low additional cost to cover things that help keep your pet healthy.

To enroll or for additional information, please visit www.aspcapetinsurance.com/SoutheastHealth.

Priority Code: EBSoutheastHealth

Onsite Fitness Facility

Southeast Health Fitness is a medically based wellness facility located on the main campus at Southeast Health. The staff is knowledgeable, experienced and willing to help each member meet their health and fitness goals.

Southeast Health Fitness provides a variety of exercise machines and equipment that allows for a full-body workout. Membership is open to anyone and includes a free fitness assessment which incorporates body composition analysis, discussion of goals and orientation to a personalized workout program.

Our services and benefits include:

- Personal training and wellness programs
- 24/7 access for members
- A discounted membership for employees which can be payroll deducted
- Fitness classes and group exercise programs

Membership Options (6-month contract):

- General Membership
 - \$30 per month for one
 - \$53 per month for family of two
 - \$75 per month for family of three
- Southeast Health Employees
 - \$10 per pay period
- Alabama College of Osteopathic Medicine Students
 - \$15 per month with student ID
- Healthcare Employees
 - \$22 per month
- Non-contract rates
 - \$5 per day
 - \$10 per week
 - \$40 per month

Have questions about whether membership is right for you? Call and speak to one of our team members or schedule a facility tour at 334-712-3720 or visit our website <https://www.southeasthealth.org/fitness/>.

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- **Southeast Health, Statera and In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.



Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – 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 R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



Required Notices

Important Notice from Southeast Health About Your Prescription Drug Coverage and Medicare under the Blue Cross Blue Shield of Alabama PPO and HDHP Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Southeast Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Southeast Health has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Alabama PPO and HDHP plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Southeast Health coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Southeast Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Southeast Health changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2023
Name of Entity/Sender:	Southeast Health
Contact—Position/Office:	Human Resources
Address:	1108 Ross Clark Cir, Dothan, AL 36301
Phone Number:	334-793-8001 Ext. 5570

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 334-793-8001 Ext. 5570.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 334-793-8001 Ext. 5570.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact Human Resources at 334-793-8001 Ext. 5570.

Important Contacts

MEDICAL

Blue Cross Blue Shield of Alabama
1-833-994-0019
bcbsal.org
Policy #: 90792

PHARMACY

OptumRx
800-334-8134
rxbenefits.com

SUPPLEMENTAL HEALTH (ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY)

Unum
866-679-3054
unum.com

DENTAL

Delta Dental
800-521-2651
deltadentalins.com
Policy #: 18658

VISION

VSP
800-877-7195
vsp.com
Policy #: 12197039

SPENDING ACCOUNTS

(HSA & FSA)
Health Equity
877-288-2719
healthequity.com

LIFE AND AD&D

Unum
1-800-524-0542
unum.com
Policy #: 53395

WHOLE/UNIVERSAL LIFE INSURANCE

Unum
866-679-3054
unum.com

DISABILITY

Unum
1-800-842-1718
unum.com
Policy #: 53395

RETIREMENT

Transamerica
800-755-5801
transamerica.com/portal/southeasthealth

EMPLOYEE ASSISTANCE PROGRAM

SupportLinc
1-888-881-LINC (5462)
supportlinc.com
Username: southeasthealth

PET INSURANCE

ASPCA
1-866-204-6764
www.aspcapetinsurance.com/SoutheastHealth
Priority Code: EBSoutheastHealth

SOUTHEAST HEALTH HR DEPARTMENT

1108 Ross Clark Circle
Dothan, AL 36301
334-793-8001 Ext. 5570



