

PRISMA HEALTH®

2025 Benefits Guide



Contents

Prisma Health is committed to providing you with a variety of benefits and rewards to support you and your family so that you can thrive physically, emotionally, financially and have work/life harmony.

In this guide, you'll find a high-level overview of the great benefits and rewards you can elect during Open Enrollment. Following you will find information on:

- **Your Benefits Tools**
- **Medical** — the Aetna Choice HDHP and the Aetna Select EPO
- **Dental** — the Delta Dental High Plan and Low Plan
- **Vision** — the VSP Premier Plan and Base Plan
- **Spending and Savings Accounts** — Health Care, Limited Purpose and Dependent Care FSAs, plus a Health Savings Account
- **Supplemental Life and AD&D Insurance** — for you, your spouse and your children
- **Supplemental Short-Term and Long-Term Disability Insurance**
- **Voluntary Hospital Indemnity Insurance**
- **Voluntary Critical Illness Insurance**
- **Voluntary Accident Insurance**
- **Whole Life Insurance**
- **MetLife Legal Insurance**
- **Allstate Identity Protection**
- **2025 Rates**

You can find more detailed information — including all you need to know about Open Enrollment — on [BenefitsForMyWorld.com](https://www.benefitsformyworld.com).

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Your Benefits Tools

BENEFITS WEBSITE

Visit BenefitsForMyWorld.com before enrolling to find out all you need to know about the benefits available to you and learn about additional plan details before making your elections.

This website allows easy access to your benefits information — anytime, anywhere, on any device. Try checking it out on your smartphone!

AskHR

If you need help or support with your benefits decisions, contact the benefits team by:

- Emailing AskHR@PrismaHealth.org
- Calling toll free at **833-775-7678**
(7 a.m.–5 p.m. EST., Monday through Friday)
- Visit [Workday Help](#)

ENROLL THROUGH WORKDAY

Once you're ready, head to Workday to enroll in your benefits or make changes. If you're a new hire, you have 30 days from your start date to make your benefit elections. Once elected, your benefits are effective on the first day of the month following your date of hire.

To enroll **if you're on** the Prisma Health network:

1. Open a Google Chrome browser.
2. Log in through the SSO.

To enroll **if you're not on** the Prisma Health network:

1. Go to Workday (Google Chrome).
2. Enter the same user name and password you use to log in to your computer, and verify your identity through the PingID pop-up using SMS (text) or a voice call.

To verify your account through the PingID app:

1. Enter your prismahealth.org email address.
2. Click the 'Get Download Link' button and a link will be sent to download PingID or simply download the PingID app from the Google Play or iTunes store.
3. Enter the 6-digit code you received in the pop-up.

To verify your account using SMS or a voice call:

1. Click the 'I want to use a different authentication method' link.
2. Select to receive passcodes via SMS (text) or voice calls in the pop-up and enter your phone number.
3. Enter the 6-digit code you received in the pop-up.

Medical

PRISMA HEALTH OFFERS TWO MEDICAL PLAN CHOICES

AETNA CHOICE HDHP

The Aetna Choice HDHP gives you three levels of benefits that vary depending on where you choose to receive care.

- **Tier 1: inVio Health Network** providers offer the largest discounts, so your out-of-pocket cost will be lower. You also have access to over 5,000 physicians and other health care providers and facilities in the clinically integrated network affiliated with Prisma Health.
- **Tier 2: Aetna Network** providers also offer discounts, but you will pay a higher deductible and out-of-pocket costs than Tier 1.
- **Tier 3: Out-of-network** care is covered, but you will pay a higher deductible and out-of-pocket costs than Tier 2. You may also receive “balance due” bills if your provider charges more than the plan’s allowable amount.

If you choose the HDHP Plan:

- Preventive care is free from network providers whether or not you have met your deductible.
- You pay 100% of the cost of other care until you meet the plan’s deductible.
- After you have met the deductible, you pay:
 - 15% of the cost, generally, when you use inVio network providers.
 - 40% of the cost, generally, when you use Aetna network providers.
 - 60% of the cost, generally, when you use out-of-network providers, plus any “balance due” bills.

You can open a Health Savings Account (HSA) where you can save money tax-free to help pay for your medical expenses today or save money to help pay for future medical expenses. You can also open a Limited Purpose FSA that you can use today to pay for dental and vision expenses tax-free. (For more details on HSAs and FSAs, see page 11.)

STARTING IN 2025...

If you and/or covered family members live outside the inVio network service area:

- **Aetna Choice HDHP and Aetna Select EPO:** In-network benefits will be available using the Aetna network and will be paid at the “Standard Savings” level.
- **Aetna Choice HDHP only:** Out-of-Network benefits will be available at the Out-of-Network level.

AETNA SELECT EPO

The Aetna Select EPO only pays benefits if you use one of the two provider networks:

- **Tier 1: inVio Health Network** providers offer the largest discounts, so your out-of-pocket cost will be lower. You also have access to over 5,000 physicians and other health care providers and facilities in the clinically integrated network affiliated with Prisma Health.
- **Tier 2: Aetna Network** providers also offer discounts, but you will pay a higher deductible and out-of-pocket costs than Tier 1.

If you use providers that are not in either network, you will pay 100% of the cost yourself.

If you choose the EPO Plan:

- Only urgent care, emergency care and behavioral health are covered out-of-network.
- Preventive care is free from network providers whether or not you have met your deductible.
- You pay a set copay for many routine expenses such as doctor's visits, urgent care, emergency room care and prescription drugs.
- For most other care, after you have met the deductible, you pay:
 - 15% of the cost, generally, when you use inVio network providers.
 - 40% of the cost, generally, when you use Aetna network providers.
 - 100% of the cost when you use out-of-network providers.

You can open a Health Care Flexible Savings Account (FSA) where you can save money tax-free to help pay for your medical, dental and vision expenses. (For more details on FSAs, see page 11.)

Medical Plan Comparison Chart

	Aetna Choice HDHP (HDHP w/ HSA)			Aetna Select EPO		
	inVio Health Network (Maximum Savings)	Aetna (Standard Savings)	Out-of-Network	inVio Health Network (Maximum Savings)	Aetna (Standard Savings)	Out-of-Network
	Team Member pays...			Team Member pays...		
Deductibles						
Individual	\$2,000	\$3,500	\$4,000	\$750	\$1,500	Not covered
Family*	\$4,000 w/ 1 person first meeting \$3,300	\$7,000	\$8,000	\$2,250	\$4,500	Not covered
Out-of-Pocket Maximums (Medical and Rx)						
Individual	\$4,000	\$6,250	Unlimited	\$4,000	\$6,250	Not covered
Family	\$8,000	\$12,500	Unlimited	\$8,000	\$12,500	Not covered
Physician Office Visit						
	Team Member pays the amount shown below after your deductible is met unless otherwise specified. Copays do not require a deductible to be met.					
Primary Care Physician	15%	40%	60%	\$20 copay	\$40 copay	Not covered
Specialist	15%	40%	60%	\$50 copay	\$80 copay	Not covered
Preventive Care	No charge, no deductible	No charge, no deductible	Not covered	No charge, no deductible	No charge, no deductible	Not covered
Inpatient and Outpatient Hospital Charges						
Facility	15%	40%	60%	15%	40%	Not covered
Physician/Anesthesiologist	15%	40%	60%	15%	40%	Not covered
Urgent Care						
Visits	15%	40%	60%	\$50 copay (no network restriction)	\$50 copay (no network restriction)	\$50 copay (no network restriction)

	Aetna Choice HDHP (HDHP w/ HSA)			Aetna Select EPO		
	inVio Health Network (Maximum Savings)	Aetna (Standard Savings)	Out-of-Network	inVio Health Network (Maximum Savings)	Aetna (Standard Savings)	Out-of-Network
Team Member pays the amount shown below after your deductible is met unless otherwise specified. Copays do not require a deductible to be met.						
Emergency Department						
Emergency Department Care (See note below)	15%	15%	15%	\$275 copay (no network restriction)	\$275 copay (no network restriction)	\$275 copay (no network restriction)
Behavioral Health						
Office Visit	15%	15%	60%	15% no deductible	15% no deductible	60% no deductible**
Outpatient Hospital Charges	15%	15%	60%	15% no deductible	15% no deductible	60% no deductible**
Inpatient Hospital Charges	15%	15%	60%	15% no deductible	15% no deductible	60% no deductible**

* On the Aetna Choice HDHP Plans for Employee + Spouse, Employee + Child (ren) and Family coverage, the family deductible is satisfied once your total family expenses reach the family deductible. One member cannot meet the family deductible. Only a combination of two or more individuals can meet the family deductible. An individual deductible applies to Employee coverage. In addition, there is an individual deductible embedded within Employee + Spouse, Employee + Child (ren) or Family coverage. The individual deductible within the family deductible is \$3,300 for Tier 1 (Prisma Health Networks). One member can meet his or her individual deductible of \$3,300, with the combination of all other members adding up to meet the remainder of the deductible. Or, the combined claims of all members can meet the deductible.

** If you need to see an out-of-network behavioral health provider, you must complete a network exception request which will be reviewed by Aetna. Only approved network exceptions will allow for out-of-network behavioral health services to be covered by the Aetna Select EPO.

Notes

- All coinsurance benefits are after deductible unless noted, "No Deductible."
- All copay benefits are paid at 100% after copay amount.
- For all plans, if services are not available in the inVio Health network, claims will be paid at the Prisma Health rates following an authorization process.
- Emergency Department Care — Claims submitted for the Emergency Department will be processed at the above benefit level based on the chief complaint/symptoms and not the diagnosis code. If the symptoms are not emergent under the Prudent Layperson Standard, services will be covered at 60% after deductible.

Medical Programs

HINGE HEALTH: VIRTUAL PT YOU CAN DO VIRTUALLY ANYWHERE

A free membership in Hinge Health is included as part of the Prisma Health medical plans.

WHAT IS HINGE HEALTH?

- Hinge Health provides digital care for joint and muscle pain therapy.
- A dedicated care team develops a personalized exercise and therapy program that you can do whenever and wherever you want.
- You can communicate with your team as often as you want.
- There is no cost to use Hinge Health — no copay and no coinsurance.

DIABETES CARE: A MODEL FOR COMPREHENSIVE SUPPORT

Type 2 diabetes management can include a lot of moving parts — like doctors, pharmacists, dieticians, testing and more. Therefore, in order to simplify care and encourage better health outcomes, you can take advantage of a comprehensive program of supports for team members with Type 2 diabetes.

- A dedicated Prisma Health Care Manager will coordinate care as the team member/patient's central point of contact.
- The Care Manager will remove a significant burden from the team member/patient.
- Using a Care Manager ensures that all care is coordinated, and that communication between all members of the care team flows freely.

DIRECT PRIMARY CARE

Direct Primary Care (DPC) is a comprehensive primary care model offering unlimited access to a team of Prisma Health health care professionals and delivering high-quality, comfortable, patient-centered care with no additional expenses.

A health navigator will partner with you to ensure your health care experience is positive and to help handle barriers related to work, life or family. The health navigator is trained to provide you with a holistic care approach, positively impacting your health — our top priority. Services available include:

- Annual physicals
- Annual flu vaccinations/basic recommended vaccinations
- Sick/urgent care visits
- Chronic disease management/referrals and care coordination
- Virtual visits
- Medication management/basic medication formulary (provided at no cost)
- Diagnostic testing/basic recommended labs
- Health risk assessments/cancer screenings
- Occupational health
- Mental health counseling
- Wellness programs/wellness and coaching visits

LEARN MORE

You can learn more about these programs on [BenefitsForMyWorld.com](https://www.benefitsformyworld.com). The site has pages dedicated to:

- Musculoskeletal Program (which includes Hinge Health)
- Diabetes Management Program
- Physical Wellness (which includes Direct Primary Care)

Prescription Drug Coverage

Prescription drug (Rx) benefits are a part of Prisma Health's group medical plans. Your Rx is administered through CVS Caremark and is automatically linked to your medical plan choice.

PLAN FEATURES

- 30-day and 90-day supplies are available. Mail order is available for most medications through Prisma Health pharmacy in North Carolina and South Carolina.
- Courier delivery of prescriptions to facilities without a Prisma Health pharmacy location may be available.
- Automatic refill for some medications.
- Less expensive prices at Prisma Health pharmacies.
- There are **no deductibles** for preventive drugs on the High Deductible Health Plan. However, they are subject to a copay. Preventive drugs include those taken for a disease that has not yet manifested or to prevent recurrence of a disease. Examples include cholesterol-controlling medication and blood pressure medication.
- If plan members choose to use an Aetna In-Network pharmacy, under the Aetna Select EPO plan there will be a \$50 retail pharmacy deductible.
- Specialty medications must be purchased through a Prisma Health pharmacy to be covered.

		Prisma Health Pharmacies	Prisma Health Pharmacies	Aetna Retail Pharmacies
		30-day supply	90-day supply	30-day supply
Generic	Aetna Choice HDHP	\$10 copay after deductible	\$20 copay after deductible	\$20 copay after deductible
	Aetna Select EPO	\$10 copay	\$20 copay	\$20 copay after \$50 deductible
Preferred Brand	Aetna Choice HDHP	\$40 copay after deductible	\$80 copay after deductible	\$60 copay after deductible
	Aetna Select EPO	\$40 copay	\$80 copay	\$60 copay after \$50 deductible
Non-Preferred Brand	Aetna Choice HDHP	\$55 copay after deductible	\$110 copay after deductible	\$100 copay after deductible
	Aetna Select EPO	\$55 copay	\$110 copay	\$100 copay after \$50 deductible
Specialty	Aetna Choice HDHP	20% coinsurance (\$200 max) after deductible	N/A	N/A
	Aetna Select EPO	\$125 copay	N/A	N/A

Dental

NEW FOR 2025!

Each covered member can now have four preventive care exams and cleanings each year! This is double the current coverage for two exams and cleanings per year! In addition, porcelain (white) fillings are covered in addition to silver fillings.

ABOUT YOUR DENTAL PLAN CHOICES

Prisma Health offers two dental options through Delta Dental that cover both preventive and corrective dental care. You will want to consider how much corrective care you are likely to need, as well as whether anyone in your family will need braces, when deciding on which plan works best for you.

Delta Dental PPO providers offer the largest discounts and will not send you “balance due” bills.

Delta Dental Premier providers offer somewhat lower discounts and will not send you “balance due” bills.

Out-of-network providers do not offer discounts, and you may receive a “balance due” bill for charges that exceed the plan’s allowed amount.

	High Plan			Low Plan		
	PPO/ Premier Providers	Prisma Health Medical Group Dentistry	Out-of- Network	PPO/ Premier Providers	Prisma Health Medical Group Dentistry	Out-of- Network
	You pay			You pay		
Deductible (Indiv/Family)	\$50/\$150	\$50/\$150	\$100/\$300	\$50/\$150	\$50/\$150	\$75/\$225
Preventive Care (e.g., x-rays, cleanings, exams, fluoride/space maintainers up to age 19)	No charge	No charge	No charge*	No charge	No charge	No charge*
Basic Care (e.g., fillings, simple extractions, oral surgery, root canals)	20%	20%	20%*	50%	50%	50%*
Major Care (e.g., bridges, dentures, crowns)	50%	50%	50%*	50%	50%	50%*
Annual Max Benefit (Basic and Major Care)	\$2,000	\$2,000	\$2,000	\$750	\$750	\$500
Orthodontia (adults & children)	50% (\$2,000 lifetime benefit)	N/A	\$50 + 50%* (\$2,000 lifetime benefit)	Not covered		

* Out-of-network benefits are paid based on allowable amount. You may be balance billed for the amount over the allowed amount.

Vision

NEW FOR 2025!

Prisma Health negotiated higher materials allowances for both glasses and contacts. So, in 2025, more frames will be covered by a simple, low copay!

ABOUT YOUR VISION PLAN CHOICES

With Prisma Health vision coverage, there's no excuse not to get your vision checked! **You can choose between two plans through VSP that cover both eye exams and either glasses or contacts.**

The Premier Plan has lower copays and higher benefits for glasses or contacts, but has a higher premium.

The Basic Plan has higher copays and lower benefits for glasses or contacts, but has a lower premium.

Both plans use the same VSP network of providers, and you will have significant savings if you use VSP network eye doctors and lens labs. You will also be eligible to receive a hearing aid discount with **TruHearing**.

	Premier Plan In-network benefits	Basic Plan In-network benefits
Eye exam copay	\$10	\$20
Materials copay (contacts or glasses — including anti-reflective coating, scratch coating, polycarbonate lenses, progressive lenses)	\$10	\$20
Materials allowance — Higher in 2025! Retail frames Feature frame brand Contact lenses (not medically necessary) VSP LightCare	\$200 (every other year) \$250 (every other year) \$200 (every year) Included	\$160 (every other year) \$210 (every other year) \$160 (every year) Included
Materials discounts (on charges above allowance or glasses)	20%	20%
Contact lens exam (fitting and evaluation)	Up to \$60 copay	Up to \$60 copay
Frequencies Eye exam Frames Lenses Contacts	Every calendar year Every other calendar year Every calendar year Every calendar year	Every calendar year Every other calendar year Every calendar year Every calendar year
KidsCare (exam, lenses, frames)	Every calendar year	Every calendar year
LASIK	Get an average of 15% off the regular price or 5% off the promotional price at participating providers.	
TruHearing	Save up to 60% on brand-name hearing aids 45-day trial and a three-year manufacturer warranty for repairs and one-time loss and damage replacement 48 free batteries per hearing aid	

Spending and Savings Plans

ABOUT YOUR SPENDING AND SAVINGS PLAN CHOICES

Prisma Health offers four plans to help you save pre-tax money on everyday health care and dependent care expenses.

- All team members are eligible for at least one of the three health care account options.
- The Dependent Care FSA is available to all team members who have children or adult dependents who need care while you (and your spouse, if applicable) work or go to school.

	Health Care FSA	Health Savings Account (HSA)	Limited Purpose FSA	Dependent Care FSA
Who contributes to the account?	Team Member	Team Member	Team Member	Team Member
How much can I contribute in 2025?	\$3,300	\$4,300 (if you have medical coverage for yourself only) \$8,550 (if you also cover any dependents) Additional \$1,000 (If you are age 55 or older)	\$3,300	\$5,000 (\$2,500 if you and your spouse file separate tax returns)
What health plan do I need to participate in?	Aetna Select EPO (or no Prisma Health medical coverage)	Aetna Choice HDHP Plan	Aetna Choice HDHP Plan	Either plan (or no Prisma Health medical coverage)
What types of expenses are allowable?	Medical, Prescription Drug, Dental, Vision	Medical, Prescription Drug, Dental, Vision	Dental, Vision	Child under age 13 or adult dependent care
Who owns the account?	Prisma Health	Team Member	Prisma Health	Prisma Health
Does unused money roll forward to next year?	No Money contributed in 2025 can be used to reimburse expenses incurred from January 1, 2025, to March 15, 2026.	Yes You own the account and can decide whether to use the balance now or save it for later.	No Money contributed in 2025 can be used to reimburse expenses incurred from January 1, 2025, to March 15, 2026.	No Money contributed in 2025 must be used to reimburse expenses incurred from 2025.
Can I take my account balance if I leave Prisma Health?	No Money in your account must be used on expenses you have before leaving Prisma Health.	Yes	No Money in your account must be used on expenses you have before leaving Prisma Health.	No Money in your account must be used on expenses you have before leaving Prisma Health.

Supplemental Life and AD&D Insurance

NEW FOR 2025!

Securian is the new Life and AD&D insurance carrier. This change will provide most team members the same financial security with lower premiums for dependent coverage!

ABOUT YOUR INSURANCE CHOICES

Prisma Health provides Basic Life and AD&D insurance. If you want additional insurance, you can choose Supplemental Life and/or AD&D insurance during Open Enrollment.

For yourself:

- You can choose Supplemental Life, Supplemental AD&D or both.
- You can choose different amounts for each.

For your spouse and/or children:

- You can choose Supplemental Life, Supplemental AD&D or both.
- You can choose different amounts for each.
- You cannot choose Supplemental Life for your spouse and/or your children without electing Supplemental Life for yourself.
- You cannot choose Supplemental Life for your spouse or children that is higher than the Supplemental Life you choose for yourself.

	Team Member Life	Team Member AD&D	Spouse Life and/or AD&D	Child Life and/or AD&D
Coverage you can choose	1 – 8x annual earnings	1 – 8x annual earnings	\$10,000 - \$250,000	\$5,000 - \$25,000
Maximum you can choose	\$2,500,000 (when combined with Basic Life provided by Prisma Health)	\$2,500,000 (when combined with Basic AD&D provided by Prisma Health)	\$250,000 but no more than Team Member Life	\$25,000
Increments	1x annual earnings	1x annual earnings	\$10,000	\$5,000
Guarantee Issue Amount (amount you can choose without answering health questions)	Lesser of 4x annual earnings or \$1,000,000 (when combined with Basic Life)	Not applicable	Life: \$50,000 A&D: No Guarantee Issue Limits	No Guarantee Issue limits on children

For 2025 Open Enrollment only, you can increase supplemental life insurance without answering health questions!

- Team members may increase supplemental life insurance up to 4x salary (\$1,000,000 max)
- Spousal coverage can be increased by \$10,000 if currently enrolled (not to exceed \$50,000)
- Child and supplemental AD&D can be chosen

Supplemental Disability

NEW FOR 2025!

Aflac is the new Disability insurance carrier. Also new in 2025, you have the choice of a second Long-Term Disability Buy-Up option. This option provides more coverage than our Base coverage at a more affordable premium for you!

ABOUT YOUR DISABILITY COVERAGE CHOICES

Prisma Health provides Basic Short-Term Disability (STD) and Basic Long-Term Disability (LTD) coverage. If you want extra coverage, you can choose Buy-Up STD and/or Buy-Up LTD which will increase the total benefit payable should you become disabled.

The charts to the right show the Base coverage provided by Prisma Health and the total coverage you would receive if you choose Buy-Up coverage.

- Buy-Up coverage is not payable in addition to Base coverage.
- The premium you pay increases the coverage you have to the Buy-Up level.

Benefits payable are offset by other disability benefits you may be eligible for, such as Social Security disability.

SHORT-TERM DISABILITY

	Base (provided by Prisma Health)	Buy-Up (total coverage if you choose Buy-Up coverage)
Waiting period	14 days	14 days
Percent of your pay you will receive	50% of covered salary	66 ⅔% of covered salary
Minimum benefit payable	\$25 per week	\$25 per week
Maximum benefit payable	\$2,500 per week	\$4,000 per week
Benefit duration	26 weeks (or until LTD benefits begin)	26 weeks (or until LTD benefits begin)

LONG-TERM DISABILITY

	Base (provided by Prisma Health)	Buy-Up (total coverage if you choose 60% Buy-Up coverage)	Buy-Up (total coverage if you choose 66 ⅔% Buy-Up coverage)
Waiting period	180 days	180 days	180 days
Percent of your pay you will receive	50% of covered salary	60% of covered salary	66 ⅔% of covered salary
Minimum benefit payable	\$100 per month or 10% of benefit payable, whichever is greater	\$100 per month or 10% of benefit payable, whichever is greater	\$100 per month or 10% of benefit payable, whichever is greater
Maximum benefit payable	\$15,000 per month	\$15,000 per month	\$15,000 per month
Benefit duration	Until Social Security Retirement Age (or later, depending on when benefits began)	Until Social Security Retirement Age (or later, depending on when benefits began)	Until Social Security Retirement Age (or later, depending on when benefits began)

Voluntary Hospital Indemnity Insurance

ABOUT VOLUNTARY HOSPITAL INSURANCE

Hospital Indemnity insurance through Unum, can help with out-of-pocket expenses you may have if you are hospitalized due to an illness (including mental health illness or alcohol addiction) and/or injury suffered in an accident.

The plan provides payments in addition to any other insurance payments you may receive. Lump sum benefits are paid directly to you based on the amount of coverage, regardless of the actual cost of treatment.

You can use the money you receive however you see fit — for example, to help pay for medical care, rent, groceries, additional help, travel or childcare.

VOLUNTARY HOSPITAL INDEMNITY COVERAGE CHOICES

	Basic Option	Enhanced Option
Hospital Admission	\$1,500 per admission	\$2,000 per admission
Hospital ICU Admission	\$1,500 (one per year)	\$1,500 (one per year)
Hospital Confinement	\$150 per day (up to 365 days per year)	\$250 per day (up to 365 days per year)
Hospital Confinement – Intensive Care (additional benefit payable)	\$150 per day (up to 60 days per confinement)	\$250 per day (up to 60 days per confinement)

Please note that this comparison is not comprehensive. For additional information, please see the Hospital Indemnity brochure available on [BenefitsForMyWorld.com](https://www.BenefitsForMyWorld.com).

Voluntary Critical Illness Insurance

ABOUT CRITICAL ILLNESS INSURANCE

While a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that aren't covered. Critical Illness insurance through Unum helps you focus on recuperation instead of the distraction and stress over out-of-pocket costs.

Critical Illness insurance pays you a fixed, lump sum to help ease your mind so you can focus on getting better. You can use the money you receive however you see fit — for example, to help pay for medical care, rent, groceries, additional help, travel or childcare.

BE WELL BENEFIT

If you and/or your covered spouse have a health screening benefit (such as an annual physical, mammogram or colonoscopy), you will each receive a wellness benefit of \$50.

CRITICAL ILLNESS COVERAGE OPTIONS

	Team Member	Spouse	Child (Live birth to age 26)
Coverage Options	\$20,000 or \$35,000	Up to 100% of team member coverage	100% of team member coverage (at no extra charge)

CRITICAL ILLNESS BENEFITS PAYABLE

Condition	Percent of coverage payable
Cancer (invasive) Heart Attack Kidney/Renal Failure (end stage) Major Organ Transplant Permanent Paralysis Coma Loss of Sight, Hearing and Speech Benign Brain Tumor Occupational HIV Parkinson's Disease Dementia including Alzheimer's Disease	100%
Coronary Artery Disease	50%
Carcinoma in situ (Localized internal cancer)	25%

More information is available on the Critical Illness insurance page on [BenefitsForMyWorld.com](https://www.BenefitsForMyWorld.com).

Note: Children are covered for some specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Voluntary Accident Insurance

ABOUT ACCIDENT INSURANCE

If you or your covered spouse or child has an accident or injury, this insurance through Unum pays you a fixed benefit to help pay for any out-of-pocket expenses related to covered accidents, and coverage is higher if the accident is the result of an organized sporting activity.

Benefits may be payable for everyday accidents such as:

- Broken bones, knee and hip injuries
- Burns
- Torn ligaments
- Concussion
- Eye Injuries
- Cuts requiring stitches

The amount you receive depends on the type of care you require. You receive a lump sum for each covered service you receive.

You can use the money you receive however you see fit — for example, to help pay for medical care, rent, groceries, additional help, travel or childcare.

BE WELL BENEFIT

If you and/or your covered spouse have a wellness screening benefit (such as an annual physical, mammogram or colonoscopy), you will each receive a wellness benefit of \$50.

ACCIDENT INSURANCE COVERAGE OPTIONS

	Basic Option Team Member/Spouse/Child	Enhanced Option Team Member/Spouse/Child
Hospital Admission	\$500	\$1,000
Hospital Confinement (per day)	\$100	\$200
Emergency Room Treatment	\$100	\$200
Ambulance	\$100	\$200
Air Ambulance	\$500	\$1,000
Accidental Death (within 90 days of accident)	\$25,000/\$12,500/\$6,250	\$50,000/\$25,000/\$12,500
Benefits for specific injuries or treatments depend on the type of injury, severity and type of treatment received. Please see the Schedule of Benefits on the Accident page of BenefitsForMyWorld.com for specifics.	Benefit is generally lower than the Enhanced Option	Benefit is generally higher than the Basic Option

More information is available on the Accident insurance page on [BenefitsForMyWorld.com](https://www.BenefitsForMyWorld.com).

Whole Life Insurance

ABOUT WHOLE LIFE INSURANCE

What you may not realize is that in addition to offering valuable life insurance protection, Unum Group Whole Life is designed to build cash value — at a guaranteed rate of return. It's a feature that could come in handy down the road for short-term or unplanned expenses.

There are other advantages as well:

- Unum Group Whole Life insurance is guaranteed issue, meaning you may qualify for coverage without answering health questions.
- Once your Whole Life insurance application has been approved and payroll deductions have started, the coverage is yours to keep as long as you continue to pay premiums.
- Unum Group Whole Life builds cash value that you can access for life's challenges and life's opportunities.

Features:

- Premiums will not increase.
- Benefits may be paid directly to your named beneficiary.
- Coverage is portable, which means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.

WHOLE LIFE COVERAGE OPTIONS

	Team Member	Spouse
Coverage amount options (all are guarantee issue with no health questions)	\$10,000 \$25,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000	\$10,000 \$25,000 \$50,000

More information is available on the Whole Life insurance page on [BenefitsForMyWorld.com](https://www.benefitsformyworld.com).

Legal Support & Identity Protection

METLIFE LEGAL

When you need help, don't waste time looking for the right attorney or paying costly attorney fees, which average \$370 per hour (which is more than the cost of a full year of the Prisma Health legal plan).

When enrolling in one of MetLife's legal services plans, you'll receive access to more than 18,000 experienced attorneys across the country for assistance with a wide range of personal legal matters.

WHAT THE PLAN COVERS:

- Estate planning
- Civil litigation defense/plaintiff consumer
- Elder care
- Identity theft
- Home buying and refinancing
- Credit and debt issues
- Traffic ticket defense
- Wills
- Powers of attorney
- Plus much more

YOUR COVERAGE CHOICES

Prisma Health offers a **Low Option** and a **High Option**. The High Option covers more types of legal matters than the Low Option. For more details, please see the Legal Services Overview document you can download from [BenefitsForMyWorld.com](https://www.BenefitsForMyWorld.com).

ALLSTATE IDENTITY PROTECTION

In today's digital world, more and more of our personal business is conducted on our computers and mobile devices than ever before. With the convenience of shopping and paying bills online comes a greater risk for our personal information to be compromised.

While it may not be possible to prevent identity theft, it is still important to take steps to help protect yourself.

To help protect you, Prisma Health offers two identity theft protection plans through Allstate Identity Protection, the most extensive identity protection plan available.

ALLSTATE IDENTITY PROTECTION FEATURES:

- Identity and credit monitoring
- Tri-bureau credit alerts
- Unlimited credit reports from TransUnion
- Dark web monitoring
- Financial transaction monitoring
- Social media reputation monitoring
- Accounts secured with two-factor authentication
- 24/7 Privacy Advocate remediation
- \$1 million identity theft insurance policy
- 401(k) and HSA stolen fund reimbursement
- Tax fraud refund advances

YOUR COVERAGE CHOICES

You can choose to cover yourself only or yourself and your family.

2025 Rates

The following illustrates the 2025 premium costs for each benefit option.
For supplemental benefits rates, visit [BenefitsForMyWorld.com](https://www.benefitsformyworld.com).

SUPPLEMENTAL LIFE INSURANCE

(monthly rate per \$1,000 of coverage)

AGE	TEAM MEMBER & SPOUSE
<25	\$0.050
25 - 29	\$0.060
30 - 34	\$0.073
35 - 39	\$0.085
40 - 44	\$0.095
45 - 49	\$0.145
50 - 54	\$0.200
55 - 59	\$0.410
60 - 64	\$0.560
65 - 69	\$1.270
70 +	\$1.700

SUPPLEMENTAL CHILD LIFE INSURANCE

COVERAGE	MONTHLY RATE
Per \$1,000 of coverage	\$0.012

SUPPLEMENTAL AD&D INSURANCE

(team member, spouse and child)

COVERAGE	MONTHLY RATE
Per \$1,000 of coverage	\$0.030

MEDICAL BIWEEKLY PREMIUMS

		YOUR HOURLY PAY RATE		
		<\$30.46	\$30.46 - \$50.55	\$50.56+
AETNA CHOICE HDHP (HDHP W/HSA)	TM only	\$35.53	\$41.89	\$52.33
	TM + spouse	\$93.27	\$109.38	\$137.52
	TM + child(ren)	\$88.83	\$104.73	\$131.43
	TM + family	\$96.61	\$114.04	\$142.38
AETNA SELECT EPO	TM only	\$30.21	\$39.09	\$51.60
	TM + spouse	\$105.71	\$135.91	\$179.13
	TM + child(ren)	\$100.39	\$129.40	\$170.37
	TM + family	\$136.81	\$173.15	\$227.81

If a team member elects to cover a spouse who has access to other group health coverage, a \$75 biweekly surcharge will apply.

DENTAL BIWEEKLY PREMIUMS

	HIGH PLAN	LOW PLAN
Team member only	\$10.05	\$7.73
Team member + spouse	\$20.10	\$15.46
Team member + child(ren)	\$19.10	\$14.69
Family	\$25.13	\$19.33

VISION BIWEEKLY PREMIUMS

	PREMIER PLAN Full-time and part-time	BASE PLAN Full-time and part-time
Team member only	\$7.38	\$4.34
Team member + spouse	\$12.36	\$6.86
Team member + child(ren)	\$12.52	\$6.94
Family	\$20.39	\$11.29

Questions

For more information about our full benefits offering, visit **BenefitsForMyWorld.com**. Alternatively, you can contact AskHR.



Workday Help



833-775-7678 (Monday–Friday, 7 a.m.–5 p.m.)



AskHR@PrismaHealth.org