2026 OPEN ENROLLMENT BENEFITS

METHODIST

Methodist Health System, Inc.

Here’s where to find ...

Welcome to your enrollment!

Methodist Health System (MHS) appreciates your commitment to our success. We’re equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we’ll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact MHS Benefits. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) on the Methodist Employee Center, and search for the Knowledge Article - Summary Plan Descriptions (SPD).

If you have any questions about your benefits or how they apply to your personal situation, contact the Human Resources Service Center at 402.354.2280, option 1.

Changes for 2026!

Open enrollment provides you with the opportunity to choose and enroll in benefits each year, so it is important to carefully review your coverage needs each enrollment period. Reviewing the entire 2026 Employee Benefits Guide is highly recommended.

WHAT'S CHANGING?

MEDICAL/PRESCRIPTION DRUG PLANS

- We realize the cost of medical coverage is important to you and your family. Every year, MHS looks at the market and evaluates benchmarks to ensure our employees have competitive benefits. We are proud to offer plans that have premiums and plan designs that are favorable when compared to national and local healthcare industry benchmarks. We are committed to maintaining quality, competitive health and welfare benefits for our employees while keeping costs manageable for both employees and MHS.
- Full-time cost for the medical plan is increasing by no more than $32 per month, which is still below local healthcare industry benchmarks. Your per paycheck cost increase depends on your full-time/part-time status as well as your enrollment tier (employee only, employee and spouse, employee & child(ren), family).

- PPO Plan:
  - Tier 1 Coinsurance: 90% after deductible.
  - Tier 2 Primary Care: $35 copay.
  - Tier 2 Specialist Copay: $70 copay.
  - Tier 2 & Tier 3 Emergency Room: $350 copay per visit.
  - Generic Prescription Minimum & Maximum: 35%. Retail: $15 minimum-$115 maximum. Mail Order: $30 minimum-$230 maximum.
- HDHP:
  - Tier 1 Coinsurance: 90% after deductible.
  - Tier 1 Out-of-Pocket Maximum: $6,200.
  - Generic Prescription Minimum & Maximum: Tier 1 deductible + 35%. Retail: $15 minimum-$115 maximum. Mail Order: $30 minimum-$230 maximum.

NEW CONTRIBUTION LIMITS FOR YOUR HSA

- If you're enrolled in the MHS' HDHP, you're likely eligible to open a health savings account. An HSA is a portable financial savings account that offers significant tax advantages and allows you to save for your future.
- MHS employer contribution:
  - $600 employee only.
  - $1,200 family.
- Your employee contribution:
  - $3,800 employee only.
  - $7,550 family.
- If you are over age 55 or turn 55 during 2026, the IRS will allow you to contribute an additional $1,000 as a "catch-up" contribution to your HSA.

ACCIDENT AND CRITICAL ILLNESS VOLUNTARY BENEFITS

- Accident:
  - Wellness benefit amount of $50 for each covered individual on the voluntary plan.
- Critical Illness:
  - Mental Illness Benefits: 25% for significant mental illness, 50% for severe mental illness.
  - Pregnancy & birth complications: 25% for complications of birth level 1 (level 2-100%), and 50% for complications of pregnancy.

About us

At Methodist Health System, you'll discover that it's all about working together. By working together, we truly can make a difference for our patients, our communities, our organization and our staff members.

The benefits of working at MHS

Methodist Health System offers a benefits program designed to help you with the things that matter most:

- Protecting yourself and your family.
- Balancing life's responsibilities.
- Pursuing your dreams.
- Building financial security.

Why does MHS offer this program? It's simple. In order for you to take care of our patients and customers, you need to take care of yourself and the people and things important to you.

This booklet summarizes the MHS Benefits Program, so that you can get the most value out of the program. We're happy to offer our employees access to health, dental, vision, medical and dependent care expense reimbursement, life, disability, supplemental health, and other perks as part of your continued commitment to our organization. Should you have any questions or concerns with these offerings at any time, contact the Human Resources Service Center at 402.354.2280, option 1.

Enrolling in benefits

Open enrollment is your opportunity to elect coverage in the MHS benefit plans. The 2026 enrollment will be passive, meaning if you make no new elections, your coverage from 2025 will continue in 2026. The exceptions are the medical and dependent care reimbursement plans.

New for 2026! If you are currently at the HSA maximum for your tier of health coverage (single or family) and your age in 2025, we will automatically increase your HSA contribution to the 2026 maximum HSA contribution for your tier of health coverage and your age.

Outside this open enrollment period, you will not have the opportunity to add, change or remove benefits for the health, dental, vision, and medical and dependent care reimbursement plans, unless you have a qualifying life event. The IRS requires that you make changes to your coverage within 30 days of your qualifying life event.

Other benefit plans may limit the opportunity outside of open enrollment to elect coverage or add coverage for family members. Some plans may also require evidence of insurability with approval from the insurance company.

Eligible employees

You may enroll in the benefits program if you meet the eligibility requirements listed on the next page. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire/newly eligible employee or during the annual open enrollment period.

Review the eligibility table on the next page for coverage effective dates of specific benefits, as they may vary.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your legally married spouse.
- Your children up to the age of 26. This includes your natural children and those of your spouse, your adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.

Eligibility table

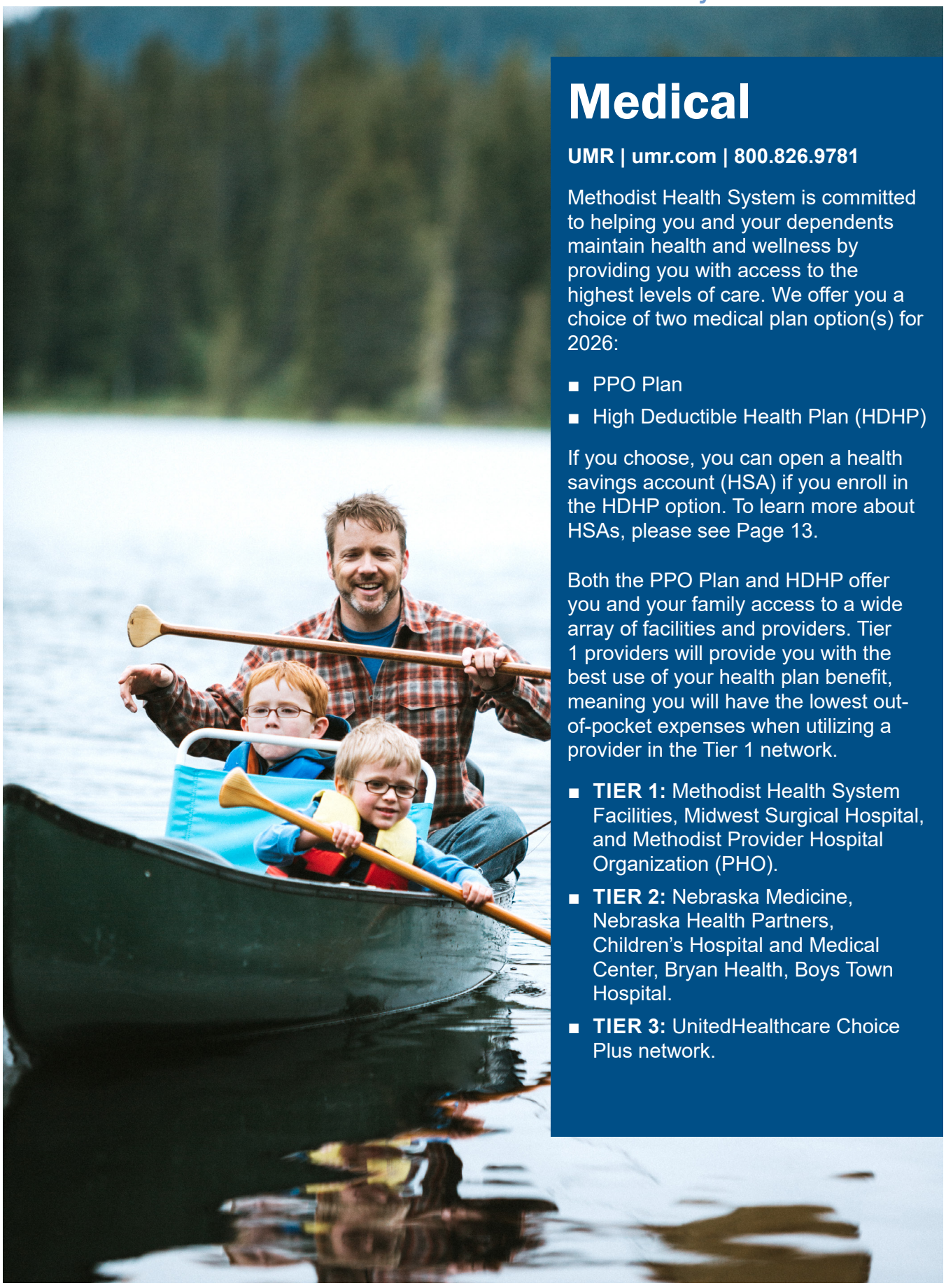
Benefit	Eligibility	Coverage effective date
Health (medical + prescription drug)	Scheduled to work 20 or more hours per week.	1st of the month following eligibility.
Dental	Scheduled to work 20 or more hours per week.	1st of the month following eligibility.
Vision	Scheduled to work 20 or more hours per week.	1st of the month following eligibility.
Medical expense reimbursement & dependent care reimbursement	Scheduled to work 20 or more hours per week.	1st of the month following eligibility.
Basic life insurance	Scheduled to work 20 or more hours per week.	After one year of employment.
Voluntary life insurance	Scheduled to work 20 or more hours per week.	1st of the month following eligibility.
Voluntary short-term disability	Scheduled to work 20 or more hours per week.	1st of the month following eligibility.
Long-term disability	MHS employees scheduled 20 or more hours per week.	1st of the month following one year of employment.
Voluntary insurance (accident, critical illness, and hospital indemnity)	Scheduled to work 20 or more hours per week.	1st of the month following eligibility.
Paid time off (PTO)	MHS employees scheduled 16 or more hours per week.	

Qualifying life events

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time from yours



Medical

UMR | umr.com | 800.826.9781

Methodist Health System is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of two medical plan option(s) for 2026:

- PPO Plan
- High Deductible Health Plan (HDHP)

If you choose, you can open a health savings account (HSA) if you enroll in the HDHP option. To learn more about HSAs, please see Page 13.

Both the PPO Plan and HDHP offer you and your family access to a wide array of facilities and providers. Tier 1 providers will provide you with the best use of your health plan benefit, meaning you will have the lowest out-of-pocket expenses when utilizing a provider in the Tier 1 network.

- **TIER 1:** Methodist Health System Facilities, Midwest Surgical Hospital, and Methodist Provider Hospital Organization (PHO).
- **TIER 2:** Nebraska Medicine, Nebraska Health Partners, Children's Hospital and Medical Center, Bryan Health, Boys Town Hospital.
- **TIER 3:** UnitedHealthcare Choice Plus network.

Medical and prescription drug plan summary

PPO

Medical			
	Tier 1	Tier 2	Tier 3
Deductible			
Employee only	$1,200	$2,000	$3,600
Employee + 1	$2,400	$4,000	$6,000
Family	$3,600	$4,000	$9,000
Coinsurance — plan pays	90%	80%	40%
Out-of-pocket maximum			
Employee only	$4,800	$4,800	$7,000
Employee + 1	$7,800	$7,800	$10,000
Family	$10,800	$10,800	$14,000
Preventive care	100%	100%	100%
Office visit (PCP/specialist)	$25 copay/ $50 copay	$35 copay/ $70 copay	60% after ded./60% after ded.
Telehealth services	$15 copay	-	-
Emergency room	$350 copay then ded. then 10%	$350 copay then ded. then 20%	$350 copay then ded. then 20%
Inpatient care	10% after ded.	20% after ded.	60% after ded.
Outpatient care	10% after ded.	20% after ded.	60% after ded.
Prescription drugs	**Employee pays**		
Retail			
Tier 1 — generics	35%, $15 minimum — $115 maximum		
Tier 2 — preferred	35%, $40 minimum — $120 maximum		
Tier 3 — nonpreferred	50%, $60 minimum — $150 maximum		
Tier 4 — specialty	Not available		
Mail order (90-day supply except specialty)			
Tier 1 — generics	35%, $30 minimum — $230 maximum		
Tier 2 — preferred	35%, $70 minimum — $230 maximum		
Tier 3 — nonpreferred	50%, $120 minimum — $250 maximum		
Tier 4 — specialty (30-day supply)	35%, $100 minimum — $200 maximum		

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan. Deductible and out-of-pocket maximum expenses cross accumulate for Tier 1 and Tier 2 only. For the PPO Plan, medical copays and prescription drug coinsurance do not apply toward the deductible but do apply toward the out-of-pocket maximum. Non-network benefits: No coverage except in a medical emergency (covered at Tier 2).

HDHP

Medical			
	Tier 1	Tier 2	Tier 3
Deductible			
Employee only	$2,000	$3,000	$5,000
Family	$4,000	$6,000	$10,000
Coinsurance — plan pays	90%	80%	60%
Out-of-pocket maximum			
Employee only	$6,200	$7,000	$7,400
Family	$12,000	$14,100	$15,000
Preventive care	100%	100%	100%
Office visit (PCP/specialist)	10% after ded/10% after ded	20% after ded/20% after ded	40% after ded/40% after ded
Telehealth services	10% after ded.	-	-
Emergency room	10% after ded.	20% after ded.	60% after ded.
Inpatient care	10% after ded.	20% after ded.	60% after ded.
Outpatient care	10% after ded.	20% after ded.	60% after ded.
Prescription drugs	**Employee pays**		
Retail			
Tier 1 — generics	Tier 1 deductible then 35%, $15 minimum — $115 maximum		
Tier 2 — preferred	Tier 1 deductible then 35%, $40 minimum — $120 maximum		
Tier 3 — nonpreferred	Tier 1 deductible then 50%, $60 minimum — $150 maximum		
Tier 4 — specialty	Not available		
Mail order (90-day supply except specialty)			
Tier 1 — generics	Tier 1 deductible then 35%, $30 minimum — $230 maximum		
Tier 2 — preferred	Tier 1 deductible then 35%, $70 minimum — $230 maximum		
Tier 3 — nonpreferred	Tier 1 deductible then 50%, $120 minimum — $250 maximum		
Tier 4 — specialty (30-day supply)	Tier 1 deductible then 35%, $100 minimum — $200 maximum		

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan.
Deductible and out-of-pocket maximum expenses cross accumulate for Tier 1 and Tier 2 only. For the high deductible health plan (HDHP), prescription drug coinsurance applies towards the deductible and out-of-pocket maximum for Tier 1 and Tier 2 only. For the HDHP, prescription drug costs do not apply to the Tier 3 deductible and out-of-pocket limit. Preventive brand and nonpreferred brand (second- and third-tier) drugs are covered at the plan's coinsurance maximum amounts as outlined in the chart. A deductible does not apply.

Medical and prescription monthly employee payroll contributions

PPO — Effective January 1, 2026

	Employee per month cost	MHS per month cost
Full-Time		
Employee	$128	$664
Employee + spouse	$330	$1,372
Employee + child(ren)	$278	$1,234
Family	$456	$2,120
Part-time		
Employee	$366	$426
Employee + spouse	$758	$944
Employee + child(ren)	$684	$828
Family	$1,084	$1,492
Affordable Care Act		
Employee	$792	$0
Employee + spouse	$1,702	$0
Employee + child(ren)	$1,512	$0
Family	$2,576	$0

Medical and prescription monthly employee payroll contributions

HDHP — Effective January 1, 2026

	Employee per month cost	MHS per month cost
Full-time		
Employee	$68	$624
Employee + spouse	$212	$1,282
Employee + child(ren)	$194	$1,118
Family	$322	$2,006
Part-time		
Employee	$336	$356
Employee + spouse	$672	$822
Employee + child(ren)	$540	$772
Family	$988	$1,340
Affordable Care Act		
Employee	$692	$0
Employee + spouse	$1,494	$0
Employee + child(ren)	$1,312	$0
Family	$2,328	$0

MHS wellness incentive program

The 2026 wellness incentive rewards you for visiting your physician for preventive care and a general wellness check. To achieve the 2026 wellness incentive, you must have completed your wellness visit by August 31, 2025.

- Preventive visit, wellness exam, routine exam, annual physical – all of these refer to the same thing: a yearly check-in with a doctor to stay on top of your health.
- Complete your annual wellness visit/preventive care with your physician between September 1, 2024, and August 31, 2025.
- Offered to all Methodist Health System healthcare plan participants and their spouses who are covered on the plan as of August 1, 2025.

If you completed your wellness visit/preventive care with your provider, you will receive the following premium discounts for 2026.

Savings breakdown!

	Yearly total	Monthly	Bi-weekly
Employee only	$400	$33.33	$16.67
Spouse only	$300	$25.00	$12.50
Both	$700	$58.33	$29.17

Additional wellness benefits

MHS sponsors various wellness activities for you and your family, including the following:

- Wellness premium incentive for health plan participants
- Free flu shots
- Tobacco free resources
- Health system supported community activities
- Lactation program
- Ergonomics program
- Health information and education
- Subsidized memberships to YMCA
- Employee health services

UMR tools

UMR | umr.com | 800.826.9781

UMR member portal

On the UMR member portal, you can:

- See coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review your claims activity and history.
- Print a temporary ID card or order a new ID card.
- See frequently asked questions (FAQs).

Be informed

Visit umr.com and create an account and get started. When you log in, you'll find everything you need to know about your benefits — from eligibility to enrollment to what's covered.

How to find a preferred UMR provider

Methodist Health System provides you and your family access to high-quality providers within both medical plan options. By utilizing providers within the tier 1 network, you and your family will receive the lowest out-of-pocket expense. To find providers in all Tiers, visit UMR's member portal (umr.com), click Find a Provider, and type Nebraska Methodist into the search bar.

Telehealth services

What is telehealth?

Live video calls (on a phone, tablet or computer) with a doctor who is available at any time, day or night. No appointment is required.

Visit teladoc.com to learn more about our telehealth services or to locate a provider. For technical support, contact Teladoc at 800.835.2362.

- **TYPE OF CARE:** Medical
  - **COST UNDER PPO PLAN:** $15 copay
  - **COST UNDER HDHP:** Deductible then 10%

Sign up early!

Sign up for telehealth services early so you don't have to worry about it when you are feeling ill.

Conditions commonly treated through virtual care:

- Allergies
- Bronchitis
- Cold and flu
- Migraines
- Sinus infections
- Urinary tract infections
- And others!

Health savings account (HSA)

Optum Bank | optumbank.com | 800.234.8913

In addition to the PPO Plan, Methodist Health System also offers a high deductible health plan (HDHP) with a health savings account (HSA) option. With this plan, you – the consumer – are in charge of your healthcare spending and how to best use those dollars.

An HSA is a tax-advantaged account for participants in a qualified HDHP. The HSA allows you to determine the best use of some of your healthcare dollars. It encourages you to make informed healthcare decisions that could allow you to accumulate money for future use as you see fit. The money in the HSA belongs to you – even if you leave or retire. In the event of your death, accumulated funds in your HSA can transfer tax-free to your beneficiary if your beneficiary is your spouse. If your spouse is not your beneficiary, the funds will be included in the federal gross income of the estate or normal beneficiary.

Optum Bank, the HSA custodian, will open an account for you upon your authorization during enrollment for the HDHP and issue you a debit card to use for paying your qualified expenses. MHS will pay the monthly HSA fee while you are covered by the MHS HDHP. MHS payment of the fee does not apply to Affordable Care Act participants or if you are no longer covered by the MHS HDHP.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pretax dollars to the HSA. MHS will also contribute to your HSA for 2026. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. You can use your HSA funds to help you meet your plan's annual deductible.

A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year. You can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

Here's how the HDHP and HSA work:

- **Full calendar year deductible** must be met before any coverage applies, except preventive care. Once the deductible has been met, covered charges are subject to coinsurance up to the out-of-pocket maximum.
- **Preventive care** is reimbursed at 100%. Deductible does not apply toward these charges.
- **No copays –** By law, a copay cannot be offered with an HDHP. Example **–** charges for office visit to your primary care physician are subject to deductible and coinsurance.
- **Prescription drugs –** Charges are subject to deductible and coinsurance. Give the pharmacy your UMR ID card to obtain the discounts from our pharmacy benefit manager, Optum Rx, and to ensure your out-of-pocket Rx costs are applied toward your deductible. After the full calendar year deductible is met, you pay a percentage of the cost of the drug, subject to the minimum and maximum payments.
- **Network discounts** from PPO providers still apply so you receive discounted charges by using network providers, even when the claim is subject to the deductible.

2026 HSA contributions

You must open an HSA to receive the employer HSA contribution AND to make your own contributions. If you are currently enrolled in the HSA for 2025, your contributions will roll forward to 2026. If you are new to the HSA, you must make an HSA election in order to open the account and get the employer contribution even, if you are not interested in contributing yourself. Also, for the HSA in 2026, if you are at the 2025 maximum for your tier of health coverage (single or family) and your age, we will increase you to the 2026 maximum for your tier of coverage and your age. The employer HSA contribution does not apply to Affordable Care Act participants. MHS employer contributions count toward the annual HSA contribution limits, so you need to carefully plan how much you'll contribute annually to avoid excess contributions. These limits apply even for participants entering the plan midyear. The annual pretax contribution limits for the HSA contributions for 2026 will be:

	HSA contributions		HSA contributions age 55 and older	
Coverage type	Annual employee contribution limit	Employer contribution	Catch-up employee contribution limit	Catch-up + employee contribution limit
Employee	$3,800	$600	$1,000	$4,800
Employee + spouse	$7,550	$1,200	$1,000	$8,550
Employee + child	$7,550	$1,200	$1,000	$8,550
Employee + children	$7,550	$1,200	$1,000	$8,550
Employee + family	$7,550	$1,200	$1,000	$8,550

*Employer HSA contributions do not apply to Affordable Care Act participants. ACA participants can make their own HSA contributions. The HSA limits for ACA participants are $4,400 for Employee Only Coverage and $8,750 for Employee + Spouse, Employee + Child, Employee + Children, and Employee + Family Coverage. HSA catch-up contribution for those age 55 and older is $1,000.

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.**
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement arrangement (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, Medicaid, TRICARE or TRICARE For Life.
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.

How to access/make contributions to your HSA

Once your account is open, you can access it via optumbank.com. You'll set up your payroll contributions during open enrollment, but you can make contribution changes at any time during the year through Workday. Note that the change will take effect the pay period following the date of the change made within Workday.

MHS HSA employer contribution

MHS makes an employer contribution of $600 (employee only coverage) and $1,200 (employee plus dependents). The employer contribution does not apply to healthcare reform participants. You can also set aside your own pretax dollars for these expenses. If you do not use these dollars during the calendar year, the money rolls forward to the next year, and you can use the money for future expenses, subject to HSA regulations. Optum Bank is the HSA custodian. See the HSA contribution section for details.

- For a listing of eligible expenses for HSA funds, see the document entitled, "HSA Qualified Expenses."
- See the document entitled, "Investing With Your HSA" for information on investment options for your HSA dollars.
- With the HSA, you can also elect to make pretax contributions to the Limited Use Medical Expense Reimbursement Plan – this plan is for expenses such as dental, vision, and preventive care expenses.

More details about health savings accounts

The HSA is administered by Optum Bank, and MHS pays the monthly administrative fee. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees.

You'll notice two separate line items on your paycheck when you participate in the HDHP with HSA option — one for your employee contributions for the HDHP and one for your pretax contributions to the HSA.

For more details, see high deductible health plan and health savings account information on the employee center and searching for Open Enrollment.

*If you make the full-year contribution based upon your status as of December 1, you may be subject to an IRS testing period and could owe tax and a penalty on part of that contribution if you do not remain an eligible individual through December 31 of the following year. You may also need to prorate your contribution if you drop or reduce the level of your coverage midyear.

**You must not have any other first-dollar health insurance coverage before the deductible is met. Preventive care services are not required to be subject to the deductible. Individuals may also carry separate coverage for accidents, disability, dental or vision care, and long-term care, not subject to the deductible. Limited-purpose flexible spending accounts are allowed for vision and dental expenses.

Medical expense reimbursement plan

UMR | umr.com | 800.826.9781

Payment plans

MHS offers three types of reimbursement plans through UMR. The following plans can help you save on a pretax basis for out-of-pocket expenses:

- Medical expense reimbursement plan
- Limited use medical expense reimbursement plan
- Dependent care expense reimbursement plan

	MHS annual contribution limits
Medical expense reimbursement plan	$3,400
Dependent care expense reimbursement plan	$5,000 filed jointly**
Limited use medical reimbursement plan	$3,400

**MHS maximum limit for dependent care is $5,000. Check with a tax advisor for your contribution limit if you are married and your spouse contributes to an employer plan, or you are married filing separate returns.

Eligibility

Full-time or part-time staff member scheduled to work 20 hours or more per week

Coverage effective date

- 1st of the month following the date you became eligible
- If you enroll within 30 days after being hired or becoming eligible.
- Due to IRS rules, you can't add, drop or change your coverage during the year unless you have a qualifying event that meets the applicable legal requirements (such as a change in marital or employment status).
- If you are contributing to an HSA through Optum Bank or through your spouse's plan, you are not eligible to participate in the medical expense reimbursement plan.

TAX-FAVORED ACCOUNT

Medical expense reimbursement plan

- For participants enrolling in the PPO health plan
- Pretax employee contribution
- Pay for eligible healthcare expenses
- Unused dollars are forfeited after year end
- Maximum $3,400 contribution per year
- Not available if enrolled in a high deductible health plan
- Medical and dental deductibles, copayments and coinsurance amounts, vision expenses, hearing expenses.

Because you pay for these expenses on a pretax basis, your money goes a lot further — and your taxable income is reduced.

Plan carefully!

Due to IRS rules, you must use the money you contribute to the plan for expenses that you incur during the calendar year while you are a participant. Otherwise, you forfeit any money left in your plan. You can't change your contribution amount during the year unless you have a qualifying event that meets the applicable legal requirements (such as a change in marital or employment status).

For more information

To access additional resources, please visit the Employee Center.

TAX-FAVORED ACCOUNT

Dependent care expense reimbursement plan

Dependent care reimbursement plans allow you to set aside money pretax to pay eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full time. You must contribute money through payroll deduction to your dependent care reimbursement plan before you can spend it.

During open enrollment, you must decide how much to set aside for this account in 2026. You may contribute up to $5,000. Check with a tax advisor if you are married filing separate returns or if your spouse is also contributing to their employer plan.

Eligible expenses

- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care
- Transportation to and from eligible care (provided by your care provider)

Ineligible expenses

- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial elder care (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)

TAX-FAVORED ACCOUNT

Limited-use medical expense reimbursement plan

If you are enrolled in the HSA plan, you are eligible to enroll in the limited-use reimbursement plan. IRS rules state that you cannot have both an HSA and medical expense reimbursement plan since both apply funds toward your medical expenses. A limited-use medical expense reimbursement plan allows you to continue to contribute to an HSA. A limited-use reimbursement plan is much like a general medical expense reimbursement plan. The main difference is that the limited-use medical expense plan is set up to reimburse only medical expense reimbursement-eligible dental and vision expenses. Visit umr.com for a current list of eligible expenses, claims filing deadlines and other information about your account. The annual contribution limit for limited-use medical expense reimbursement plan is $3,400 for 2026.

- Available only if enrolled in a high deductible health plan
- Pretax employee contribution
- Pay for eligible dental, vision, and preventative medical expenses not covered by other plans
- Unused dollars are forfeited after year end
- Maximum $3,400 contribution per year for 2026

Remember

Changes to your medical reimbursement plan elections can be made only during open enrollment or a qualifying life event.

Dental

UMR | umr.com | 800.826.9781

Methodist Health System offers dental coverage through UMR. The dental PPO plan covers preventative, basic, major, and orthodontic services both in and out of network. Your coverage will depend on the type of care you need.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

UMR

View covered services, claim status or your account balance; find a dentist; update your information; and much more at umr.com. Network: UMR Managed Dental or Connection Dental.

To see a current provider directory, please visit UMR.

	Plan benefits
Deductible	
Employee only	$25
Family	$75
Is the deductible waived for preventive services?	Yes
Annual plan maximum (per individual)	$2,000
Diagnostic and preventive	
Oral exams, X-rays, cleanings, fluoride (once per calendar year for eligible dependents under age 18), space maintainers (for eligible dependents under age 16), sealants (once every 36 months for eligible dependents under age 15), emergency pain treatment	100%
Basic	
Oral surgery, fillings, endodontic treatment, periodontic treatment	80%*
Major	
Crowns, dentures, bridges, implants	50%*
Orthodontia	
Adults and dependent children	50%*
Lifetime orthodontia plan maximum (per individual)	$2,000

*After deductible

Dental monthly employee payroll contributions

Effective January 1, 2026

	Employee per monthly contribution	MHS per monthly contribution/ cost
Full-time		
Employee	$24	$20
Employee + spouse	$42	$42
Employee + child(ren)	$46	$44
Family	$64	$62
Part-Time		
Employee	$34	$10
Employee + spouse	$62	$22
Employee + child(ren)	$66	$24
Family	$78	$48

- You can elect the UMR dental plan regardless of whether you are enrolled in the medical or vision plan.
- UMR will mail a physical ID card to your home address or you can print an ID card any time by logging into umr.com.

Vision

EyeMed | eyemed.com | 866.723.0513

EyeMed's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the EyeMed network. When you use an out-of-network provider, you will have to pay more for vision services.

Enhanced Benefit Option: Eye360!

Eye360 provides enhanced benefits when you visit a PLUS Provider. Enjoy a $0 eye exam copay as well as an additional $50 frame allowance when you visit a PLUS provider. That's an additional $65 in savings just for visiting a PLUS provider! To see if your current provider is a PLUS provider, or to find a PLUS provider, use the Eyemed website or mobile app.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Refer to the vision handout for more detailed plan information.

	In-network	Out-of-network reimbursement
Eye exam with dilation as necessary (once per 12 months)	$10 copay $0 if you visit a PLUS Provider	Up to $30
Frame allowance (once per 12 months)	$150 Additional $50 frame allowance if you visit a PLUS Provider	Up to $75
Standard lenses (once per 12 months)		
Single vision	$25 copay	Up to $25
Bifocal	$25 copay	Up to $40
Trifocal	$25 copay	Up to $55
Standard progressive	$25 copay	Up to $55
Lenticular	$25 copay	Up to $55
Premium progressive	$45-$70 copay	Up to $55
Contact lenses in lieu of glasses		
Medically necessary	$0; paid-in-full	Up to $200
Conventional or disposable	$0 copay; $150 allowance	Up to $120

Vision monthly employee payroll contributions

Effective January 1, 2026

	Employee per month contribution
Employee	$9.90
Employee + 1	$18.80
Family	$27.63

- You can elect the EyeMed vision plan regardless of whether you are enrolled in the medical or dental plan.
- You will not receive a vision ID card. However, you can print an ID card on eyemed.com

Group term life and accidental death and dismemberment (AD&D)

Symetra

Methodist Health System's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and AD&D coverage are provided automatically at no cost to you after one year of employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Group term life and AD&D	100% paid by the employer
All employees	1.5x salary up to $300,000

Age reduction schedule

- Ages 70 to 74: Benefit decrease to 65% of original benefit.
- Ages 75+: Benefit decrease to 50%.

Here are some helpful terms

IMPUTED INCOME: Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of $50,000 when paid for by your employer. These values are known as imputed income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

Long-term disability (LTD)

- Provided by MHS at no cost to you
- If disabled and unable to work more than 90 days
- Monthly benefit 60% income replacement, up to $7,000 per month. LTD benefits continue until the earliest of the following:
  - You are no longer disabled;
  - You reach age 65 (or according to the schedule if disability begins after age 61);
  - 24 months, unless you are unable to perform any type of work, based on your education, training or experience; or
  - You die.

Under the plan, you are considered "disabled" if you are medically unable to meet the requirements of the position you held prior to your illness or injury.

Eligible for the plan

- Full-time or part-time staff member scheduled to work 20 hours or more per week

Coverage effective date

- The 1st of the month following one full year of employment

Voluntary life

Symetra

You have the opportunity to purchase voluntary life insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Coverage	Available benefit	Guaranteed amount
Employee $10,000 increments	$10,000 increments up to a maximum of 7x your annual salary or $500,000	$300,000
Spouse $10,000 increments	$10,000 increments up to a maximum of $100,000	$50,000
Dependent child(ren) Up to $10,000	Up to 14 days — no coverage 14 days to 6 months — $1,000 6 months to 26 years — $10,000	N/A

Electing voluntary life coverage

- Decide if you want coverage for yourself.
- Decide if you want coverage for your spouse or eligible dependent children. Please note that you, as the employee, must have basic life or voluntary life coverage in place in order to add coverage for your spouse and/or dependent child.
- Complete the online enrollment.
- You must enroll within 30 days of eligibility or hire, for coverage to be effective the first of the month.
- If you enroll after 30 days during an allowed election period, you and your spouse will be considered late enrollees — subject to evidence of insurability requirements of Symetra.
- The coverage amounts elected above the guaranteed amount are always subject to evidence of insurability.
- Reminder: Complete the beneficiary designation online in Workday.

Voluntary life eligible dependents

Your eligible dependents include the following:

- Your legally married spouse;
- Your unmarried children (natural, adopted, foster or stepchildren) from age 14 days up to age 26.

Deferred effective date

- **EMPLOYEES:** Insurance coverage or an increase in coverage will be delayed if you are not actively at work due to a physical or mental condition. Coverage or an increase in coverage will not start until the date you are actively at work.
- **DEPENDENTS:** Insurance coverage or an increase in dependent spouse/child coverage will be deferred if that dependent is confined in a hospital or confined elsewhere. Coverage or an increase in coverage will not start until the dependent is discharged from the hospital or no longer confined elsewhere and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.
- This deferred effective date provision will not apply to disabled children who qualify under the definition of dependent life for the life insurance coverage.
- “Confined elsewhere” means that your dependent spouse or child is unable to perform, unaided, the normal functions of daily living, or leave home or other place of residence without assistance.

Short-term disability

Symetra

Methodist Health System offers eligible employees access to a voluntary (employee-paid) short-term disability plan and an employer-paid long-term disability plan to support you financially while you are sick or injured. Below are the high-level plan details.

Voluntary short-term disability (STD) plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to $2,000 weekly, during the first 12 weeks of injury or illness.

Voluntary short-term disability	100% paid by the employee
Weekly benefit amount	60%
Weekly benefit maximum	$2,000
Benefits begin	After 7 days
Benefits duration	12 weeks
Preexisting condition limitation	12 months

Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to your certificate of coverage for more details.

For more information on this voluntary short-term disability plan, call the Human Resources Service Center at 402.354.2280, option 1.

Employee assistance program (EAP)

402.354.8000

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. MHS offers confidential and professional counseling in person or over the phone. You or your family members in your household can get assistance.

FIND YOURSELF STRUGGLING WITH:

- Stress
- Depression
- Financial matters
- Family issues

Your EAP visits come at no cost to you! Use these visits first since they're free to you. Once those are used, we recommend transitioning to visits under your medical plan.

Contact the EAP to speak to a licensed counselor. EAP can also provide referrals for in-depth help when needed. MHS provides the benefit — EAP visits covered at no cost to you or your family. Up to 5 visits covered per person, per year.*

To set up an appointment, call the EAP at 402.354.8000 or toll-free at 800.801.4182. The EAP is available during the following hours:

- Monday through Thursday, 8 a.m. to 8:30 p.m.
- Friday, 8 a.m. to 4:30 p.m.
- Saturday, 8 a.m. to 1 p.m.

Emergency and crisis services are available after regular office hours.

To learn more about your EAP, visit the EAP website at bestcareeap.org.

MHS username: bcNMHSe

MHS password: NMHS

Talkspace online therapy

With Talkspace, you can talk to a therapist no matter where you are. Remember to access the free visits through Methodist EAP for initial visits. Once the visits available under the EAP have been exhausted, the medical plan can be used for ongoing care. This service is covered under UHC's behavioral health benefit. (Please note our EAP also uses this service.)

- Support for anxiety, depression, PTSD, substance use disorders, eating disorders, compulsive disorders and other conditions
- Specialized clinicians deliver services across all 50 states and are matched to members based on location, needs and preferences
- Find a therapist with an online matching tool
- Start therapy within hours of choosing your therapist
- Choose real-time, face-to-face video visits by appointment
- Those age 18 and older can also access
- Talkspace Psychiatry to schedule live video sessions with a psychiatrist who can help create a tailored treatment plan

*The 5 free visits are with Methodist EAP or TalkSpace. Continued services with TalkSpace are subject to coinsurance and deductible.

Voluntary benefits

Symetra

Voluntary benefits insurance through Symetra can help protect you from significant or unexpected out-of-pocket expenses. Consider your anticipated medical needs along with the cost of the insurance plans available to you. Keep in mind, these plans are intended to supplement, not replace, a medical plan.

Critical illness insurance

If you are diagnosed with a covered condition after the policy is in effect, you will receive a lump-sum benefit payment based on the terms of your policy and the diagnosis. Benefits are paid directly to you, regardless of any other insurance coverage you may have.

Accident insurance

Accident Insurance provides benefits to help cover out-of-pocket medical expenses related to an accidental injury. Benefits are paid based on the type of injury or service performed and do not interfere or coordinate with your major medical plan.

Hospital indemnity insurance

Hospital indemnity insurance pays a fixed dollar amount per day for confinement in a hospital, an ICU or a standalone treatment facility for mental illness, substance abuse or rehabilitation during a hospital stay, up to a maximum number of days each year. There are no preexisting condition limitations, no health questions to answer and no medical tests to take. You're paid the full per-day benefit no matter what other insurance you have.

FreeWill

Prepare for the future and protect your loved ones. Create a completely free last will and testament in less than 20 minutes. For more information, please visit staff.bestcare.org/freewill.

Basic insurance terms

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is $2,800, your plan won't pay anything until you've met your $2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible, as it is covered 100% by any medical plan option.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

Contacts

Medical plan

UMR

General website: umr.com
Member services: 800.826.9781
Care Management: 866.494.4502
Prior Authorization: 866.494.4502

Prescription services

Optum Rx

General website: optumrx.com
Member services: 877.559.2955

HSA

Optum Bank

General website: optumbank.com
Member services: 866.234.8913

Healthcare and dependent care FSA

UMR

General website: umr.com
Member services: 800.826.9781

Dental

UMR

General website: umr.com
Member services: 800.826.9781

Vision

EyeMed

General website: eyemed.com
Member services: 866.723.0513

Long-term disability, life and AD&D

Symetra

Information shown applies to claims submission.

General website: symetra.com/mygo
Member services: 877.377.6773

Short-term disability

Symetra

Information shown applies to claims submission.

General website: symetra.com/mygo
Member services: 877.377.6773

Accident, critical illness, hospital indemnity

Symetra

General website: symetra.com/mygo
Member services: 800.497.3699

Employee assistance program

To set up an appointment, call the EAP at 402.354.8000 or toll-free at 800.801.4182. The EAP is available during the following hours:

- Monday through Thursday, 8 a.m. to 8:30 p.m.
- Friday, 8 a.m. to 4:30 p.m.
- Saturday, 8 a.m. to 1 p.m.

Voluntary benefits

Symetra

General website: symetra.com/mygo

Critical illness, hospital indemnity, and accident services: 800.497.3699

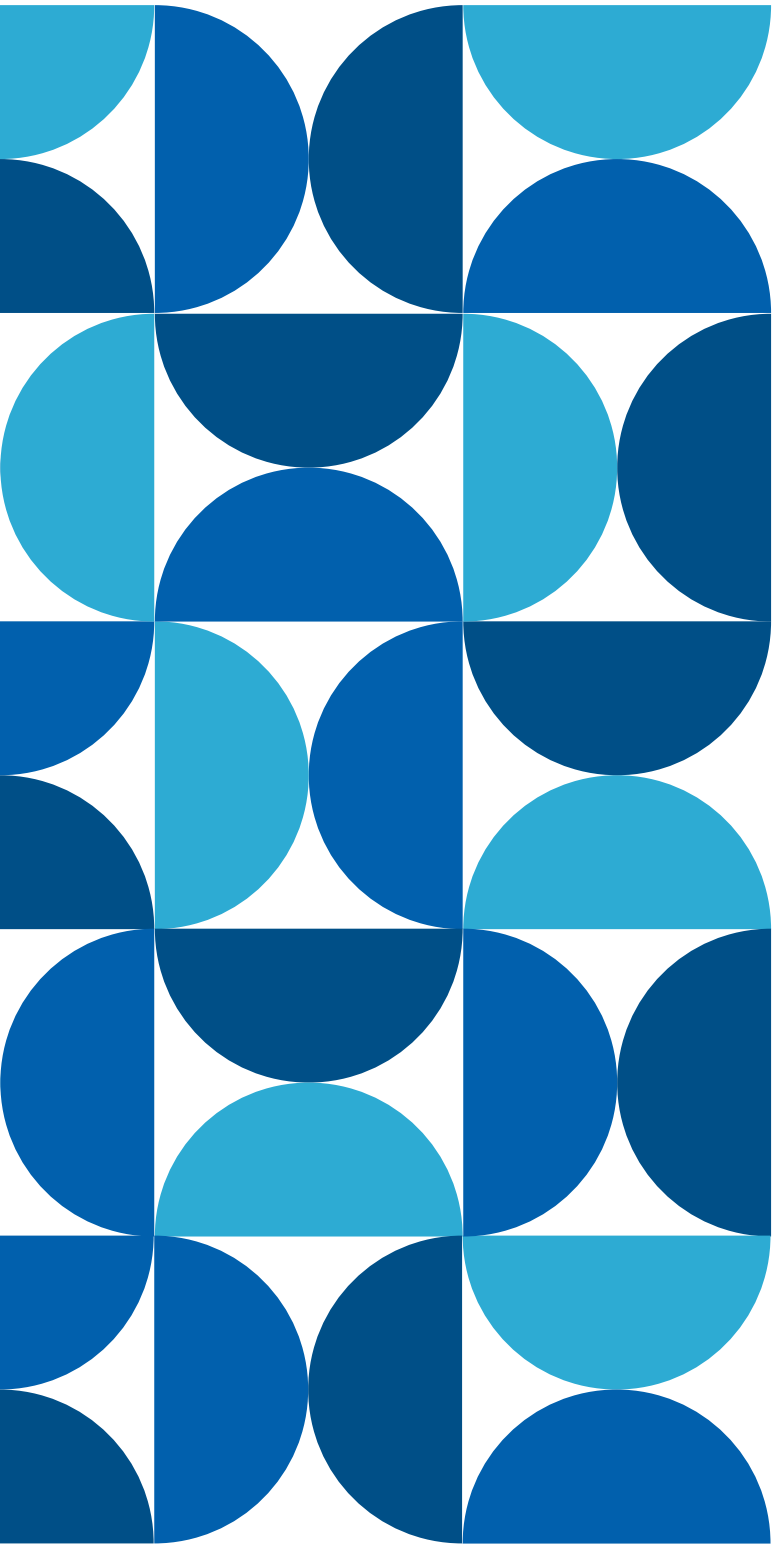
Short-term disability and voluntary life services: 877.377.6773

Final notes

This summary of benefits is not intended to be a complete description of Methodist Health System's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Methodist Health System maintains its benefit plans on an ongoing basis, Methodist Health System reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact the HR Service Center at 402.354.2280 with questions regarding the information provided in this overview.



METHODIST

All changes must be made by November 7!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.