2025 Benefits Guide

FULL-TIME, PHYSICIANS AND PARTNER ELIGIBLE PHYSICIANS

Published by BayCare's Human Resources Department

TABLE OF CONTENTS

INTRODUCTION

BayCare is pleased to offer a comprehensive and competitive physician benefit plan to our physicians/physicians and their families. Please use the information in this guide and available resources on SharePoint to make the right health care choices for you and your family. If you have any questions regarding any of the information you see in the 2025 Benefit Guide, please direct them to Human Resources at 920-301-2047.

- As a full-time eligible physician/physician of BayCare Clinic and BayCare Health Systems you are invited to participate in BayCare's Voluntary Physician Benefit Plans.
    - A full-time regular physician is defined as one who is regularly scheduled to work at least 0.75 Full Time Equivalency (FTE) or 30+ hours per week.

- As a full-time eligible physician, Long-Term Disability and Group Life and Accidental Death & Dismemberment (AD&D) Insurance will be provided to you at no cost.

- You are eligible for BayCare's Physician Benefit Plans beginning on the first day of the month following the completion of a 30-day waiting period.

- <u>Voluntary Physician Benefit Plans</u>:
    - Short-Term Disability
    - Voluntary Life & AD&D Insurance for yourself, spouse/domestic partner, and eligible dependent children
    - Medical—Traditional PPO Plan or two different High Deductible Health Plans (HDHP) with Prescription Drug coverage included
    - Dental—Comprehensive or Preventative Plan
    - Flexible Spending Accounts (FSA)—General Purpose FSA, Dependent Care FSA and Limited Purpose FSA
    - Health Savings Account (HSA)
    - Legal Insurance
    - LifeLock with Norton

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

QUALIFYING EVENTS AND IRS CODE SECTION 125

IRS Code Section 125

All deductions are made on a pre-tax basis, therefore, your ability to make changes to these benefits is restricted by the IRS. Changes to an physician's pre-tax benefits can be made only during the annual Open Enrollment period unless the physician or qualified dependents experience a qualifying event.

Under certain circumstances, physicians may be allowed to make changes to benefit elections during the plan year, if the event affects the physician, spouse/ domestic partner or dependent's coverage eligibility. An "eligible" qualifying event is determined by the IRS, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

Common Qualifying Events:

- Marriage, divorce/legal separation or the declaration of the beginning or end of a Domestic Partnership
- Birth or adoption of a child
- Change in your or your spouse/domestic partner's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse/domestic partner's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare

This is not an exhaustive list of qualifying events, please reach out to Human Resources if you have questions on a qualifying event.

IMPORTANT: If you experience a qualifying event, Human Resources must be contacted within 30 days of the event to make the appropriate changes to your coverage. You will be required to provide proof of your qualifying event and complete and submit a new enrollment form. All applicable paperwork must be submitted within the 30 days of the qualifying event. Beyond 30 days, requests may be denied, and you will be required to wait until the next Open Enrollment period to change your coverage.

DOMESTIC PARTNERSHIP QUALIFIERS

BayCare does allow domestic partners (same or opposite sex partners) to be on the BayCare Physician Benefit Plans. Children of domestic partners are not allowed on our plans.

In order to qualify for a domestic partnership, you must meet the following criteria and sign an affidavit attesting to the following criteria:

1. You may not be related by blood or a degree of closeness that would prohibit marriage in the law of the state in which you reside
2. You cannot be currently married to, or a Domestic Partner of, another person under either statutory or common law
3. You are in a committed and mutually exclusive relationship
4. You share the same permanent residence and common necessities of life, and have lived together continuously for at least six (6) months
5. You are both at least eighteen (18) years of age
6. You both are mentally competent to consent to contract
7. You are not in the Domestic Partnership solely for the purpose of obtaining insurance coverage
8. You are financially interdependent and will provide proof to support at least two (2) of the following conditions of financial interdependence:
    a. You are in a dedicated relationship of at least six (6) months and/or
    b. You have joint ownership of a residence and/or
    c. You have at least two (2) of the following:
        i. A joint ownership of an automobile
        ii. A joint checking, bank, or investment account
        iii. A joint credit account
        iv. A lease for a residence identifying both partners as tenants
        v. A will and/or life insurance policy which designates the other as primary beneficiary

VOLUNTARY SHORT-TERM DISABILITY

Short-Term Disability is administered by Mutual of Omaha

Short-Term Disability income benefits will be payable should you be unable to work due to a non-occupational accident or illness and are under the care of a medical doctor. The benefit payable is based on your weekly earnings, not including overtime pay.

- You are eligible for a benefit payment equal to 60% of your base weekly earnings, up to a maximum of $2,500 per week.
- The benefit starts after seven days (on the 8th calendar day), due to an illness or on the first day due to an accident and will continue up to the lesser of the date you are no longer considered disabled or twenty-six weeks.

Short-Term Disability is a voluntary benefit. The premium rate is $0.52/$10 of coverage (based upon income). BayCare will pay 50% of the monthly premium and the physician will be responsible for the remaining 50%.

If you chose to WAIVE Short-Term Disability as a new hire, your only option to elect this benefit in the future is during Open Enrollment. At that point, you would be required to complete an Evidence of Insurability (EOI) form and get approved for coverage. You can be denied at any time after your new hire election period ends.

PLEASE NOTE: Should you elect Short-Term Disability in the future and get approved, any claims submitted within two years are subject to review by Mutual of Omaha underwriting. Any discrepancies found in the EOI form could result in your claim being denied.

Physicians have the option to elect to have the Short-Term Disability premiums treated on a pre-tax or post-tax basis. If the premiums are treated on a pre-tax basis, any benefits payable will be taxable income. If the premiums are treated on a post-tax basis, any benefits payable will be non-taxable income.

LONG-TERM DISABILITY

Long-Term Disability is administered by Northwestern Mutual

Long-Term Disability benefits will be payable if you are unable to work in your regular job due to a non-occupational accident or illness and are under the care of a medical doctor.

- Eligibility for benefits begins on the 181st day of disability in the first 360 days after the date you become disabled.
- The benefit payable is equal to 50% of your pre-disability earnings, not to exceed a monthly amount of $15,000 (post-tax).
- Premium Cost: $1.029 of each insured member's pre-disability earnings insured under the policy (maximum premium is $308.70/month for those members with an income of $360,000/year).
- The Maximum Benefit Period is determined by your age when disability begins and is as follows:

Age at Disability	Maximum Benefit Period
61 or younger	To age 65, or 3 years 6 months, if longer
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

Partner physicians are automatically enrolled in the Long-Term Disability plan. If you waive the Long-Term Disability benefit and then become a Partner with BayCare, you must fulfill a waiting period before you Long-Term Disability benefit becomes effective.

GROUP LIFE AND AD&D INSURANCE

Group Life and AD&D Insurance is administered by Mutual of Omaha

All physicians eligible for BayCare's Physician Benefit Plans will be provided Group Life and Accidental Death & Dismemberment (AD&D) Insurance. This is a company-paid benefit.

The Group Life insurance is one times your basic annual earnings to the nearest $1,000. The amount of coverage will be a minimum of $50,000 regardless of your earnings. The maximum amount of coverage is $150,000.

Amounts over $50,000 in Life insurance are taxable to the physician.

Accidental Death & Dismemberment (AD&D) coverage is provided on the same schedule as the Life plan. Should death occur by accident, both Life and AD&D benefits will be paid.

VOLUNTARY LIFE AND AD&D INSURANCE

Voluntary Life and AD&D Insurance is administered by Mutual of Omaha

BayCare offers Voluntary Group Term Life and AD&D Insurance at group rates for physicians who wish to participate.

- Additional Life and AD&D coverage can be purchased for your spouse/domestic partner and eligible dependent children to help with the financial burden in the event of the death of your spouse/domestic partner or a dependent child.
- To apply for Voluntary Group Term Life and A&D coverage, you must indicate the amount of coverage desired on the 'Life and AD&D and Disability Income Insurance Enrollment Form'. Any amounts over the Guaranteed Issue amount require completion of the Evidence of Insurability (EOI) form and approval of coverage. You will be notified if the amounts you choose have been approved by Mutual of Omaha.

Voluntary Life and AD&D Insurance continues on page 8

VOLUNTARY LIFE AND AD&D INSURANCE CONTINUED

Physician Voluntary Life and AD&D Insurance

- Choices must be made in $10,000 increments
  - Voluntary Life Insurance available up to 5x annual salary or $500,000
  - Voluntary AD&D Insurance available up to 5x annual salary or to $500,000
- Guaranteed Issue Amount: $200,000

Spouse/Domestic Partner Voluntary Life and AD&D Insurance

- Choices must be made in $10,000 increments
  - Voluntary Life Insurance available up to 5x EE annual salary or $500,000
  - Voluntary AD&D Insurance available up to 5x EE annual salary or $500,000
- Coverage may not exceed the amount elected for physician
- Guaranteed Issue Amount: $50,000

Dependent Children Voluntary Life Insurance

- Must have physician voluntary life to enroll in dependent children voluntary life
- Dependent children are covered from live birth to age 26
- Life Insurance can be purchased for $5,000 or $10,000 for each child 26 and under
- **Rates for Dependent Children: $0.90 a month for $5,000 of coverage and $1.80 a month for $10,000 of coverage no matter how many children enrolled**

VOLUNTARY LIFE AND AD&D INSURANCE MONTHLY RATES

Age Bracket	Life Rates per $1,000	Life and AD&D Rates per $1,000
<25	$0.06	$0.10
25-29	$0.07	$0.11
30-34	$0.09	$0.13
35-39	$0.10	$0.14
40-44	$0.17	$0.21
45-49	$0.29	$0.33
50-54	$0.48	$0.52
55-59	$0.75	$0.79
60-64	$1.17	$1.21
65-69	$2.10	$2.14
70+	$3.76	$3.80

If you need assistance in determining your monthly or semi-monthly premium amount, please direct your questions to Human Resources at 920-301-2047.

ADDITIONAL LIFE AND DISABILITY BENEFITS

The following benefits are included with the Life and Disability Plans through Mutual of Omaha.

Accelerated Death Benefit

- You may collect a portion of your death benefit while you are living; if you are diagnosed with a terminal condition with a limited life expectancy of no more than 12 months (may vary by state).

Will Preparation Services

- Mutual Solutions, via Epoq, Inc., offers a secure account space that allows you to prepare your Last Will and Testament, Power of Attorney, Healthcare Directive, and Living Trust. These documents are created online at www.willprepservices.com utilizing code "MUTUALWILLS" and are available for download instantly upon creation.

"Take it With You"

- The portability/conversion option allows for continued coverage that can help protect your family even when your current employment ends.

Travel Assistance Plan

- Mutual Solutions offers travel assistance that can help you avoid unexpected bumps in the road anywhere in the world. Physician, spouse, and dependent children are covered with this program on any single trip, up to 120 days in length, more than 100 miles from home. This program offers pre-trip assistance, emergency travel support services 24/7, identity theft prevention education and assistance, as well as coordination, arrangements, and communication in a medical emergency. Please contact the HR Department for further information at 920-301-2047.

Waiver of Premium

- If you become totally disabled, your life insurance premium may be waived if you satisfy certain conditions as defined by the policy.

LEGAL INSURANCE

Legal Insurance is administered by ARAG Legal Insurance

Legal insurance helps you plan for the good times in life, like welcoming a child into your family and updating your will. It's also there to help you through life's struggles, like when kids make mistakes, you get caught speeding or true love just doesn't work out.

Why get ARAG Legal Insurance?

- Work with a network attorney & fees are 100% paid in full for most covered matters.
- Save thousands of dollars, on average, for legal matters by avoiding costly legal fees.
- Use DIY Docs® to create a variety of legally valid documents, like wills or powers of attorney, including state-specific templates.
- Address your covered legal situations with a network attorney for legal help and representation.

Who is Covered?

Employees/physicians, spouse/domestic partners and dependent children (up to age 19; 19 to 26 must be enrolled full-time at an accredited university to be eligible for coverage).

What is the Difference Between Ultimate Advisor and Ultimate Advisor Plus?

Ultimate Advisor Plus expands coverage for things such as pre/postnuptial agreements, domestic partner agreements, identity theft prevention, tax services, and much more.

Visit ARAGlegal.com/myinfo and enter access code 19328bch to view the difference between both plans.

What is the Cost?

Plan	Ultimate Advisor	Ultimate Advisor Plus
Single or Family Coverage	$9.77/semi-monthly	$11.40/semi-monthly

Please note: the above list of services provided through ARAG Legal Insurance is not comprehensive, for complete list of coverage, see SharePoint or ARAGlegal.com/myinfo and enter access code 19328bch.

LIFELOCK BY NORTON

LifeLock is administered by Norton Benefit Plans

LifeLock with Norton Benefit Plans were created to help physicians feel protected and confident in our connected world.

What you get with LifeLock by Norton Benefit Plans:

- Identity—monitoring of fraudulent use of the members Social Security number, name, address and date of birth in applications for credit and services
- Device Security including AntiVirus—multi-layered, advanced security to help protect your devices against existing and emerging malware threats, including ransomware, and helps protect private and financial information when members go online shopping
- Home & Family—Norton Family Parental Control allows members to take action to monitor their child's online activity and identify potential dangers
- LifeLock Privacy Monitor—provides members with an opportunity to help reduce the public exposure of their personal information

Norton's Million Dollar Protection Package—members receive up to $1 million for:

- Coverage for Lawyers & Experts
- Reimbursement for Stolen Funds
- Personal Expense Compensation

Who is Covered?

Physicians, spouse/domestic partners and dependent children (including stepchildren) who resides in the same household.

What is the Difference Between Benefit Essential and Benefit Premier?

See next page for list of services provided through LifeLock by Norton.

What is the Cost?

Plan	Benefit Essential	Benefit Premier
Physician	$3.49/semi-monthly	$4.99/semi-monthly
Physician + Family	$6.98/semi-monthly	$9.49/semi-monthly

		LifeLock with Norton Benefit Essential	LifeLock with Norton Benefit Premier
LIFELOCK IDENTITY THEFT PROTECTION	Home Title Monitoring NEW		●
	LifeLock Skill for Amazon Alexa** NEW	●	●
	Credit, Bank & Utility Account Freezes** NEW	●	●
	Identity Verification Monitoring†,** NEW	●	●
	LifeLock Identity Alert™ System†	●	●
	• Payday - Online Lending Alerts†	●	●
	• Credit Alerts & Social Security Alerts†	●	●
	LifeLock for Norton360 mobile app (Android™ & iOS)** Downloading the app does not provide protection until enrollment has been completed.	●	●
	Dark Web Monitoring**	●	●
	LifeLock Privacy Monitor™	●	●
	USPS Address Change Verification	●	●
	Stolen Wallet Protection	●	●
	Reduced Pre-Approved Credit Card Offers	●	●
	Fictitious Identity Monitoring	●	●
	Data Breach Notifications	●	●
	Bank & Credit Card Activity Alerts†,**	●	●
	Checking & Savings Account Application Alerts†,**		●
	Bank Account Takeover Alerts†,**		●
	401K & Investment Account Activity Alerts†,**	●	●
	File Sharing Network Searches	●	●
	Sex Offender Registry Reports	●	●
	Prior Identity Theft Remediation[8] This feature is separate from our Million Dollar Protection™ Package and does not provide coverage for lawyers and experts, reimbursement of stolen funds or compensation for personal expenses for events occurring during the 12 months prior to enrollment. See disclaimer for details.	●	●
	U.S.-based Identity Restoration Specialists	●	●
	24/7 Live Member Support	●	●
	Million Dollar Protection™ Package†,†† • Stolen Funds Reimbursement • Personal Expense Compensation • Coverage for Lawyers and Experts	Up to $1 Million each	Up to $1 Million each
	Credit Application Alerts[2]**	One-Bureau	One-Bureau
	Credit Monitoring[1]**	One-Bureau	Three-Bureau
	Annual Credit Report & Credit Score[1]** The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		Three-Bureau
	Monthly Credit Score Tracking[1]** The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		One-Bureau
NORTON DEVICE SECURITY	Secures PCs, Mac & mobile devices	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
	Online Threat Protection**	●	●
	Password Manager**	●	●
	Parental Control[3]**	●	●
	Smart Firewall**	●	●
	Cloud Backup[3]**	10 GB	50 GB
ONLINE PRIVACY	SafeCam[3]**	●	●

NortonLifeLock™

[1] If your plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax; and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful plan enrollment. Please note that in order to enjoy all features in your chosen plan, such as bank account alerts, credit monitoring, and credit reports, it may require additional action from you and may not be available until completion.

[2] If your plan includes One Bureau Credit Application Alerts, two requirements must be met to receive said features: (i) your identity must be successfully verified with TransUnion; and (ii) TransUnion must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE ONE BUREAU CREDIT APPLICATION ALERTS. One Bureau Credit Application Alerts will take several days to begin after your successful LifeLock plan enrollment.

[3] Norton Cloud Backup, Norton SafeCam and Norton Family Parental Control features are not supported on Mac.

† The LifeLock alert network includes a variety of product features and data sources. Although it is very extensive, our network does not cover all transactions at all businesses, so you might not receive a LifeLock alert in every single case.

††† Reimbursement and Expense Compensation, each with limits of up to $1 million for LifeLock with Norton Benefit Essential and LifeLock with Norton Benefit Premier and up to $1 million for coverage for lawyers and experts if needed, for all plans. Benefits under the Master Policy are issued and covered by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: LifeLock.com/legal.

** These features are not enabled upon enrollment. Member must take action to activate this protection.

[8] Subject to eligibility requirements defined in Terms & Conditions at https://www.lifelock.com/legal/prior-id-theft-remediation. NortonLifeLock reserves the right to change and/or cease services at any time.

No one can prevent all identity theft or cybercrime.

The LifeLock Brand is part of NortonLifeLock Inc.

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DENTAL – COMPREHENSIVE PLAN

This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using a PPO or Premier provider will reduce your out-of-pocket costs.

Comprehensive Plan

Benefit Details	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Individual Annual Maximum	$1,500	$1,500	$1,500
Annual Deductible *Does not apply to diagnostic or preventive services*	$25 / person; $75 / family	$25 / person; $75 / family	$25 / person; $75 / family
Diagnostic & Preventive	You pay $0	You pay $0	You pay $0
Basic Restorative Care *Amalgam & Resin Fillings*	You pay 20%	You pay 20%	You pay 20%
Oral Surgery *Simple Extractions*	You pay 20%	You pay 20%	You pay 20%
Endodontic Therapy *Root Canal*	You pay 20%	You pay 20%	You pay 20%
Periodontics *Gum Disease*	You pay 20%	You pay 20%	You pay 20%
Major Restoratives *Crowns, Dentures, Implants*	You pay 50%	You pay 50%	You pay 50%
Orthodontia *(coverage to Age 26)*	*Deductible applies* You pay 50%		
Individual Lifetime Maximum *Adult Orthodontia*	$1,500 (All provider contract levels) Covered		

***Note: BayCare Clinic Oral & Maxillofacial Surgeons is in the Delta PPO Network**

Special Plan Provisions for Preventative and Comprehensive Plans:

Evidence-Based Integrated Care Plan (EBICP): Provides expanded benefits for persons with medical conditions that have oral health implications. EBICP requires self-enrollment by the patient or his/her dentist at www.deltadentalwi.com, or by calling 800-236-3712. Learn more at www.deltadentalwi.com/your-health/medical-conditions.

CheckUp Plus™: CheckUp Plus™ lets you obtain diagnostic and preventive services - including examinations, X-rays, regular cleanings, and other related treatments - without the costs of those services applying to your individual annual maximum. As a result, the full value of your annual maximum is available to be applied to the benefits you receive for basic and/or major restorative services.

Our dental plan is offered through Delta Dental. Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, there are no provider discounts, and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

QUESTIONS?

Call customer service at **800-236-3712** or call the phone number on the back of your ID card or visit **www.deltadentalwi.com.**

DENTAL – PREVENTATIVE PLAN

This is a preventative plan and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using a PPO or Premier provider will reduce your out-of-pocket costs.

Preventative Plan

Benefit Details	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Individual Annual Maximum	$500	$500	$500
Annual Deductible *Does not apply to diagnostic or preventive services*	$25 / person; $75 / family	$25 / person; $75 / family	$25 / person; $75 / family
Diagnostic & Preventive	You pay $0	You pay $0	You pay $0
Basic Restorative Care *Amalgam & Resin Fillings*	You pay 20%	You pay 20%	You pay 20%
Oral Surgery *Simple Extractions*	You pay 20%	You pay 20%	You pay 20%
Endodontic Therapy *Root Canal*	You pay 20%	You pay 20%	You pay 20%
Periodontics *Gum Disease*	You pay 20%	You pay 20%	You pay 20%
Major Restoratives *Crowns, Dentures, Implants*	No coverage	No coverage	No coverage
Orthodontia	No Coverage		

***Note: BayCare Clinic Oral & Maxillofacial Surgeons is in the Delta PPO Network**

If you don't have a provider or would like to find one who saves you more on out-of-pocket expenses, use the online provider search tool at **deltadentalwi.com**.

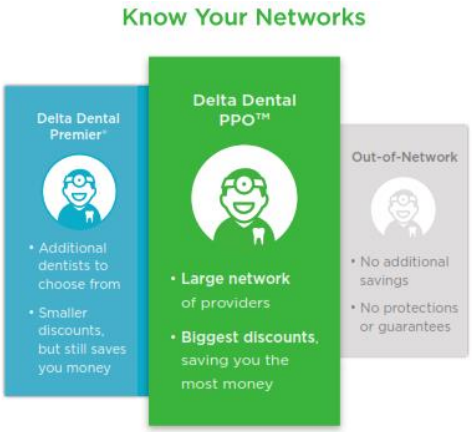
Other benefits of using a network provider:

- Treatment guarantees* (if a procedure fails, you don't have to pay to get it fixed)
- Providers will send in all the claims paperwork, so you don't have to
- Since the network dentists agree to set fees, they can't charge you for the difference between their regular and discounted amount (called balance billing)

**Guarantees dependent upon timeframes and procedure codes.*
***If you visit an out-of-network dentist, you will be responsible for the difference between the provider's charges and the amount of your dental plan.*

Choosing a Provider

You can see any provider you like. However, you will save money if you see an in-network dentist. Delta has two networks: Delta Dental PPO (these dentists provide the largest discounts to save you the most money) and Delta Dental Premier (additional providers to choose from, but they offer smaller discounts). Together they make the Delta Dental PPO Plus Premier™ Network with more than 152,000 providers nationwide to save you money.



The Preventative Plan includes the Special Plan Previsions: Evidence-Based Integrated Care Plan(EBICP) and CheckUp Plus™ that are listed in detail on page 13.

2025 Monthly Premiums:

Benefit		Single	Employee + 1	Family
Dental Plans	Comprehensive	$79.00	$118.00	$158.00
	Preventative	$35.00	$53.00	$70.00

MEDICAL

Medical Plans are administered by UMR

BayCare's Medical Plans are divided into three tiers:

- **Tier 1**—The Aurora Network (includes BayCare Clinic providers)—highest level of benefit payment
- **Tier 2**—United Health Care Options PPO—next highest benefit payment level
- **Tier 3**—Non-Participating Providers—lowest benefit payment level

BayCare offers three medical plans to choose from; all including prescription drug coverage:

- Pages 16-17 for the Blue Plan – Traditional PPO Plan
- Pages 18, 21 for the Silver Plan – High Deductible Health Plan
- Pages 19-21 for the Black Plan – High Deductible Health Plan

Please direct your questions to Human Resources at 920-301-2047.

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

MEDICAL—BLUE PLAN

Benefit Coverage	Tier 1 (BayCare/AACN Network)	Tier 2 (UHC Options PPO Network)	Tier 3 (Non-Network)
Annual Deductible – Emdedded Deductible & Out-Of Pocket Max			
Individual	$1,750	$2,750	$5,000
Family	$3,500	$5,500	$10,000
Coinsurance	90%	70%	50%
Maximum Out-of-Pocket*			
Individual	$3,500	$5,500	$17,500
Family	$7,000	$11,000	$22,500
Physician Office Visit			
Primary Care	$30 copay per visit, 10% Coinsurance	$60 copay per visit, 30% Coinsurance	50% after deductible
Specialty Care	$30 copay per visit, 10% Coinsurance	$60 copay per visit, 30% Coinsurance	50% after deductible
Preventive Care			
Adult Periodic Exams	100%	70% after deductible	Not covered
Well-Child Care	100%	70% after deductible	Not covered
Diagnostic Services			
X-ray and Lab Tests	90% Deductible is waived for office services	70% Deductible is waived for office services	50% Deductible is waived for office services
Complex Radiology	90% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	$30 copay per visit, 10% Coinsurance	$30 copay per visit, 10% Coinsurance Outside Tier 1 Network	$30 copay per visit, 10% Coinsurance Outside Tier 1 Network
Emergency Room Facility Charges*	$100 copay per visit, 10% Coinsurance	$100 copay per visit, 10% Coinsurance	$100 copay per visit, 10% Coinsurance
Inpatient Facility Charges	90% after deductible	70% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible	50% after deductible
Mental Health			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Substance Abuse			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Other Services			
Chiropractic	90% after deductible - Limited to $1,000 per calendar year	70% after deductible - Limited to $1,000 per calendar year	50% after deductible - Limited to $1,000 per calendar year

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

PRESCRIPTION DRUGS UNDER TRADITIONAL PPO PLAN

Prescription Drugs are administered by Optum Rx

The pharmacy management program provides clinical pharmacy services that promote choice, accessibility and value. The program offers a broad network of more than 64,000 independent and chain retail pharmacies nationwide to provide convenient access to medications. To find a participating pharmacy near you, use the pharmacy locator by visiting www.optumrx.com or call Customer Service at 1-800-356-3477.

Retail Pharmacy	30-Day Supply	90-Day Supply
Generic (Tier 1)	30% with $10 minimum	30% with $30 minimum
Preferred (Tier 2)	30% with $30 minimum	30% with $90 minimum
Non-Preferred (Tier 3)	30% with $60 minimum	30% with $180 minimum
Preferred Specialty (Tier 4)	10% with $150 maximum	
Mail Order Pharmacy	**90-Day Supply**	
Generic (Tier 1)	$50 copay	
Preferred (Tier 2)	$150 copay	
Non-Preferred (Tier 3)	$250 copay	
Preferred Specialty (Tier 4)	Not covered	

Note: Medical and Pharmacy Expenses are subject to the same medical out-of-pocket maximum.

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MEDICAL—SILVER PLAN

Benefit Coverage	Tier 1 (BayCare/AACN Network)	Tier 2 (UHC Options PPO Network)	Tier 3 (Non-Network)
Annual Deductible – Non-Emdedded Deductible & Out-Of Pocket Max			
Individual	$2,000	$3,500	$6,000
Family	$4,000	$7,000	$12,000
Coinsurance	90%	70%	50%
Maximum Out-of-Pocket*			
Individual	$3,000	$7,000	$21,000
Family	$6,000	$14,000	$27,000
Physician Office Visit			
Primary Care	90% after deductible	70% after deductible	50% after deductible
Specialty Care	90% after deductible	70% after deductible	50% after deductible
Preventive Care			
Adult Periodic Exams	100%	70% after deductible	Not covered
Well-Child Care	100%	70% after deductible	Not covered
Diagnostic Services			
X-ray and Lab Tests	90% after deductible	70% after deductible	50% after deductible
Complex Radiology	90% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	90% after deductible	90% after deductible Outside Tier 1 Network	90% after deductible Outside Tier 1 Network
Emergency Room Facility Charges*	90% after deductible	90% after deductible	90% after deductible
Inpatient Facility Charges	90% after deductible	70% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible	50% after deductible
Mental Health			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Substance Abuse			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Other Services			
Chiropractic	90% after deductible - Limited to $1,000 per calendar year	70% after deductible - Limited to $1,000 per calendar year	50% after deductible - Limited to $1,000 per calendar year

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

MEDICAL—BLACK PLAN

Benefit Coverage	Tier 1 (BayCare/AACN Network)	Tier 2 (UHC Options PPO Network)	Tier 3 (Non-Network)
Annual Deductible – Emdedded Deductible & Out-Of Pocket Max			
Individual	$5,000	$6,000	$7,000
Family	$10,000	$12,000	$14,000
Coinsurance	90%	70%	50%
Maximum Out-of-Pocket*			
Individual	$6,000	$8,000	$21,000
Family	$12,000	$16,000	$28,000
Physician Office Visit			
Primary Care	90% after deductible	70% after deductible	50% after deductible
Specialty Care	90% after deductible	70% after deductible	50% after deductible
Preventive Care			
Adult Periodic Exams	100%	70% after deductible	Not covered
Well-Child Care	100%	70% after deductible	Not covered
Diagnostic Services			
X-ray and Lab Tests	90% after deductible	70% after deductible	50% after deductible
Complex Radiology	90% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	90% after deductible	90% after deductible Outside Tier 1 Network	90% after deductible Outside Tier 1 Network
Emergency Room Facility Charges*	90% after deductible	90% after deductible	90% after deductible
Inpatient Facility Charges	90% after deductible	70% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible	50% after deductible
Mental Health			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Substance Abuse			
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible
Other Services			
Chiropractic	90% after deductible - Limited to $1,000 per calendar year	70% after deductible - Limited to $1,000 per calendar year	50% after deductible - Limited to $1,000 per calendar year

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

MEDICAL—BLACK PLAN – CRITICAL ILLNESS INSURANCE

Critical Illness Insurance is administered by Mutual of Omaha

BayCare provides a $10,000 critical illness benefit for physicians and spouses/domestic partners to those who enroll in the **HDHP – Black Plan**. In addition, coverage is available to unmarried children, stepchildren, and legally adopted children from birth to 26 years of age. All children who are enrolled are automatically covered at a 25% of the physician's Critical Illness Principal Sum, rounded to the next $1,000.

The Critical Illness insurance policy helps protect physicians from costly expenses associated with the diagnosis of a covered illness. The plan will pay a lump sum benefit to the insured and the monies can be used towards any expense.

Critical Illness Insurance provides benefits for covered medical condition such as heart attack, stroke, cancer, coma, coronary artery bypass, and major organ transplants. Additional medical conditions covered are outlined in the Mutual of Omaha benefit summary and/or Certificate of Insurance on the Benefit page of SharePoint.

Benefits may not be payable for pre-existing conditions until 6 months after a person covered under this plan has been continuously insured.

Your Critical Illness benefit also includes $50 wellness benefit for plan participants who complete a screening on the approved list of screenings. Please refer to the benefits page on SharePoint for more information.

PRESCRIPTION DRUGS UNDER SILVER AND BLACK PLANS

Prescription Drugs are administered by Optum Rx

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Retail Pharmacy	30-Day Supply	90-Day Supply
Generic (Tier 1)	10% after deductible	10% after deductible
Preferred (Tier 2)	10% after deductible	10% after deductible
Non-Preferred (Tier 3)	10% after deductible	10% after deductible
Preferred Specialty (Tier 4)	10% after deductible	
Mail Order Pharmacy	**90-Day Supply**	
Generic (Tier 1)	10% after deductible	
Preferred (Tier 2)	10% after deductible	
Non-Preferred (Tier 3)	10% after deductible	
Preferred Specialty (Tier 4)	Not covered	

Note: Medical and Pharmacy Expenses are subject to the same medical deductible and out-of-pocket maximum.

This guide is intended only to highlight the Physician Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your health care expenses. Please refer to the appropriate Summary Plan Description (SPD) for complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this guide conflicts in any way with the SPD, the SPD prevails. Terms that are capitalized in the Benefit Summary are defined in the SPD.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts are administered by Associated Bank

Flexible Spending Accounts work like a checking account. You decide how much money you want to include in the account for the plan year. This amount is then deducted from your paycheck in equal amounts throughout the year. After you have incurred eligible expenses, you can submit a claim for reimbursement from your account or you can use your Associated Bank FSA Debit Card to pay for expenses at time of service. Once approved, you are paid with non-taxable dollars up to the amount of your current account balance.

You do not pay Social Security (FICA) taxes, Federal, or State income taxes on either the amount that you contributed to your account or on the money reimbursed to you from the account. The result is more money in your pocket.

Only those enrolled in the Blue Medical Plan can participate in the General Purpose FSA and only those enrolled in one of the Silver and Black Plans can participate in the Limited Purpose FSA.

GENERAL PURPOSE FSA

You may deposit up to $3,300 into the General Purpose FSA each year.

Eligible expenses generally include all medical expenses that you may deduct on your federal income tax return, although health insurance premiums are not an eligible expense. Medicines or drugs are eligible expenses only if such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin (unless otherwise excluded). You will not be reimbursed for any expenses that are:

- Not incurred in the Plan Year
- Incurred before or after you are eligible to participate in the Plan
- Attributable to a tax deduction you take in a prior taxable year
- Covered, paid or reimbursed from any other source

Determining Your Annual Contribution Amount

Conservatively estimate the eligible expenses that are somewhat predictable and look at other possible expenses that you could incur during the upcoming year. Remember that you must determine your annual contribution amount before the plan year begins. A rollover up to $660 is permitted into the following plan year. If you anticipate health care expenses during the year, this account enables you to pay for covered expenses with pre-tax money.

DEPENDENT CARE FSA

The Dependent Care FSA lets you pay for your dependent care expenses, such as day care for your child or home care for a disabled parent or spouse with non-taxable dollars.

Determining Your Annual Contribution Amount

Because you must determine your annual contribution amount before the plan year begins, it is a good idea to estimate the expenses that are somewhat predictable.

Remember to exclude time for vacation, illness, etc. (when you may not be required to pay dependent care expenses). Also, consider that many children participate in two or more programs with differing costs (after school programs during the school year and full-time day care during vacation periods, for example). Remember to plan ahead because you forfeit any unused balance at the end of the year.

Eligible Dependent Care Expenses

A qualified dependent is: a dependent on your federal income taxes for the year in which you are filing for reimbursement under the plan and under the age of 13 who you can claim as an exemption or your spouse, parent, child or other dependent who is physically or mentally unable to care for himself or herself, spends at least eight hours per day at your residence, and resides in your residence at least 6 months per year.

- If you are single (or married & filing a joint federal tax return) you may contribute $5,000. You are limited to the amount of your annual earnings if you or your spouse earned less than $5,000 that calendar year.
- If you are married but filing separate federal tax returns you are limited to the lesser of $2,500 or your earned income.
- If your spouse is a full-time student, not working, and you have one child in daycare, you may contribute $3,000. If your spouse is a full-time student, not working, and you have two or more children in daycare, you may contribute $5,000.

Eligible providers include childcare centers, family daycare providers, nursery school, caregiver for disabled dependent or spouse that lives with you, adult daycare, private childcare provider (licensed or must declare income on income taxes).

You should consult your tax advisor to determine whether you are receiving a greater tax benefit by using the FSA versus the federal dependent care tax credit on your income taxes at year end.

LIMITED PURPOSE FSA

A Limited Purpose FSA is an FSA that you can enroll in when you have a Health Savings Account (HSA). It allows you to be reimbursed tax-free for dental and vision expenses only.

- Dental expenses can include cleanings, x-rays, fillings, caps, crowns, braces and bridges
- Vision expenses can include eye exams, glasses, frames, lenses, contact lenses, saline solution and LASIK surgery

You may deposit up to $3,300 into the Limited Purpose FSA each year.

In addition to the tax savings, you have the benefit of having access to your entire election amount as soon as the plan year begins. It is like receiving an advance payment to pay for your expenses, meaning if you incur an expense early in the plan year, you can use up to your entire election amount to pay your bill. The money will be deducted from your paycheck over the course of the entire year, easing your financial burden.

Determining Your Annual Contribution Amount

Conservatively estimate the eligible expenses that are somewhat predictable and look at other possible expenses that you could incur during the upcoming year. Remember that you must determine your annual contribution amount before the plan year begins. A rollover up to $660 is permitted into the following plan year. If you anticipate health care expenses during the year, this account enables you to pay for covered expenses with pre-tax money.

Please direct your questions to Human Resources at 920-301-2047.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) allows you to save, invest and budget for eligible healthcare expenses on a pre-tax basis. There are several advantages to establishing an HSA such as reducing your taxable income and 100% control over the funds in your account.

Eligibility

Due to the favorable tax treatment for HSA, the IRS has strict guidelines as to who can qualify for contributions to an HSA. You will need to certify that the following situations do not exist:

- You must be enrolled in a High Deductible Health Plan (HDHP) – Silver or Black Plan
- You cannot be covered by another non-HDHP (i.e.: spouse/domestic partner's plan)
- You cannot be enrolled in Medicare—Part A or Part B
- You cannot be claimed as a dependent on someone else's tax return
- You cannot be covered by a General Purpose/Health Care FSA

What Can I Use My HSA Funds For?

You can use the funds in your HSA to pay for qualified medical expenses, as defined by the IRS, incurred by you, your spouse and your IRS-qualified dependents. Generally, medical care expenses include amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. For a complete list, see Section 213 of the IRS rules (www.irs.gov).

IRS Annual Limits for 2025

- $4,300 for Single Coverage
- $8,550 for Family Coverage
- $1,000 Additional Catch-Up Contribution—available if you are at least age 55 by the end of the calendar year and meet the HSA eligibility requirements.

Management of an HSA is your responsibility—you are personally liable for taking the necessary steps to close your HSA if your eligibility should change, for spending HSA funds on qualified expenses and ensuring you remain under the IRS annual limits.

If you chose to enroll in an HSA, you are free to open an account with the bank of your choice. However, Associated Bank is offering their HSA Plus Program to all BayCare physicians. If you would like more information, please direct your questions to Human Resources at 920-301-2047.

2025 MONTHLY MEDICAL PREMIUMS

Benefit		Single	Physician + 1	Family
Medical Plans	Blue Plan	$1,233.00	$1,855.00	$2,611.00
	Silver Plan	$1,121.00	$1,687.00	$2,374.00
	Black Plan	$954.00	$1,436.00	$2,020.00

2025 MONTHLY COBRA PREMIUMS

Benefit		Single	Physician + 1	Family
Medical Plans	Blue Plan	$1,257.66	$1,892.10	$2,663.22
	Silver Plan	$1,143.42	$1,720.74	$2,421.48
	Black Plan	$973.08	$1,464.72	$2,060.40
Dental Plans	Comprehensive	$80.58	$120.36	$161.16
	Preventative	$35.70	$54.06	$71.40

CONTACTS

Mutual Of Omaha
1-800-775-6000
www.mutualofomaha.com

Associated Bank FSA Services
1-800-270-7719
www.participantbenefits.associatedbank.com

UMR
800-826-9781
www.umr.com

ARAG Legal Insurance
1-800-247-4184
ARAGlegal.com/myinfo | Code:19328bch

Optum Rx
1-800-356-3477
www.optumrx.com

Norton LifeLock
1-800-543-3562
www.nortonlifelock.com

Delta Dental of Wisconsin
800-236-3712
www.deltadentalwi.com

Northwestern Mutual
1-866-950-4644
www.northwesternmutual.com