

EMPLOYEE BENEFIT GUIDE



Full-Time Physicians and
Partner Eligible Physicians

2026

January 1, 2026 - December 31, 2026

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We understand that your life extends beyond the workplace. That is why we offer a variety of benefit plans to help you and your family. Within this guide, you will find the highlights of the benefits offered by BayCare.

The information included in this guide summarizes the benefits available but is not a contract. Full details about your benefits are provided in the legal plan documents, summary plan descriptions (SPD), and program guidelines that govern these benefit programs. If there are differences between this summary and the plan documents, the plan documents will prevail. You may obtain copies of your plan documents from Human Resources

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A MESSAGE FROM HUMAN RESOURCES

BayCare is pleased to offer a comprehensive and competitive physician benefit plan to our physicians/physicians and their families.

This guide gives you a brief description of the benefits offered and is not intended to be a complete source of information on the plans. 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 2026 Benefit Guide, please call Human Resources at 920-301-2047

BENEFIT ELIGIBILITY & ENROLLMENT

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 employee 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 Employee Benefit Plans beginning on the first day of the month following the completion of a 30-day waiting period.

Your dependents are eligible once you are eligible for benefits. Dependents are defined as:

- Your lawful spouse or domestic partner.
- Any child or stepchild of yours who is less than 26 years old.
- Any child 26 years old or older, unmarried, primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical handicap.

Voluntary Physician Benefit Plans:

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

DOMESTIC PARTNERSHIP QUALIFIERS

BayCare does allow domestic partners (same or opposite sex partners) to be on the BayCare Employee 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:

- 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
- You cannot be currently married to, or a Domestic Partner of, another person under either statutory or common law
- You are in a committed and mutually exclusive relationship
- You share the same permanent residence and common necessities of life, and have lived together continuously for at least six (6) months
- You are both at least eighteen (18) years of age
- You both are mentally competent to consent to contract
- You are not in the Domestic Partnership solely for the purpose of obtaining insurance coverage
- 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

QUALIFYING EVENTS AND 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 employee/physician's pre-tax benefits can be made only during the annual Open Enrollment period unless the employee/physician or qualified dependents experience a qualifying event.

Under certain circumstances, employees/physicians may be allowed to make changes to benefit elections during the plan year, if the event affects the employee/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.

MEDICAL PLANS

BayCare offers three medical plans to choose from; all plans offer routine & preventive benefit paid at 100% when covered services are rendered In-Network. They also provide prescription drug coverage.

- **Blue Plan** (Traditional PPO Plan);
- **Silver Plan** (High-Deductible Health Plan)
- **Black Plan** (High-Deductible Health Plan)

All health insurance plans are administered by UMR. To receive the maximum benefit available under your chosen plan, it is recommended you receive care from an In-Network Preferred provider.

BayCare's Medical Plans are divided into three network 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

PRESCRIPTION DRUG BENEFITS – NEW FOR 2026

Effective 1.1.2026, CVS/Caremark is BayCare's new Pharmacy Benefit Manager (PBM). CVS/Caremark is a national network of pharmacies including major chains like CVS, Walmart, Costco and Walgreens. The pharmacy management program provides clinical pharmacy services that promote choice, accessibility, and value.

For a complete list of participating pharmacies or to check coverage and cost sharing information for specific medications, please visit the CVS/Caremark website at www.caremark.com.

Register for a CVS Caremark Online Account

Visit www.caremark.com or download the CVS Caremark Mobile App. With an online CVS Caremark Account, you'll be able to:

- View your pharmacy benefit member ID card
- Locate in-network retail pharmacies near you
- Check drug coverage and out-of-pocket costs
- View savings opportunities
- Order prescription refills
- View your prescription history
- Check your order status
- Check the no-cost preventive drug list
- Review frequently asked questions
- And more!



[Click](#) for an introduction to the CVS Caremark Digital Tools.

MEDICAL – BLUE PLAN (TRADITIONAL PPO)



Benefit Coverage	Tier 1 – BayCare / AACN Network	Tier 2 – UHC Options PPO Network	Tier 3 - Out of Network
Annual Deductible – Embedded (Medical and Rx Benefits Apply)			
Single	\$1,750	\$2,750	\$5,000
Family	\$3,500	\$5,500	\$10,000
Coinsurance			
Cost Share %	90%	70%	50%
Out of Pocket Maximum – Embedded (Medical and Rx Benefits Apply)			
Single	\$3,500	\$5,500	\$17,500
Family	\$7,000	\$11,000	\$22,500
Physician Office Visits			
Preventive Care (Adult & Well-Child Care)	100%	70% after deductible	Not covered
Primary & Specialty Care Visits	\$30 copay per visit, 10% coinsurance	\$60 copay per visits, 30% coinsurance	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
Diagnostic Lab & X-Ray	90% after deductible; deductible is waived for office services	70% after deductible; deductible is waived for office services	50% after deductible; 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	\$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 and Substance Abuse			
Office Visits	\$30 copay per visit, 10% coinsurance	\$60 copay per visits, 30% coinsurance	50% after deductible
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible

This guide is intended only to highlight the Employee Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your healthcare expenses. Please refer to the UMR 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.

PRESCRIPTION DRUG BENEFITS – BLUE PLAN (PPO)

Prescription Drug Plan		
Annual Deductible – Calendar Year	Included in the Medical Deductible	
Out-of-Pocket Maximum	Included in the Medical Out-of-Pocket Maximum	
Retail Pharmacy	30-Day Supply	90-Day Supply
Generic Drugs (Tier 1)	30% with \$10 minimum	30% with \$30 minimum
Formulary Brand Drugs (Tier 2)	30% with \$30 minimum	30% with \$90 minimum
Non-Formulary Brand Drugs (Tier 3)	30% with \$60 minimum	30% with \$180 minimum
Mail Order Pharmacy Benefits CVS Mail Order Pharmacy	Limited to a 90-day Supply	
Generic Drugs (Tier 1)	\$50 copay	
Formulary Brand Drugs (Tier 2)	\$150 copay	
Non-Formulary Brand Drugs (Tier 3)	\$250 copay	
Specialty Drug Benefits CVS Exclusive Pharmacy	Limited to a 30-day Supply	
Specialty Drugs (Tier 4)	10% with \$150 maximum	

[Click](#) for more information on your plan's formulary list: What it is and why it's important.



MEDICAL – SILVER PLAN (HIGH DEDUCTIBLE)

Benefit Coverage	Tier 1 – BayCare / AACN Network	Tier 2 – UHC Options PPO Network	Tier 3 - Out of Network
Annual Deductible - Non-Embedded (Medical and Rx Benefits Apply)			
Single	\$2,000	\$3,500	\$6,000
Family	\$4,000	\$7,000	\$12,000
Coinsurance			
Cost Share %	90%	70%	50%
Out of Pocket Maximum – Non-Embedded (Medical and Rx Benefits Apply)			
Single	\$3,000	\$7,000	\$21,000
Family	\$6,000	\$14,000	\$27,000
Physician Office Visits			
Preventive Care (Adult & Well-Child Care)	100%	70% after deductible	Not covered
Primary & Specialty Care Visits	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
Diagnostic Lab & X-Ray	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	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 and Substance Abuse			
Office Visits	90% after deductible	70% after deductible	50% after deductible
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible

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MEDICAL – BLACK PLAN (HIGH DEDUCTIBLE)



Benefit Coverage	Tier 1 – BayCare / AACN Network	Tier 2 – UHC Options PPO Network	Tier 3 - Out of Network
Annual Deductible - Embedded (Medical and Rx Benefits Apply)			
Single	\$5,000	\$6,000	\$7,000
Family	\$10,000	\$12,000	\$14,000
Coinsurance			
Cost Share %	90%	70%	50%
Out of Pocket Maximum – Embedded (Medical and Rx Benefits Apply)			
Single	\$6,000	\$8,000	\$21,000
Family	\$12,000	\$16,000	\$28,000
Physician Office Visits			
Preventive Care (Adult & Well-Child Care)	100%	70% after deductible	Not covered
Primary & Specialty Care Visits	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
Diagnostic Lab & X-Ray	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	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 and Substance Abuse			
Office Visits	90% after deductible	70% after deductible	50% after deductible
Inpatient	90% after deductible	70% after deductible	50% after deductible
Outpatient	90% after deductible	70% after deductible	50% after deductible

This guide is intended only to highlight the Employee Benefit Plans and should not be relied upon to fully determine coverage. Our plans may not cover all your healthcare expenses. Please refer to the UMR 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

PRESCRIPTION DRUG BENEFITS – SILVER & BLACK PLANS

Prescription Drug Plan		
Annual Deductible – Calendar Year	Included in the Medical Deductible	
Out-of-Pocket Maximum	Included in the Medical Out-of-Pocket Maximum	
Retail Pharmacy	30-Day Supply	90-Day Supply
Generic Drugs (Tier 1)	10% after deductible	10% after deductible
Formulary Brand Drugs (Tier 2)	10% after deductible	10% after deductible
Non-Formulary Brand Drugs (Tier 3)	10% after deductible	10% after deductible
Mail Order Pharmacy Benefits CVS Mail Order Pharmacy	Limited to a 90-day Supply	
Generic Drugs (Tier 1)	10% after deductible	
Formulary Brand Drugs (Tier 2)	10% after deductible	
Non-Formulary Brand Drugs (Tier 3)	10% after deductible	
Specialty Drug Benefits CVS Exclusive Pharmacy	Limited to a 30-day Supply	
Specialty Drugs (Tier 4)	10% after deductible	

[Click](#) for more information on your plan's formulary list: What it is and why it's important.



HSA Maintenance Medications (up to a 90-day supply)

[Click](#) for the CVS HDHP- HSA Generics Only Preventative Therapy Drug List. Provides prescription coverage at **no cost to you** for conditions such as diabetes, hypertension, high cholesterol.



MEDICAL (BLACK PLAN ONLY) - CRITICAL ILLNESS INSURANCE POLICY



Critical Illness Insurance is administered by Mutual of Omaha

BayCare provides a \$10,000 critical illness benefit for employees 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 employee's Critical Illness Principal Sum, rounded to the next \$1,000.

The Critical Illness insurance policy helps protect employees 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.

2026 MONTHLY MEDICAL PREMIUMS

Benefit		Single	Employee + 1	Family
Medical Plans	Blue Plan	\$1,363.00	\$2,041.00	\$2,897.00
	Silver Plan	\$1,242.00	\$1,859.00	\$2,640.00
	Black Plan	\$1,061.00	\$1,587.00	\$2,256.00

**FOR THE PURPOSES OF DEFINING AN ADULTS TO SET PREMIUMS, AN ADULT DEPENDENT IS A SPOUSE/DOMESTIC PARTNER*

2026 Monthly COBRA Premiums

Benefit		Single	Employee + 1	Family
Medical Plans	Blue Plan	\$1,390.26	\$2,081.82	\$2,954.94
	Silver Plan	\$1,266.84	\$1,896.18	\$2,692.80
	Black Plan	\$1,082.22	\$1,618.74	\$2,301.12

FLEXIBLE SPENDING ACCOUNTS (FSA)



Flexible Spending Accounts are administered by Associated Bank

FSAs provide you with an important tax advantage that can help you pay healthcare and dependent care expenses on a pretax basis. 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.

You decide how much money you want to include in the FSA account for the plan year. Payroll deductions are spread out equally through the plan year. Employees must enroll annually to participate upon hire or during open enrollment.

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

General Purpose FSA

Only those enrolled in the Blue Medical Plan, or those who waived medical coverage, can participate in the General Purpose FSA. Those enrolled in a health savings account (HSA) are not eligible to enroll in this health FSA.

You may contribute up to \$3,400 in the 2026 Plan Year.

Eligible expenses are **Health care expenses** not reimbursed by any medical, prescription drug, dental or vision plan incurred during the plan year.

Refer to the IRS website for a full list of eligible expenses: <https://www.irs.gov/pub/irs-pdf/p969.pdf>

Limited Purpose FSA

Only those enrolled in the Silver or Black Plans can participate in the Limited Purpose FSA.

Employees enrolled in the HDHP who have an HSA are not eligible for the regular health FSA. They can, however, enroll in a limited health FSA which can be used on **dental and vision eligible expenses only.**

You may contribute up to \$3,400 in the 2026 Plan Year.

Determining Your Annual Health FSA 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 \$680 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 Spending Account

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 \$7,500. You are limited to the amount of your annual earnings if you or your spouse earned less than \$7,500 that calendar year.
- If you are married but filing separate federal tax returns you are limited to the lesser of \$3,750 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 \$6,000.

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.

Important FSA Rules

There are strict rules in place regarding FSAs in exchange for tax advantages.

- You cannot stop or change contribution amounts until the next open enrollment period unless you have a qualifying event.
- Funds cannot be transferred amongst a full flex, limited flex, and a dependent daycare account as they operate separately.
- Refer to the IRS website for a full list of eligible expenses: <https://www.irs.gov/pub/irs-pdf/p969.pdf>
- Money in an FSA can only be used for eligible expenses that are incurred during that same plan year.

HEALTH SAVINGS ACCOUNT (HSA)



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.

If you choose 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 employees/physicians. If you would like more information, please direct your questions to Human Resources at 920-301-2047.

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

IRS Annual Limits for 2026

- \$4,400 for Single Coverage
- \$8,750 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.

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 more information about whether costs related to nutrition, wellness, and general health are medical expenses under section 213 of the Code, see [Publication 502, Medical and Dental Expenses](#) and [Tax Topic 502, Medical and Dental Expenses](#).

For more information about HSAs, FSAs, Archer MSAs, and HRAs, see [Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans](#).

When do I have to use the money by?

The money in the HSA will continue to rollover, just like any other bank account you may hold. There is no deadline to use the money in your account.

How can I file a claim/access my money?

As the HSA accountholder, you are responsible for managing your claims and money. The funds are accessed through a debit card or checks (where available). You may pay the provider directly or reimburse yourself for qualified services. It is important to keep records of the IRS-qualified medical expenses you pay for with your HSA to exclude those dollars from your gross income.

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

Investment Opportunities

Your HSA may offer the option to invest a portion of your account balance. Check with your financial institution.

Important

You own the account. Even if your HSA compatible coverage ends, you can still use the funds tax-free for eligible out-of-pocket expenses. If you become Medicare eligible, please consult your tax advisor before contributing to an HSA.



DENTAL – COMPREHENSIVE PLAN



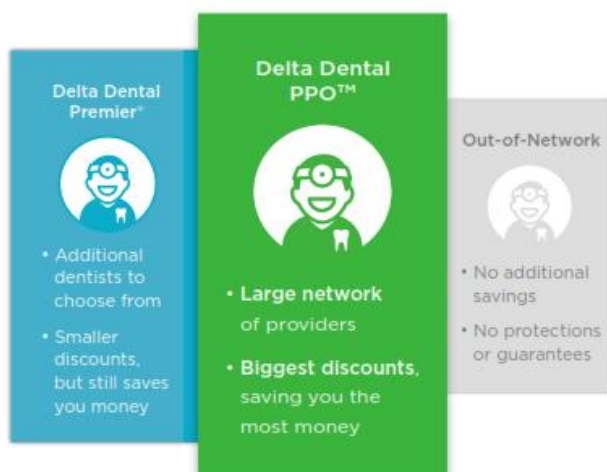
This is a comprehensive plan for all dental services and covers preventive and diagnostic care at 100% in-network, with no deductible. This benefit is administered by **Delta Dental of Wisconsin**.

The dental plan allows you to utilize a Delta PPO or Delta Premier Provider or any out-of-network provider. However, when you use a Delta PPO or Premier Provider, you will receive the advantage of lower negotiated fees on the services rendered. If your dentist is not a participating provider, claim payment will be calculated based on the MPA (Maximum Plan Allowance). Members are responsible for any amount in excess of the MPA in addition to the plan deductible & fee schedule Delta Dental provider directories are available at www.deltadentalwi.com or by phone at 800.236.3712.

Benefit Details	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Individual Annual Maximum	\$1,500		
Annual Deductible (<i>Does not apply to diagnostic or preventive services</i>)	\$25 per person; \$75 per family		
Diagnostic & Preventive Services	100%	100%	100% (MPA Applies)
Basic Restorative Care <i>Amalgam & Resin Fillings</i>	You pay 20%	You pay 20%	You pay 20% (MPA applies)
Oral Surgery <i>Simple Extractions</i>	You pay 20%	You pay 20%	You pay 20% (MPA applies)
Endodontic Therapy <i>Root Canal</i>	You pay 20%	You pay 20%	You pay 20% (MPA applies)
Periodontics <i>Gum Disease</i>	You pay 20%	You pay 20%	You pay 20% (MPA applies)
Major Restoratives <i>Crowns, Dentures, Implants</i>	You pay 50%	You pay 50%	You pay 50% (MPA applies)
Orthodontia Benefits <i>Lifetime Maximum</i> <i>Dependent Children</i> <i>Adult Orthodontia</i>	You pay 50% \$1,500 (All provider contract levels) Covered to age 26 Covered		

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

Know Your Networks



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.

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).

**Guarantee dependent upon timeframe and procedure code.*

DENTAL – PREVENTIVE PLAN



This is a preventive plan and covers preventive and diagnostic care at 100% in-network, with no deductible. This benefit is administered by **Delta Dental of Wisconsin**.

The dental plan allows you to utilize a Delta PPO or Delta Premier Provider or any out-of-network provider. However, when you use a Delta PPO or Premier Provider, you will receive the advantage of lower negotiated fees on the services rendered. If your dentist is not a participating provider, claim payment will be calculated based on the MPA (Maximum Plan Allowance). Members are responsible for any amount in excess of the MPA in addition to the plan deductible & fee schedule. Delta Dental provider directories are available at www.deltadentalwi.com or by phone at 800.236.3712.

Benefit Details	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Individual Annual Maximum	\$500		
Annual Deductible (<i>Does not apply to diagnostic or preventive services</i>)	\$25 per person; \$75 per family		
Diagnostic & Preventive Services	100%	100%	100% (MPA Applies)
Basic Restorative Care <i>Amalgam & Resin Fillings</i>	You pay 20%	You pay 20%	You pay 20% (MPA applies)
Oral Surgery <i>Simple Extractions</i>	You pay 20%	You pay 20%	You pay 20% (MPA applies)
Endodontic Therapy <i>Root Canal</i>	You pay 20%	You pay 20%	You pay 20% (MPA applies)
Periodontics <i>Gum Disease</i>	You pay 20%	You pay 20%	You pay 20% (MPA applies)
Major Restoratives <i>Crowns, Dentures, Implants</i>	No Coverage		
Orthodontia Benefits	No Coverage		

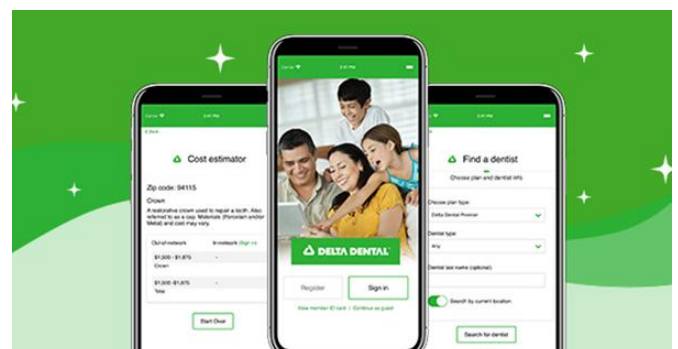
Note: BayCare Clinic Oral & Maxillofacial Surgeons is in the Delta PPO Network

Please refer to the Delta Dental Summary Plan Description for more information. To find answers to commonly asked benefit questions, get help choosing a network provider, or to download a digital enrollment guide please visit deltadentalwi.com/s/dental-enrollment-resources

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



Special Plan Provisions for both the Preventive and Comprehensive Plans:

Evidence-Based Integrated Care Plan (EBICP): Provides expanded benefits for individuals 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.

2026 Dental Semi-Monthly Premiums:

Benefit Plan	Single	Employee + 1	Family
Comprehensive Plan	\$39.50	\$59.00	\$79.00
Preventive Plan	\$17.50	\$26.50	\$35.00

2026 Monthly COBRA Premiums:

Benefit Plan	Single	Employee + 1	Family
Comprehensive Plan	\$80.58	\$120.36	\$161.16
Preventive Plan	\$35.70	\$54.06	\$71.40



VISION BENEFITS



We're pleased to share that all BayCare Clinic employees and their covered dependents can enjoy exclusive vision care benefits at BayCare Clinic Eye Specialists.

- **30% Off Glasses:** Save on frames and lenses at our Optical Center.
- **10% Off Contact Lenses:** Enjoy discounts on all contact lens purchases.
- **100% Coverage** annually for a non-medical eye exam and refraction for employees and their dependents enrolled in a BayCare Clinic medical plan.

Call 920-327-7000 to book your covered eye exam and browse our selection of frames and lenses to take advantage of your employee discounts.

LIFE AND AD&D BENEFITS



All employees eligible for BayCare's Employee Benefit Plans will be provided Group Life and Accidental Death & Dismemberment (AD&D) Insurance. This is a company-paid benefit administered by **Mutual of Omaha**.

The Group Life insurance is one time 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 employee.

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.

Benefits may reduce at certain ages, please refer to policy for more details. You may be able to continue these life policies after you terminate employment or reduce hours. For more details, please see your policy and/or HR.

VOLUNTARY LIFE AND AD&D BENEFITS



BayCare offers Voluntary Group Term Life and AD&D Insurance, administered by **Mutual of Omaha**, at group rates for employees 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.

Employee 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 \$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 employee
- Guaranteed Issue Amount: \$50,000

Dependent Children Voluntary Life Insurance

- Must have employee voluntary life to elect dependent children coverage
- 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

2026 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.

VOLUNTARY SHORT-TERM DISABILITY BENEFITS



BayCare offers Voluntary Short-Term Disability Insurance, administrated by **Mutual of Omaha**, at group rates for employees who wish to participate.

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) 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 employee will be responsible for the remaining 50%.

Premiums will be deducted on a post-tax basis, thus allowing any benefits paid while on short-term disability to be considered non-taxable income.

If you choose 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.



LONG-TERM DISABILITY BENEFITS



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. Coordinates with Short Term Disability plan to ensure no gap in disability coverage. The Long-Term Disability Policy is administered by **Northwestern Mutual**.

- This is a company-paid benefit.
- Eligibility for benefits begin after you have been continuously disabled for a period of 180 days.
- The benefit payable is equal to 50% of your basic monthly earnings up to a \$15,000 maximum per month (no overtime pay included).
- The Maximum Benefit Period is the period shown below or the Employee's Social Security Normal Retirement Age (SSNRA), whichever is longer.

Age at Disability	Maximum Benefit Period
61 or less	To age 65, Your SSNRA, or 3 years and 6 months, whichever is longest;
62	Your SSNRA, or 3 years and 6 months, whichever is longer
63	Your SSNRA, or 3 years, whichever is longer;
64	Your SSNRA, or 2 years and 6 months, whichever is longer
65	2 years
66	1 year and 9 months
67	1 year and 6 months
68	1 year and 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.

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. Employee, 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.

Benefits may reduce at certain ages, please refer to policy for more details. You may be able to continue these life policies after you terminate employment or reduce hours. For more details, please see your policy and/or HR.



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 www.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 with Norton Benefit Plans were created to help employees 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?

Employees/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?

Refer to this list when you need to contact one of the insurance companies. For general information, please contact Human Resources.

Plan	Benefit Essential	Benefit Premier
Employee / Physician	\$3.49 Semi-Monthly	\$4.99 Semi-Monthly
Employee / Physician + Family	\$6.98 Semi-Monthly	\$9.49 Semi-Monthly

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 ¹ 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	●	●
NORTON DEVICE SECURITY	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**	One-Bureau	One-Bureau
	Credit Monitoring**	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
	Secures PCs, Mac & mobile devices	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)
ONLINE PRIVACY	Online Threat Protection™	●	●
	Password Manager™	●	●
	Parental Control ¹ ™	●	●
	Smart Firewall™	●	●
	Cloud Backup ² ™	10 GB	50 GB
	SafeCam ³ ™	●	●

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.

⁴ 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.

⁵ 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.

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VENDOR CONTACTS

Mutual Of Omaha

1-800-775-6000

www.mutualofomaha.com



Associated Bank Benefit Services

1-800-270-7719

www.participantbenefits.associatedbank.com



UMR

800-826-9781

www.umar.com



ARAG Legal Insurance

1-800-247-4184

ARAGlegal.com/myinfo | Code:19328bch



CVS Caremark

1-800-552-8159

www.caremark.com



Norton LifeLock

1-800-543-3562

www.nortonlifelock.com



Delta Dental of Wisconsin

1-800-236-3712

www.deltadentalwi.com



Northwestern Mutual

1-866-950-4644

