EMPLOYEE BENEFITS

2026

East Alabama Medical Center

East Alabama Health

WELCOME

Here is where to find...

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2026 Employee Benefits Guide

Please read this guide carefully.
It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits, annual enrollment process, or need assistance, contact a Benefit Services representative at benefitservices@eamc.org or call:

Opelika: 334-528-4188 Lanier: 334-710-0076

What's new for 2026

This year is an active enrollment year, meaning EVERYONE must log in to enroll or decline coverage. Failure to do so will result in an automatic waive in coverage.

Gaps in Care/Rewards

As part of our ongoing commitment to employee health and wellness, we've updated our preventive care requirements. Cervical cancer screenings (Pap smear or high-risk HPV test) are now required every 36 months for female employees aged 30 to 65. Additionally, the required age for mammograms has been lowered to 40, and colonoscopy screenings are now required starting at age 45. These changes are designed to support early detection and proactive care for our employees.

Rula Health

This year we are introducing Rula Health, a healthcare provider group enabled by technology that will help deliver reliable access to high quality mental health support services to our employees.

Flexible Spending Account Changes

This year, the Healthcare flexible spending account deduction maximum has increased from $3,200 to $3,400. This update gives employees the option to deduct an additional $200 to put towards covering expenses. As a reminder, the flexible spending account can be used for:

- Copays and deductibles for the health plan, dental plan, and vision plan
- Prescriptions, eyeglasses and contact supplies
- Other healthcare expenses that are not covered by your benefits; see www.irs.gov for a more complete list

Employer Sponsored Short-Term Disability

Effective January 1, 2026, all eligible full-time and flex employees hired on or after January 1, 2021, will be automatically enrolled in our new Employer Sponsored Short-Term Disability (STD) plan at no cost to the employee. This benefit provides income protection if you are unable to work due to a covered illness, injury, or pregnancy-related condition. While you recover, STD replaces a portion of your pay, allowing you to focus on your health and well-being without added financial stress. Any accrued Long-Term Sick (LTS) hours will remain available for use, through December 31, 2030, if eligible and approved for family medical leave under FMLA.

Eligible employees hired before January 1, 2021, will continue to be eligible to enroll in and utilize the employee paid STD plan and continue to accrue long term sick hours through December 31, 2026. These employees will also have access to utilize any accrued LTS hours through December 31, 2030, if eligible and approved for family medical leave under FMLA.

For questions about eligibility or plan details, please see page 17 or contact the Benefits team at benefitservices@eamc.org.

Are you prepared?

Do you have a beneficiary designated in Infor?

Naming a beneficiary is one of the easiest – but most important – steps you can take to help ensure your legacy is honored and your loved ones are provided for. But it's up to you to keep things in order. Full-time and Flex employees are provided Basic Life & Accidental Death & Dismemberment coverage by EAH. FT, Flex, & PT employees can purchase additional term life insurance, and can participate in the retirement plan. Each of these plans require a beneficiary designation.

Why are beneficiary designations important?

Beneficiary designations can provide a relatively easy way to transfer an account or insurance benefit upon your death. However, if you're not careful, missing, outdated, or inconsistent beneficiary designations can easily cause your estate plan to go awry.

Beneficiary designations take priority over what's in other estate planning documents, such as a will or trust.

Tips about beneficiary designations

1. Remember to name beneficiaries. If you don't name a beneficiary when one is called for, one of the following could occur:
   - The account or policy may have to go through probate. This process often results in unnecessary delays, additional costs, and unfavorable income tax treatment.
   - The agreement that controls the account or policy may provide for "default" beneficiaries. This could be helpful, but it's possible the default beneficiaries may not be whom you intended.
2. Name both primary and contingent beneficiaries. It's a good practice to name a "back up" or contingent beneficiary in case the primary beneficiary passes away before you. If there is only one individual that you want to leave the money to, consider whether a charity (or charities) would be appropriate as the contingent beneficiary.
3. Update for life events. Review your beneficiary designations regularly and update them as needed based on major life events, such as births, deaths, marriages, and divorces.

There are a few different ways to add or update your designations.

1. Log into Infor Employee Self Service
2. Submit designation form to Human Resources

To update your retirement designations, contact VOYA at **334-737-5051** or log in to your account manager at www.VOYA.com

Benefit enrollment will not be considered complete without proper plan designations on file.

Who is Eligible?

If you are a full-time or flex employee, you are eligible for the following on your official hire date: Health, Dental, Vision, Flexible Spending Accounts, Voluntary Life Insurance, Accident Insurance, Critical Illness Insurance, Hospital Indemnity, as well as Short-Term Disability.

You also are provided Basic Life Insurance & Long-Term Disability on the first day of employment. In addition, you can take advantage of the Financial Security Program immediately upon hire.

If you are a part-time employee working at least 32 hours per pay period, you are eligible for Health, Dental, Vision, Flexible Spending Accounts, Voluntary Life Insurance, Accident Insurance, Critical Illness Insurance, Hospital Indemnity, as well as Short-Term Disability. You can take advantage of the Financial Security Program immediately upon hire.

Eligible dependents include:

	Your spouse
	Your children from birth to age 26

(Including your natural, legally adopted, stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support.)

How to Enroll

To sign up for benefits, visit the INFOR system before the end of the enrollment period. Log in to INFOR Employee Self Service, then click on the Employee icon, then click on To Do, then click on Pay and Benefits. Scroll down to Annual Enrollment to begin the Open Enrollment screens. Read the information carefully, and the system will guide you through your choices. If you have trouble with enrollment, call HR at extension 4188 for assistance. You will be provided with a confirmation statement after you enroll.

Making Changes

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/ Medicaid or SCHIP.
- Court-ordered change.
- Loss of coverage elsewhere.

Changes to your coverage due to a qualifying life event must be made within 30 days of the effective date of the life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

All benefit plans are independent of one another and may be enrolled in without enrolling in any other benefit plans.

Enrollment Deadlines

Current Employee

ENROLLMENT OPPORTUNITY:

Annually during the enrollment period; this year, it's of October 6-26, 2025.

Coverage Effective Date:

Start of plan year 2026

New Hire

ENROLLMENT OPPORTUNITY:

Must enroll within 30 days from date of hire.

Coverage Effective Date:

Date of hire

Qualified Life Event

ENROLLMENT OPPORTUNITY:

Changes must be made within 30 days of the effective date of the event.

Coverage Effective Date:

Date of qualified life event

Health

bcbsal.org/web
1-866-888-6934

Blue Cross Blue Shield - PPO

Your PPO medical benefits are provided by Blue Cross Blue Shield and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Preferred Provider Organization	Tier 1	Tier 2	Tier 3
	In-network	In-network	In-network
Annual deductible (Individual/Family)	$500 / $1,000	$1,000 / $3,000	$2,000 / $4,000
Out-of-pocket maximum (Individual/Family)*	$2,000 / $4,000	$4,000 / $8,000	$6,000 / $12,000
Preventive care	Covered at 100%	Covered at 100%	Covered at 100%
Primary physician office visit	$30 copay	$40 copay	$60 copay
Specialist office visit	$40 copay	$60 copay	$100 copay
Inpatient hospital services	100% after deductible	$500 copay (Days 1-4)	70% after deductible
Outpatient hospital services (lab, x-ray, diagnostic)	$150 copay	$150 copay	70% after deductible
Emergency room care	$100 copay	$100 copay	$100 copay

Prescription drugs

Prescriptions Purchased at East Alabama Apothecary

$150 deductible per person; $300 per family

Covered at 100% subject to drug deductible and the following copays:

Tier 1: $10 (preferred generics)
Tier 2: $15 (non-preferred generics)
Tier 3: $45 (preferred brands)
Tier 4: $45 (non-preferred brands)
Tier 5: $100 (preferred specialty)
Tier 6: $100 (non-preferred specialty)

Note - All maintenance drugs **MUST** be purchased at East Alabama Apothecary.

Non-Maintenance Prescriptions Purchased at a BCBS Participating Pharmacy

Prescription drugs are subject to the tier 3 deductible ($2,000 individual/$4,000 family):

Tier 1: 80% of the allowed amount
Tier 2: 60% of the allowed amount
Tier 3: 60% of the allowed amount
Tier 4: 60% of the allowed amount

Tier 5: Only covered at EAH Apothecary. For specialty medications EAH Apothecary is unable to provide, the $100 copay will apply as if provided by EAH Apothecary; these will be approved and directed by EAH.

Tier 6: Only covered at EAH Apothecary. For specialty medications EAH Apothecary is unable to provide, the $100 copay will apply as if provided by EAH Apothecary; these will be approved and directed by EAH.

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

**All services are subject to the calendar year deductible unless the plan document specifically states otherwise.*

Health

bcbsal.org/web
1-866-888-6934

Blue Cross Blue Shield - High-Deductible Health Plan (HDHP)

Your HDHP medical benefits are provided by Blue Cross Blue Shield and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Medical High Deductible Health Plan	Tier 1	Tier 2	Tier 3
	In-network	In-network	In-network
Annual deductible (Individual/Family)	$2,000 / $4,000	$4,000 / $8,000	$6,000 / $12,000
Out-of-pocket maximum (Individual/Family)*	$4,000 / $8,000	$6,000 / $12,000	$8,000 / $16,000
Preventive care	Covered at 100%	Covered at 100%	Covered at 100%
Primary physician office visit	90% after deductible	90% after deductible	90% after deductible
Specialist office visit	90% after deductible	90% after deductible	90% after deductible
Inpatient hospital services	90% after deductible	90% after deductible	90% after deductible
Outpatient hospital services (lab, x-ray, diagnostic)	90% after deductible	90% after deductible	90% after deductible
Emergency room care	90% after deductible	90% after deductible	90% after deductible

Prescription drugs

Prescriptions Purchased at East Alabama Apothecary

Covered at 100% subject to the calendar year deductible and the following copays:

Tier 1: $10 (preferred generics)
Tier 2: $15 (non-preferred generics)
Tier 3: $45 (preferred brands)
Tier 4: $45 (non-preferred brands)
Tier 5: $100 (preferred specialty)
Tier 6: $100 (non-preferred specialty)

Note - All maintenance drugs **MUST** be purchased at East Alabama Apothecary.

Non-Maintenance Prescriptions Purchased at a BCBS Participating Pharmacy

Prescription drugs are subject to the calendar year deductible:

Tier 1: 80% of the allowed amount
Tier 2: 60% of the allowed amount
Tier 3: 60% of the allowed amount
Tier 4: 60% of the allowed amount
Tier 5: Only covered at EAH Apothecary. For specialty medications EAH Apothecary is unable to provide, the $100 copay will apply as if provided by EAH Apothecary; these will be approved and directed by EAH.
Tier 6: Only covered at EAH Apothecary. For specialty medications EAH Apothecary is unable to provide, the $100 copay will apply as if provided by EAH Apothecary; these will be approved and directed by EAH.

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

**All services are subject to the calendar year deductible unless the plan document specifically states otherwise.*

Health Benefits

NEW Requirements!

Gaps in Care

Gaps in Care are based on national guidelines, and some are age based. Below are the Gaps in Care that must be completed:

- Preventive office visit with primary care physician
- Required Labs
  - Lipids (cholesterol)
  - HgbA1C (all participants)
  - Glucose (fasting or non-fasting)
- Mammogram every year for women aged **40 and older**
- Cervical cancer screenings (pap smear or high-risk HPV) every 3 years for women age **30-65**
- Colonoscopy every 10 years or Cologuard every 3 years for men or women age **45 and older**

Complete all Gaps in Care that apply to you in order to receive the lowest premium rate in 2026. The Gaps in Care deadline will be July 31, 2026

Dependent children are not required to complete Gaps in Care; however, employees and spouses must both complete Gaps in Care to receive the lowest insurance premium.

Mental Wellness

Lucet, in conjunction with Blue Cross and Blue Shield of Alabama, is the mental wellness provider for East Alabama Health. As long as the provider is a BCBS provider, each visit will process through the health plan, and you will be responsible for the $25 mental health co-pay.

Rula Health

Rula Health provides access to high-quality mental health care, including therapy and psychiatry services. Their platform matches you with licensed providers based on personal needs and preferences, offering virtual appointments, flexible scheduling, and support for a wide range of mental health concerns.

Substance Abuse

For substance abuse, please call the Blue Cross and Blue Shield (BCBS) customer service number on the back of your insurance card for assistance in facilitating access to a New Directions representative. All substance abuse and residential treatment facilities are subject to the EAH tiered network of providers and requires prior authorization through BCBS. For more information, call Blue Cross and Blue Shield at 1-866-888-6934.

Lark - Free Health Coaching

BCBS Alabama has teamed up with Lark to offer Lark's Diabetes Prevention, Diabetes Care, and Hypertension programs for eligible members who have an official diagnosis to help them get healthy and stay healthy. Through the Lark app, there is coaching available 24/7 as well as other services integrated with the programs. All programs also include a free wireless scale. All of this is provided to you at no additional cost! Participation is by invitation only through BCBS. If you qualify, Lark and BCBS will reach out via mail.

Therapy for Autism Spectrum Disorder

Occupational, Speech, Physical, and Applied Behavioral Analysis Therapy (ABA) are covered 100% with no deductible or copay for dependents ages (0-18) on the autism spectrum. Precertification is required.

For precertification, call 1-877-563-9347 (toll free).

Family Planning

Assisted Reproductive Technology (ART), Infertility Testing & Treatment

ART and Infertility Testing and Treatment are available for full-time and part-time employees. This benefit is limited to $15,000 and you must be employed one year before benefits are available. Pre-benefit counseling is required. Call 1-866-888-6934 for prebenefit counseling.

Baby Yourself

Baby Yourself is the free maternity program provided by Blue Cross and Blue Shield of Alabama. Baby Yourself includes a personal nurse to answer questions during and after pregnancy, and also offers gifts and educational resources, information about breastfeeding, and a free app to track your pregnancy.

Adoption Benefit

Employees must be employed for one year before becoming eligible for adoption assistance. Contact HR for more details.

Flexible Spending Account (FSA)

my.healthequity.com/ClientLogin.aspx
1-877-288-0719

Health Equity

A Healthcare Flexible Spending Account (FSA) may help reduce the amount of taxes you pay and help cover expenses you have during the year.

The minimum deduction for the Flexible Spending Account is $260 annually or $10 bi-weekly.

Flexible Spending Accounts are administered by Health Equity. Go to www.myhealthequity.com to view and verify claims for your flexible spending account.

Healthcare FSA

A healthcare FSA reimburses employee for eligible medical expenses, up to the amount contributed for the plan year. Eligible healthcare expenses include many out-of-pocket costs you pay to maintain your health and well-being. Visit irs.gov for a full list of eligible expenses.

You may contribute up to $3,400 annually (funds will be available as of the election effective date).

Health Savings Account (HSA)

my.healthequity.com/ClientLogin.aspx
1-877-288-0719

Health Equity

AVAILABLE TO PARTICIPANTS IN THE HIGH DEDUCTIBLE HEALTH PLAN.

A health savings account (HSA) is a tax-advantaged savings account that can be used for qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions.

Did you know an HSA provides triple tax benefits?

- The money you contribute is pre-tax.
- Interest accumulates in the account tax-free.
- Money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses.

HSA Advantages

	You can use the account to pay for qualified healthcare expenses.
	Unspent dollars roll over each year and are yours to keep, even if you retire or leave the company.
	You can invest your HSA funds, so your available healthcare dollars can grow over time.

You are eligible if:

- You are enrolled in the High-Deductible Health.
- You are not covered by a spouse's plan.
- No one else can claim you as a dependent.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received VA benefits in the past 3 months.

How Do I Manage My HSA?

Access and manage your HSA at my.healthequity.com/ClientLogin.aspx. You'll set up your payroll contributions during your enrollment period. You can change the contribution amount at any time (although it may take up to two payroll periods to process).

How Much Can I Deposit into an HSA in 2026?

<55*	• Up to $4,400 for individual. • Up to $8,750 for family.
55+*	The maximum contribution increases by $1,000.

Not enrolled in Medicare

Dental

bcbsal.org/sales/web/individuals/dental
1-877-288-0719

Blue Cross Blue Shield

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what Blue Cross Blue Shield pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit bcbsal.org/sales/web/individuals/dental.

Dental	Standard Plan	Premium Plan
	In-network	In-network
Annual deductible (Individual/Family)	$50 / $150	$50 / $150
Annual maximum (per person)	$1,000	$2,000
Diagnostic and preventive care (includes cleanings, fluoride treatments, sealants, and x-rays)	Payable at 100% no deductible	Payable at 100% no deductible
Restorative	Payable at 100% subject to the deductible	Payable at 100% subject to the deductible
Supplemental services	Payable at 80% subject to the deductible	Payable at 80% subject to the deductible
Periodontic services	Payable at 50% subject to the deductible	Payable at 50% subject to the deductible
Orthodontia	Payable at 80% subject to the deductible	Payable at 80% subject to the deductible
Ortho lifetime maximum	Not Included	100%
Non-network reimbursement	Not Included	$1,000 for subscriber/ $2.000 for dependents

Plan includes out-of-network benefits; see plan summary for additional details.

Vision

vsp.com
1-800-877-7195

VSP

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery.
The vision plan is built around the VSP network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below.
To locate an in-network provider, visit vsp.com.

Vision	Standard Plan	Premium Plan
	In-network	In-network
Examination (every 12 months)	$10 copay	$10 copay
Material	$20 copay	$20 copay
Lenses	**(every 12 months)**	**(every 12 months)**
Single	$20 copay	$20 copay
Bifocal	$20 copay	$20 copay
Trifocal	$20 copay	$20 copay
Frames	**(every 24 months)**	**(every 12 months)**
New frames	$150 allowance	$300 allowance
Contact lenses	**(every 12 months)**	**(every 12 months)**
Elective	$150 allowance	$150 allowance
Medically necessary	Covered in full after material copay	

Employees can elect dental and/or vision regardless of their medical enrollment status.

See summary plan description for additional details.

Supplemental Health Benefits

Prudential

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are offered through Prudential and are designed to protect your family's finances in case of an unforeseen injury or illness. Please visit prudential.com/personal/workplace-benefits/group-insurance.html for additional details.

Accident Insurance

After a covered accident, these plans pay cash benefits directly to you to cover some of the remaining costs your health insurance plan may not cover.

Benefit:

- Provides a fixed payment that can help cover out-of-pocket costs that occur after an accidental injury (e.g., deductibles, copays and other expenses, such as transportation or lodging)
- Payroll deduction

Critical Illness Insurance

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. This plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer.

Benefit:

- Pays lump-sum benefit upon diagnosis of a covered health condition such as cancer, heart attack and stroke
- Benefit amounts range from $10K to $30K
- Payroll deduction

Hospital Indemnity Insurance

Hospital stays can be expensive, even with insurance. Hospital Indemnity plans are designed to provide financial protection by paying you a direct benefit to cover out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the facility type and number of confinement days.

Benefit:

- Coverage for hospital admission and daily confinement
- Payroll deduction

529 College Savings Plan

Voya

You can save for college expenses for yourself, your child, and/or your grandchild and have a portion of your deductions matched by EAH. To enroll and set up your 529 plan, contact our VOYA representatives at **334-737-5051** to enroll. To create an account after enrollment, visit the College Counts website, collegecounts529.com.

The Financial Security Program

Voya

From your first day at East Alabama Health, you can start saving part of your pay and, after a short period, enjoy a matching contribution from EAH. This program will help you get ready to retire, and it can reduce your tax burden at the same time.

Your Contribution

- You can make contributions in 1% increments.
- Your savings can be taken before taxes or after taxes. Each option has certain tax advantages, so be sure to pick the option that best suits you.
- You always have ownership in the money you contribute.

EAH's Contribution

- After you've been employed for 90 days, EAH will match 75 cents on the dollar, up to 6% of your pay.
- You will "vest" – or gain ownership - in EAH's matching contribution over time. See schedule below.
- Contributions are based upon yearly IRS compensation limits.

EAH Investment Schedule	
Years of Employment	**Percentage**
3	20%
4	40%
5	60%
6	80%
7	100%

You can choose how your account is invested. VOYA investment representatives are available to meet with you regarding your retirement plan. Contact our VOYA representatives at **334-737-5051** to enroll.

Life Insurance

prudential.com

Prudential

Basic Life and AD&D Insurance

East Alabama Medical Center provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you!

Insurance Coverage	Basic Life and AD&D
Active Full-Time and Flex Employees	You are automatically enrolled for 1 times your covered annual earnings to $150,000

Supplemental Term-Life Insurance

If you would like additional coverage, Voluntary Life and AD&D insurance are available to you, your spouse, and your dependent children. You must enroll in coverage for yourself in order to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available or if you elect an amount over the Guaranteed Issue, you may be required to complete an Evidence of Insurability (EOI) form.

Supplemental Insurance Coverage	Active Full-Time, Flex, & Part-Time Employees
Voluntary Employee Life	Purchase coverage in increments of $10,000 up to a maximum of $300,000. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.
Voluntary Spouse Life	Purchase coverage on your spouse in increments of $5,000 up to a maximum of $150,000. Please Note: The Optional Dependent Term Life coverage amount on your spouse cannot exceed 50% of your Optional Term Life coverage amount.
Voluntary Child Life	Purchase coverage on your child(ren) up to $5,000. Please note: The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 50% of your Optional Term-Life coverage amount. Coverage begins at live birth, and continues to age 26, if unmarried.

Disability Insurance

prudential.com

Prudential

Disability

These plans give you income protection in the event you are ill or suffer a non work-related injury, and can't work.

Employer Paid Short-term Disability Benefits	Full-Time and Flex Employees hired after 1/1/2021
Elimination period	7 Days
Weekly benefit	60% of weekly predisabilty earnings
Maximum weekly benefit	$2,000
Maximum benefit period	25 weeks

Voluntary Short-term Disability Benefits	Active Full-Time, Flex, & Part-Time Employees hired Before 1/1/21
Elimination period	14 Days
Weekly benefit	60% of weekly predisabilty earnings
Maximum Weekly benefit	$1,000
Maximum benefit period SSNRA (Social Security Normal Retirement Age)	24 weeks

Long-term Disability Benefits	Active Full-Time and Flex Employees
Elimination period	180 days
Weekly benefit	60% of your monthly pre-disability earnings
Maximum monthly benefit	$8,000
Maximum benefit period SSNRA (Social Security Normal Retirement Age)	65 years

Additional Benefits

College and Career Benefits	
Scholarship Program	EAH pays tuition up front in exchange for your contracted work commitment.
Tuition Reimbursement	If your application is approved, EAH will reimburse your tuition and fees, based on your grades.
Professional Development	EAH offers a wide range of classes and workshops on campus and virtually for continuing education and skills-building.

Financial and Security Benefits	
Credit Unions	• East Alabama Community FUC • Four Seasons FCU • Chattahoochee FCU
DailyPay – On-demand Pay	DailyPay is a third party company that provides employees the option to receive on-demand pay or early access to earned pay to help them control the timing of their pay. DailyPay can send your money to any account, debit card or pay card, instantly or the next day.
CMG Financial – Loan Assistance	EAH partners with CMG Financial to offer down-payment funding assistance, matching of those funds to put toward closing costs, and various other incredible home-loan programs for healthcare workers.
Farmers Insurance - Auto, Home, and Pet insurance	Farmers Insurance offers substantial discounts on auto, home, and pet insurance just for being an EAH employee. Call 800-438-6381 and let them know you work for East Alabama Health or use the discount code: 09S. You can also visit www.farmers.com/groupselect.
Norton360 LifeLock	Protection for your devices, online privacy, and identity are all available through Norton LifeLock. Contact HR for more details.

Discount Programs	
Purchasing Power	Purchasing Power is a purchasing program sponsored by EAH that offers an alternative to buy the brand-new products you want at eamc.purchasingpower.com to learn more. • Zero interest, no credit check, and no hidden fees • Payroll deduction • Limits are determined by length of service and salary
EAH Employee Discounts	Many local businesses and attractions offer discounts to EAH employees. Please check the Employee Portal page under EAH Employee Discounts. PerkSpot is also on the existing discounts available for East Alabama Health employees. The discounts page can be found on SharePoint or by scanning this QR Code

Support and Assistance Programs	
Cornerstone	Cornerstone of EAH provides support and assistance to employees in need who meet certain criteria. Cornerstone also provides community outreach and supports charitable organizations throughout the community.
GuidanceResources®	Confidential support, resources and information to get through life's challenges. Visit www.guidanceresources.com.
Adoption Assistance	Employees must be employed for one year before becoming eligible for adoption assistance. Contact HR for more details.
FEDlogic	EAH has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household. Read More Here.

Benefits Information and Advocacy

Call 877-837-4196 to schedule an appointment

FEDlogic

East Alabama Health has partnered with FEDlogic to provide state and federal benefits information and advocacy to you and your household members. Their service is confidential, unlimited, and free.

Reasons to call FEDlogic:

- You've reached, or are approaching, Medicare age and need to learn more
- You're approaching retirement age and want to learn more about your Social Security benefits
- You or a household family member have been diagnosed with a major illness
- You have a child with a disability or who was born prematurely
- You have lost a spouse
- You need assistance navigating Medicaid, Marketplace, or COBRA
- You need assistance exploring alternative healthcare avenues based on your income
- You are currently on dialysis (ESRD)
- You need assistance exploring Unemployment Benefits

Call FEDlogic at 877-837-4196 to schedule a phone consultation with one of their federal and state benefits experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour.

An overview of your GuidanceResources® program

ComPsych

ComPsych®

No matter what's going on in your life, ComPsych® GuidanceResources® is here to help. Personal problems, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® GuidanceResources® is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges.

How ComPsych® GuidanceResources® can help you

Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultantSM is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss

Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Tax questions
- Getting out of debt
- Estate planning
- Retirement planning

Legal Information, Resources and Consultation

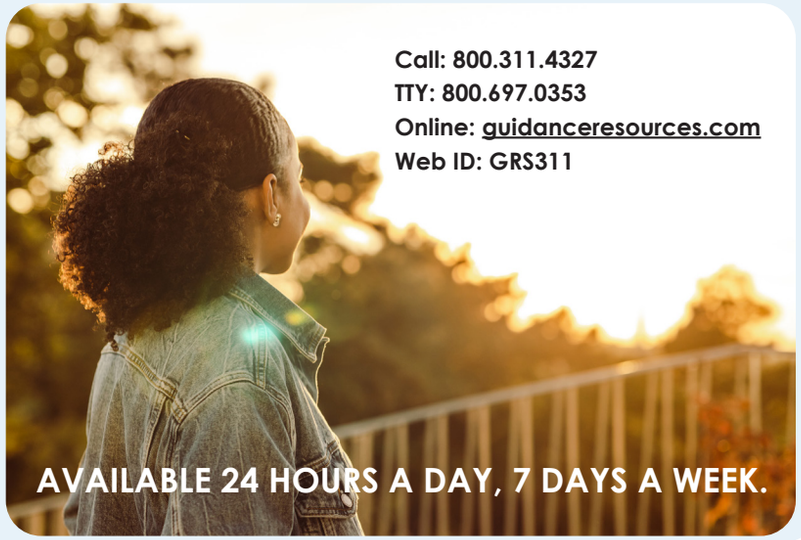
When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Bankruptcy
- Debt obligations
- Criminal actions
- Landlord and tenant issues
- Civil lawsuits
- Real estate transactions
- Contracts

Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com. Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheetsSM on topics you select
- Get answers to specific questions
- Search for services and referrals
- Use helpful planning tools



Bi-Weekly Payroll Deductions

Medical

	PPO Full-time	PPO Part-time	HDHP Full-time	HDHP Part-time
Employee	$107.02	$184.57	$72.79	$125.53
Employee + spouse	$235.45	$406.05	$160.10	$276.12
Employee + child(ren)	$224.75	$387.60	$152.83	$263.56
Family	$252.81	$433.28	$171.91	$294.63

Dental

	Standard Full-time	Standard Part-time	Premium Full-time	Premium Part-time
Employee	$10.76	$13.78	$13.76	$16.58
Employee + spouse	$23.67	$27.56	$30.27	$33.16
Employee + child(ren)	$26.90	$30.32	$34.40	$36.47
Family	$29.05	$34.45	$37.15	$41.45

Vision

	Standard Full-time	Standard Part-time	Premium Full-time	Premium Part-time
Employee	$0.91	$0.91	$4.59	$4.59
Employee + spouse	$1.86	$1.86	$9.38	$9.38
Employee + child(ren)	$1.99	$1.99	$10.03	$10.03
Family	$3.18	$3.18	$16.03	$16.03

Note: Additional rate information can be found in your enrollment portal.

Earned Time Off (ETO)

Earned Time Off (ETO) is a benefit plan that combines sick, holiday, and vacation into one bank called Earned Time Off. ETO is accrued for each full time and part time employee each pay period based upon hours worked. Accumulated ETO hours may be used at any time during the year, with supervisory approval, when an employee is absent from work and will not be used to figure overtime for that period. ETO hours accrued can be carried over from year to year up to a maximum of 500 hours. Once an employee has reached the 500-hour limit, they cannot be paid what they have missed, or earn ETO hours until their bank drops below 500 hours. It is each employee's responsibility to track and maintain their ETO hours.

The following are recognized holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. For non-clinical support departments, salaried employees must take ETO for these holidays. Clinical exempt employees scheduled to work these holidays are not required to take ETO for these days. Exempt employees required to work on Thanksgiving Day, Christmas Day and Easter Sunday will have ETO time added to their bank up to a total of 4 hours depending on the hours worked.

ACCRUALS FOR FULL-TIME / FLEX EMPLOYEES

YEARS OF SERVICE	ACCRUAL RATE	HOURS PER PP (80 HOURS)	ANNUAL ACCRUAL HOURS	ANNUAL ACCRUAL (8 HR WORKDAY)
0-5	.08463	6.77	176	22
6-10	.0884	7.07	184	23
11-15	.1000	8.00	208	26
16+	.1077	8.61	224	28

ACCRUALS FOR PART-TIME EMPLOYEES
ETO hours will be prorated based upon the number of hours worked.

YEARS OF SERVICE	ACCRUAL RATE	HOURS PER PP	ANNUAL ACCRUAL HOURS	ANNUAL ACCRUAL (8 HR WORKDAY)
0-5	.0385	3.076	80	10
6-10	.0577	4.61	120	15
11-15	.0692	5.53	144	18
16+	.0769	6.15	160	20

7 ON/ 7 OFF EMPLOYEES: Effective January 1, 2020, 7 On/7 Off employees will accrue 80 hours of ETO per year (regardless of tenure with the Organization). ETO hours accrued can be carried over from year to year up to a maximum of 80 hours. 7 On/7 Off employees are encouraged to use their 7 days off for appointments (e.g., doctors/dental appointments, vacations, etc.).

ETO Cash Out Option

Employees must maintain an ETO bank of 80 hours to be eligible to receive cash payout. ETO cash out must be done in 10-hour increments only. Employees can cash out ETO at any time during the year. Effective January 1, 2020, any cash out or final payment (for employees who leave the organization in good standing) will be paid at a 50 percent rate.

Visit Policies & Procedures located on SharePoint for more details.

Long-Term Sick Bank

EAH provides benefits-eligible employees income protection benefits for usein the event of an extended absence from work because of an employee's personal illness, injury, pregnancy, childbirth or other medical conditions. Employees must provide written medical certification from a health care provider authorizing the medical necessity for absence from work. This benefit accrues with each pay period based on length of service. To be paid out of the LTS bank, a request must be submitted to Payroll and a copy of the leave of absence request form submitted to Human Resources.

Effective January 1, 2026

Full-time/Flex employees hired prior to December 31, 2020, accrue time into an LTS bank based on years of service independent of the number of hours worked. As of January 1, 2026, employees hired after January 1, 2021, will no longer accrue LTS time. Any time accrued as of January 1, 2026, will remain available for use until December 30, 2030, but only if the employee is on approved family medical leave of absence.

Employees hired before January 1, 2021, will continue to accrue LTS time until December 31,2026. Any time accrued as of January 1, 2027, will remain available for use until December 31, 2030, but only if the employee is on an approved family medical leave of absence. Employee LTS hours will be capped at 500 hours for accrual beginning January 1, 2026. Any employee who has over 500 LTS hours will not gain additional hours as their bank will be maxed out. Upon leaving the organization/termination, employees will not be paid hours remaining in the LTS bank.

Full-Time/Flex Accruals for LTS	
Years of Service	Ratio/Hours worked
6 – 15 years	(10 days – 3.08 hrs)
16+ years	(9 days – 2.77 hrs)

Medical Certification

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when leave is "foreseeable".
- AH may require medical certification to support a request for leave because of a serious health condition. EAH may also require second or third opinions (at the employer's expense) and a Fitness for Duty report/ Return to Work Certification form to return to work.

Leave Coordination

All leave of absences whether FMLA related or not must go through HR first. HR provides employees and leadership assistance managing medical absences, medical information, restrictive duty & return-to-work details. The Leave Coordinator will partner with you to help navigate this process. 334-528-4162.

Visit Policies & Procedures located on SharePoint for more details.

GLOSSARY

Glossary of Terms

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is $1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the $1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. This is also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

Contact the benefit provider listed below to learn more about your policies and/or if you have any questions about your benefits. You can also reach out to your HR Benefits team at (334-528-4188) or (334-710-0076) or by email at benefitservices@eamc.org.

Contacts

Medical Plan

Blue Cross Blue Shield

Member services:
1-866-888-6934
www.bcbsal.org

Prescription Services

Prime Therapeutics

Member services:
855.457.0007
https://www.primetherapeutics.com/

Dental Plan

Blue Cross Blue Shield

Member services:
1-866-888-6934
www.bcbsal.org

Vision Plan

VSP

Member services:
1-800-877-7195
www.vsp.com

Retirement & 529 College Counts

VOYA

Retirement sign-up/changes
Withdrawal/hardship
1-334-528-4296 or
1-334-737-5051
1-800-584-6001
www.voyaretirementplans.com

Health Savings Account (HSA)

Health Equity

Member services:
1-877-288-0719
www.myhealthequity.com

Flexible Spending Account (FSA)

Health Equity

Member services:
1-877-288-0719
www.myhealthequity.com

Life & Disability

Prudential

Member services:
https://www.prudential.com/

Mental Health Benefit Navigation Assistance

Lucet

Member services:
1-800-624-5544
www.lucethealth.com

Rula Health

Member Services:
(323) 205-7088
www.rula.com/contact

Employee Assistance Program (EAP)

Member Services:
1-800-311-4327
guidanceresources.com

Accident, Critical Illness, and Hospital Indemnity

Prudential

Member services:
https://www.prudential.com/

Home, Auto, and Pet Insurance

MetLife/Farmers

Member services:
1-800-438-6381
www.metlife.com
farmers.com/groupselect

Federal Benefit Navigation Assistance – Social Security, Medicare, Retirement

FEDLogic

Member services:
1-877-837-4196
www.fedlogicgroup.com

Human Resources

334-528-4188 or 334-710-0076

General Website
https://www.eastalabamahealth.org/

Notes

Notes

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

SE: 5873429

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