



ENROLLMENT GUIDE



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Preparing for Enrollment

As a committed partner in your health, Vandalia Health System absorbs a significant amount of your benefit costs. Your contributions for many of our benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of Vandalia, you must elect coverage for yourself in order to elect coverage for dependents.

Annual Enrollment Action Items



Update your personal information.

If you've experienced a qualifying event in the last year, you may need to change your elections or update your details.



Double-check covered medications.

Pharmacy formularies are updated regularly, so please review the most up-to-date formulary to ensure your medications will continue to be covered.



Review available plans' deductibles.

Take a look at your options – if you foresee a lot of medical needs this year, you might want a lower deductible. If not, you could switch to a higher deductible and enjoy lower premiums.



Check out the Vandalia Network on the Medical Plan.

Review the plan changes for the Vandalia network. Using Vandalia physicians and facilities will give you the lowest out-of-pocket cost.



Table of Contents

We all work together to make Vandalia Health System a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make you and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2026 benefits. If you have questions, your benefits department and HR departments are here to help.

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See page 39 for
important information
concerning Medicare
Part D coverage.

In this Guide, we use the term company to refer to Vandalia Health System. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Eligibility



Vandalia Health System offers a variety of benefits to support you and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

If you are full time pro rata 7, 8 or 9 employee of Vandalia Health System, you are eligible to participate in the Medical, Dental, Vision, Life, Disability, and Spending Account plans.

If you are a prorata 5 or 6 employee:

Vandalia Southern Region: Not eligible for Medical or Spending Account Benefits

Vandalia Northern Region: Eligible for Medical (at a higher premium) and Spending Account Benefits

Note

You cannot change your benefit elections during the plan year unless you have a qualifying life event, such as marriage or the birth or adoption of a child.

Eligible Dependents

Dependents eligible for coverage in the Vandalia Health System benefits plans include:

- » Your legal spouse.
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse). Children are eligible to be covered until the end of the month in which they turn 26 years old.
- » Dependent children ages 26 and older, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose prior to the child turning 26 (periodic certification may be required).

Verification of dependent eligibility is required prior to enrollment.



Enrollment



How to Enroll

You will enroll for benefits in Infor Self Service. You can access Infor from a Vandalia network computer or from your mobile device or home PC.

Enroll in Benefits:

Access from a Vandalia Computer:

- » Navigate to the Infor website: https://mingle-portal.inforcloudsuite.com/CAMC_PRD/
- » Dependent information must be submitted prior to electing your benefits. Failure to submit this information will cause delays in the enrollment process.
- » Read the Welcome Screen for important enrollment information, then click "Continue."
- » Carefully review each benefit and make a selection for each one.
- » For dependent benefits, be sure to check the box next to the dependents you want to cover.
- » On the final benefit summary page, select "Continue."
- » On the Infor Self Service web dialog box, select "Yes" to printing and/or emailing your benefit elections. (Email will be sent to your Vandalia email address.)

If you have any difficulties logging into Infor Self Service, contact the Vandalia Help Desk.

Adding Dependents During Enrollment

Once you have logged in to Lawson Self Serve to start the election process, you will see a dependent screen. Please review your dependents. If you need to add a dependent, you may do so by clicking "add". You may add a lawful spouse or dependent child. After you have completed your benefit enrollment, appropriate documentation must be provided to the Benefits Department. You may provide the documentation by scanning the documents to benefits@vandaliahealth.org for Vandalia Health Southern Region employees and MHS.HRBenefits@vandaliahealth.org for Vandalia Health Northern Region employees. Remember to include your name and employee ID number on submitted documentation. If you do not provide the appropriate documentation by November 8, 2025, your election will be changed to not cover the added dependent.

Do not add a dependent that is already showing on the screen. If you see a dependent that shows as inactive and is eligible, click on the name of the inactive dependent and mark active. You will be able to attach the dependent once they are active.

Spouse:

- » Marriage Certificate
- » Most recent tax return (if married prior to current year)
- » Spouse Health Coverage Verification Form (if electing medical coverage on spouse)

Child(ren):

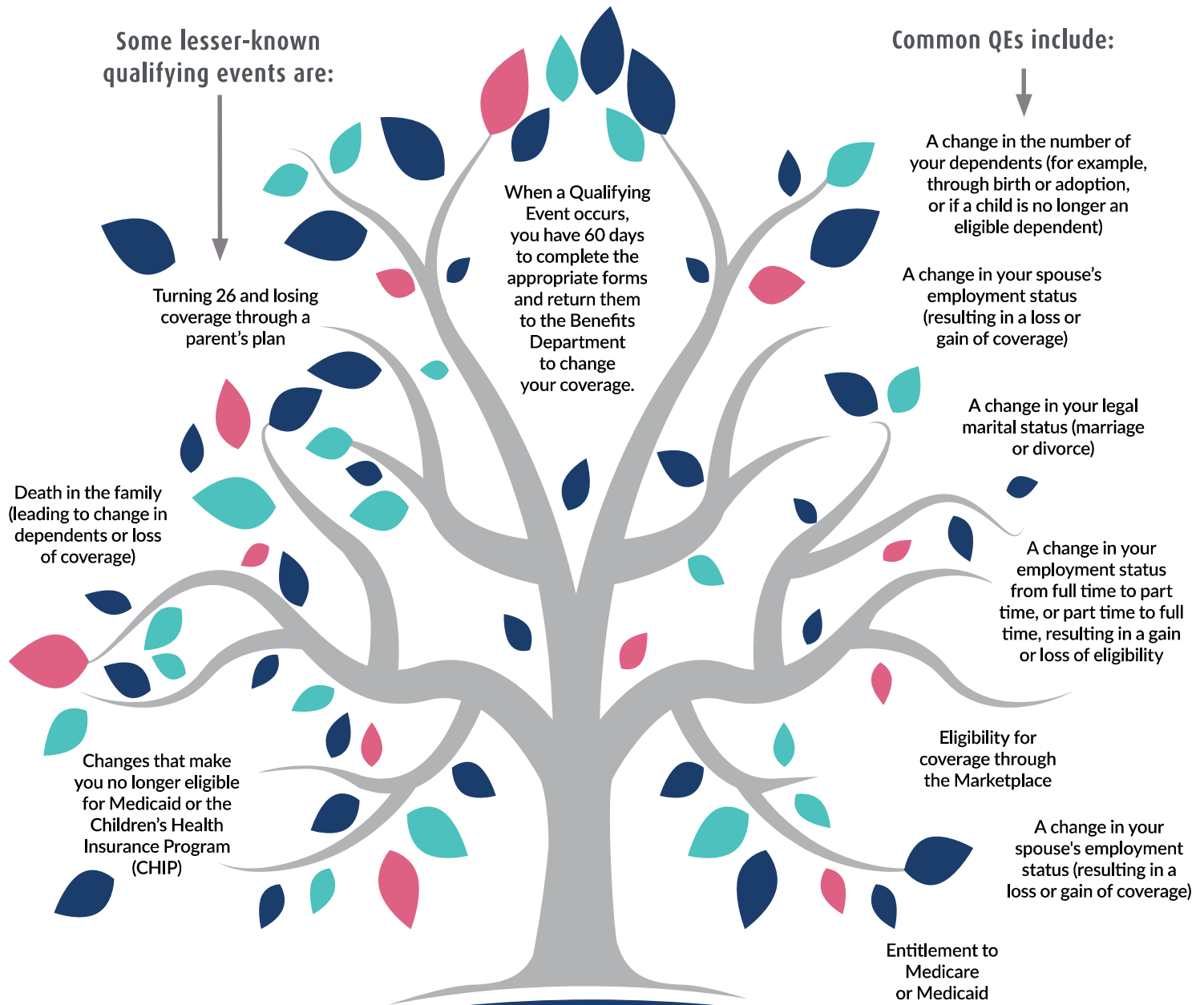
- » Birth Certificate
- » You may purchase certified records of West Virginia marriages and births through the WV Vital Registration Office, Health Statistics Center. Call WV Vital Statistics at 304-558-2931.
- » Vandalia and its medical service providers reserve the right to audit dependent eligibility. If you provide false information when enrolling or verifying your dependents, you may also be subject to disciplinary action up to and including termination.



Qualifying Events

What are Qualifying Events?

Most people know you can change your benefits when you start a new job or during Annual Enrollment. Did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Events (QEs) determined by the IRS could allow you to make changes to your elections outside of the annual time.



Keep in mind your change in coverage must be consistent with your change in status. Benefit changes due to qualifying events will become effective the first of the month following completion of change form. Birth/adoption will be effective the date of birth/adoption.

Questions regarding specific qualifying events and your ability to request changes should be directed to the benefits or HR departments. Check out the qualifying events page on your Vandalia Health intranet for more details.

Medical Benefits



Medical benefits are provided through Highmark. Choose the plan that works best for your life. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2026 plan year, unless you have a qualifying event.

Medical Plan Summary

This chart summarizes the 2026 medical coverage administered by Highmark. All covered services are subject to medical necessity as determined by the plan.

	PPO		HDHP	
	VANDALIA HEALTH	BCBS PPO NETWORK	VANDALIA HEALTH	BCBS PPO NETWORK
DEDUCTIBLE				
INDIVIDUAL	\$250	\$650	\$1,700	\$3,400
FAMILY	\$750	\$1,950	\$3,400	\$6,800
OUT-OF-POCKET MAXIMUM				
INDIVIDUAL	\$9,200		\$8,050	
FAMILY	\$18,400		\$16,100	
COPAYS/COINSURANCE				
PREVENTIVE CARE	No Charge	No Charge	No Charge	No Charge
PRIMARY CARE	No Charge	\$35 Copay	No Charge*	\$20 Copay*
SPECIALIST	No Charge	\$60 Copay	No Charge*	\$40 Copay*
INPATIENT	\$200 Copay, 10% Coinsurance*	\$250 Copay, 25% Coinsurance*	\$200 Copay, 10% Coinsurance*	\$1,200 Copay, 40% Coinsurance*
OUTPATIENT CARE	10% Coinsurance*	25% Coinsurance*	20% Coinsurance*	40% Coinsurance*
URGENT CARE	No Charge	\$50 Copay	No Charge*	\$30 Copay*
EMERGENCY ROOM	\$175 Copay, 20% Coinsurance		\$175 Copay, 20% Coinsurance*	

*After Deductible



The Spouse Eligibility Rule

The mandatory spouse enrollment rule will continue to be in place for the 2026 plan year. Spouses who are offered employer-sponsored health insurance must enroll in their employer's plan as primary coverage in order to be eligible to enroll in a Vandalia medical plan as secondary coverage. Any spouse covered on the medical plan will have eligibility verified prior to January 1, 2026.

Once you complete enrollment, an email will be sent to your Vandalia email address with the required spouse health coverage verification form. Please follow the instructions to complete and return the form by November 7, 2025.

If you would like a confirmation that the form was received, please use email as your form of submission.

Tobacco Surcharge

Employees who are enrolled in a medical plan and use tobacco will pay a \$40 tobacco surcharge per pay period. Employees who choose not to disclose whether they use tobacco or not will pay the \$40 tobacco surcharge as well.

Tobacco Cessation

The Tobacco Free Digital Program is a free program for employees with Highmark insurance. You can access the program on the MyHighmark app or at [MyHighmark.com](https://www.mylifeatwork.com) or scan the QR code to get started.

Vandalia Health System:

Visit [Vandaliahealth.org](https://vandaliahealth.org) and click on Find a Provider.
Look for the checkmark indicating Vandalia employed.

BCBS Providers:

Visit Highmark's website highmarkbcbswv.com or call
customer services at 877-770-6991.

EXCLUDED FACILITIES REMINDER: RUBY MEMORIAL AND ALL WVU FACILITIES ARE EXCLUDED.

ALL NON-EMERGENCY SERVICES ARE EXCLUDED AT THE FOLLOWING FACILITIES.

THIS LIST MAY CHANGE WITHOUT NOTICE.

Beckley ARH (Appalachian Regional Hospital), Beckley, WV	Pleasant Valley Hospital, Point Pleasant, WV
Boone Memorial Hospital, Madison, WV	Raleigh General Hospital, Beckley, WV
Braxton Memorial Hospital, Gassaway, WV	Roane General Hospital, Spencer, WV
Cabell Huntington Hospital, Huntington, WV	St. Francis Hospital, Charleston, WV
Cabell Huntington Surgery Center, Huntington, WV	St. Joseph's Hospital, Buckhannon, WV
Camden Clark Medical Center, Parkersburg, WV	St. Mary's Medical Center, Huntington, WV
Day Surgery Center, Kanawha City, Charleston, WV	Summersville Memorial Hospital, Summersville, WV
Edwards Comprehensive Cancer Center	Teays Valley Urgent Care, Teays Valley, WV
Holzer, All Facilities and Locations	Thomas Memorial Hospital, So. Charleston, WV
Jackson General Hospital, Ripley, WV	Thomas Oncology, Hurricane, WV
King's Daughters Hospital, Ashland, KY	Tri-State MRI, Huntington, WV
Logan Regional Medical Center, Logan, WV	Tri-State Surgical & Diagnostic Center
Metro MRI, Charleston, WV	Three Gables Surgery Center, Proctorville, OH
Montgomery General Hospital, Montgomery, WV	United Hospital Center, Clarksburg, WV
Our Lady of Belfonte, Ashland, KY	Women's Care at Teays Valley, Hurricane, WV
Pain Management Clinic, Charleston, WV	WVU Provider and Facilities
**Ruby Memorial Hospital, Morgantown, WV	

An excluded facility means that the medical plan does not cover services performed at one of these facilities. If there is a service that the Vandalia System does not offer, an exception request can be completed and reviewed for approval to pay under the plan. Please note the approval of an exception request allows the service to be paid under the plan in the Highmark tier. Service rendered without prior approval is the responsibility of the patient.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Navitus. You will only have one ID card for both medical care and prescriptions. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred or Specialty Drugs.

	PPO		HDHP	
	VANDALIA HEALTH	HIGHMARK PPO NETWORK	VANDALIA HEALTH	HIGHMARK PPO NETWORK
PRESCRIPTION/RX DRUGS (30-DAY RETAIL SUPPLY)	VANDALIA RX ONLY	RETAIL RX	VANDALIA RX ONLY	RETAIL RX
PREFERRED GENERIC	30% maximum \$8	50% maximum \$75	30%, maximum \$8*	50%, maximum \$75*
PREFERRED BRAND	50% maximum \$40	50% maximum \$500	50%, maximum \$40*	50%, maximum \$500*
NON-PREFERRED BRAND	50% maximum \$100	50% maximum \$500	50%, maximum \$100*	50%, maximum \$500*
SPECIALITY	10% maximum \$150	Not Covered	10%, maximum \$150*	Not Covered

Two (2) fill limit on maintenance medications at retail pharmacy and then you must use a Vandalia Health pharmacy to have coverage.

Vandalia Pharmacy

As a participant in the medical plan you will pay the lowest costs for your medications when you fill your prescriptions at a Vandalia Pharmacy.

90-day fills – Prescriptions written as 90-day fills will lower the number of times you go to the pharmacy for refills and save you a few dollars on your copay maximum at Vandalia pharmacies. You can request that your physician write your prescriptions for 90-day fills. You can use any of the following Vandalia pharmacies to fill prescription drugs.



Vandalia Health Pharmacy #1

CAMC Memorial Hospital, 1st Floor
3200 MacCorkle Ave. SE
Charleston, WV 25304

304-388-9547

M-F 8:00 AM to 6:00 PM
Sa/Su 8:00 AM to 4:30 PM
Holidays: 8:00 AM to 4:30 PM

Vandalia Health Pharmacy #2

CAMC General Hospital, 1st Floor
501 Morris Street
Charleston, WV 25301

304-388-2520

M-F 7:30 AM to 5:00 PM

Vandalia Health Pharmacy #3

CAMC Cancer Center, 1st Floor
3415 MacCorkle Ave. SE
Charleston, WV 25304

304-388-9700

M-Th 8:00 AM to 4:30 PM
F 8:00 AM to 4:00 PM
24/7 Clinical Support

Vandalia Health Pharmacy #4

CAMC Outpatient Center, 1st Floor
3948 Teays Valley Road
Hurricane, WV 25526

304-760-7265

M-F 8:00 AM to 4:30 PM
Saturday 8:00 am to 12:00 pm

Vandalia Health Pharmacy #5

Mail Order Pharmacy

304-388-0361

M-F 7:30 AM to 4:00 PM

*Contact Pharmacy for
delivery options

Vandalia Health Pharmacy #6

1322 Maplewood Avenue
Ronceverte, WV 24970

304-647-6040

M-F 9:00 AM to 5:30 PM

Vandalia Health Pharmacy #7

1212 Garfield Ave, Suite 102
Parkersburg, WV 26101

304-916-1821

COMING SOON

Vandalia Health Pharmacy #8

Mon Health Pharmacy
1200 JD Anderson Drive
Morgantown, WV 26505

304-285-2285

M-F 7:00 AM to 7:00 PM

Vandalia Health Pharmacy #9

Health Center Pharmacy
812 Gorman Avenue
Elkins, WV 26241

304-636-6767

M-F 9:00 am to 6:00 pm
Saturday 9:00 AM to 1:00 PM

Vandalia Health Pharmacy #11

WMH Prescription Center,
Webster Springs
125 Diana Drive
Webster Springs, WV 26288

304-847-5324

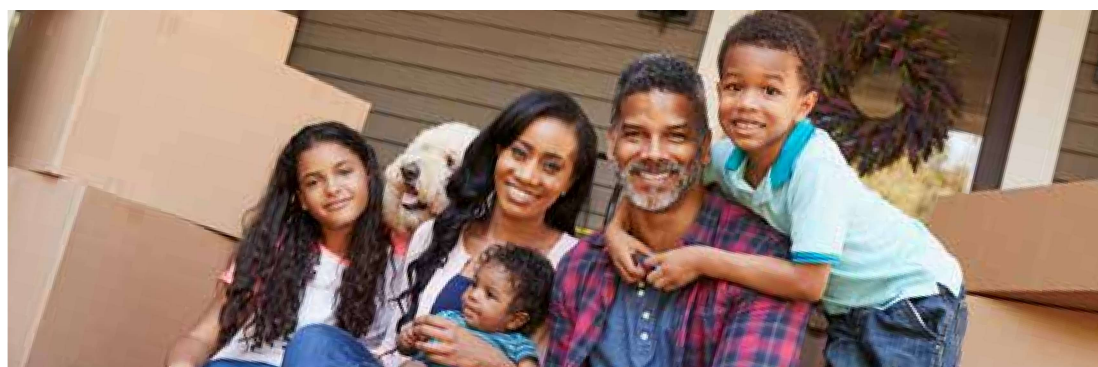
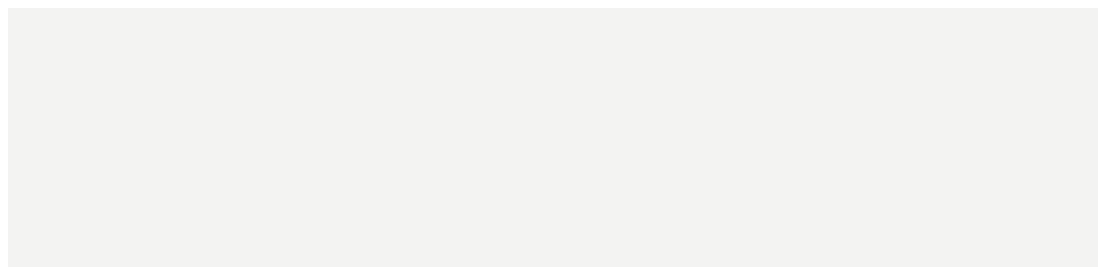
M-F 9:00 AM to 6:00 PM
Saturday 9:00 AM to 5:00 PM
Sunday 12:00 PM to 5:00 PM

Vandalia Health Pharmacy #12

WMH Prescription Center, Cowen
6815 Webster Road
Cowen, WV 26206

304-226-3600

M-F 9:00 AM to 6:00 PM



Vandalia Employees: Save Money on Your Healthcare!

Do you need a primary care provider? Would you be interested in \$0 copays, \$0 lab work* and appointments available when you need them?

Many of Vandalia primary care providers are participating in a new program to help make healthcare more affordable and accessible for Vandalia Health employees, spouses and dependents who are covered by Vandalia health insurance. When you choose one of these providers, you will enjoy \$0 copays anytime you visit, along with these significant savings:

- » FREE lab work for most common tests* (listed on back)
- » FREE office visits (sick and wellness visits)
- » SAME-DAY appointments for most needs during regular office hours (after your first appointment)

Call one of these participating locations to make your first appointment:

CAMC Primary Care Nitro

4111 First Ave., Suite 3
Nitro, WV 25143
(304) 755-4797

CAMC Primary Care Winfield

12576 Winfield Road
Winfield, WV 25213
(304) 586-0111

CAMC Primary Care Teays Valley

3248 Teays Valley Road
Hurricane, WV 25526
(304) 757-1031

CAMC Primary Care Teays Valley Outpatient Center

3948 Teays Valley Road,
Hurricane, WV 25526
(304) 760-1397

CAMC Primary Care Hurricane

3755 Teays Valley Road
Hurricane, WV 25526
(304) 562-1800

CAMC Primary Care Summersville

702 Professional Park Drive,
Suite 102
Summersville, WV 26651
(304) 872-0089

CAMC Primary Care Charleston

3411 Noyes Avenue
Charleston, WV 25304
(304) 356-3456

CAMC Primary Care Princeton

150 Courthouse Road, Suite 301-B
Princeton, WV 24740
(304) 425-0162

CAMC Primary Care Poca

2851 Charleston Road, Suite 2
Poca, WV 25159
(304) 351-3015

CAMC Employee Wellness Center (PPO Insurance Carriers only)

3418 Staunton Ave.
Charleston, WV 25304
(304) 388-2130

CAMC Family Medicine Center

Heart and Vascular Building
Fifth floor
3200 MacCorkle Ave. SE
Charleston, WV 25304
(304) 388-4600

CAMC Internal Medicine

3100 MacCorkle Ave. SE, Suite 700
Charleston, WV 25304
(304) 351-1500

CAMC Primary Care Beckley

230 George St., Suite 2
Beckley, WV 25801
(304) 255-2878

CAMC Primary Care Oak Hill

119 Main St. W
Oak Hill, WV 25901
(304) 465-0544

CAMC Primary Care Fayetteville

207 W Maple Ave.
Fayetteville, WV 25840
(304) 574-0120

CAMC Greenbrier Valley Medical Center

Primary Care Lewisburg
233 Dawkins Drive Suite B
Lewisburg, WV 24901
(304) 645-3207

CAMC Greenbrier Valley Medical Center

Primary Care Covington
810 Grayson Avenue
Covington, VA 24426
(540) 962-8222

CAMC Greenbrier Valley Medical Center

Primary Care Peterstown
3115 Seneca Trail
Peterstown, WV 24963
(304) 753-9100

CAMC Greenbrier Valley Medical Center

Internal Medicine
1322 Maplewood Avenue
Ronceverte, WV 24970
(304) 647-5114

Vandalia Health Ravenswood

403 Professional Circle
Ravenswood, WV 26164
(304) 865-3631

Vandalia Health South Parkersburg

2838 Pike Street, Suite 2
Parkersburg, WV 26101
(304) 865-3674

Vandalia Health Primary Care Parkersburg

1212 Garfield Avenue
Parkersburg, WV 26101
(304) 865-3600

This program is available to all Vandalia Health employees, spouses and dependents covered by Vandalia Health insurance who choose one of the above locations for their primary care needs.

Exclusions may apply for High Deductible Plan members.



*The following lab tests will be free for Vandalia Health employees, spouses and dependents

Covered by Vandalia Health Insurance who have services performed at a Vandalia Provider.

Deductible must be met first for employees with the High Deductible Health Plan.

- | | | | |
|---------------------------------|-----------------------------|------------------------------|--|
| » Basic Metabolic Panel | » Free T4 | » Lipid Panel | » Throat Culture |
| » C-Reactive Protein | » GGT | » Magnesium | » Thyroid Peroxidase Antibodies |
| » CBC w/Diff | » HCG | » Microalbumin, Random Urine | » Transferrin |
| » CBC without Diff | Quantative, Serum | » Phosphorus | » TSH |
| » Comprehensive Metabolic Panel | » Hemoglobin A1c | » Progesterone | » Uric Acid |
| » Creatinine | » Hepatic Panel | » Protein, Random Urine | » Urinalysis Complete |
| » Creatine Kinase | » IDI Acute Hepatitis Panel | » Prothrombin Time with INR | » Vitamin B12 |
| » Creatinine, Random Urine | » IDI Hepatitis A Total Ab | » PSA | » Vitamin D Level |
| » Estradiol level female | » IDI Hepatitis B s Ab | » PSA Annual Screen | » Viral Respiratory Mini-Panel (covers RSV, influenza A and B, and COVID-19) |
| » Ferritin | » IDI Hepatitis B s Ag | » Renal Function Panel | |
| » Folic Acid | » IDI Hepatitis C Ab | » Testosterone Total | |
| | » Iron Level LDH | | |

24/7 Care

A new benefit that's FREE for Vandalia Health System employees and their families - there's no copay, no deductible and no fees to see a doctor, physician's assistant or nurse practitioner!

Whenever you don't feel well, you can receive convenient, quality care from a licensed healthcare professional anytime, anywhere via mobile app or video - at work, in the comfort of your home or even while traveling.

24/7 Care is only free to Vandalia Health System employees and their immediate family members (spouse and dependent children through age 25).

Employees do not have to be covered by Vandalia Health Systems health plan to participate.

camc.org/24-7Care

Join now for free!

1. Download the 24/7 Care app

Simply set up an account and you can request a virtual visit with a provider anytime.

2. Request a visit 24 hours a day, 365 days a year, by web, phone or mobile app.

We'll pair you with a provider from Vandalia Health or from our national network of U.S. physicians who will connect with you promptly.

3. Talk to the provider

Take as much time as you need - there's no limit and no charge for your visit!

4. If medically necessary, a prescription will be sent to the pharmacy of your choice.

Receive the treatment you need in a timely, expedient manner. You can also send your visit results to your primary care physician.

Health Savings Account



Need funds to help cover out-of-pocket healthcare expenses? Consider a Health Savings Account (HSA). An HSA is a personal healthcare bank account used to pay for qualified medical expenses and funded by you, and in some cases your employer, too. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in an HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependents, even if they're not covered on your plan. If you're not currently enrolled in an HDHP but have unused HSA funds, you can still use them for qualified expenses. Navia Benefit Solutions provides a debit card for direct access to your balance, allowing you to pay for eligible expenses, such as doctor visits, eye exams, prescriptions and more. You must have a balance in your HSA account to use the card.

Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in Vandalia's HSA-eligible High Deductible Health Plan.
- » You are not covered by your spouse's non-HDHP Health Plan.
- » Your spouse does not have a healthcare Flexible Spending Account or Health Reimbursement Account.
- » You are not eligible to be claimed as a dependent on someone else's tax return.
- » You are not enrolled in Medicare or TRICARE.
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Your Money. Your Account.

Your HSA is a personal account that you control. You decide how much to contribute, when to use the money and when to reimburse yourself. Unused funds roll over each year and can be saved for retirement. HSA funds are portable if you change plans, with no vesting or forfeiture.

How to Enroll

To enroll in the company-sponsored HSA, select the HDHP with Vandalia, complete the enrollment materials and designate your pre-tax contribution amount. Navia will create your HSA and send your contributions once your bank details are verified. You have 60 days to log in and confirm the banking agreement.



Plan. Spend. Save.

Contributions to an HSA can be made pre-tax through payroll deductions when you open an account with Navia Benefit Solutions. The funds, including interest and investment earnings, grow tax-free and can be spent tax-free on qualified medical expenses. Per IRS regulations, if HSA funds are used for non-qualified expenses before age 65, you'll owe federal income tax and a 20% penalty.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS		
EMPLOYEE		\$4,400
FAMILY		\$8,750
CATCH-UP CONTRIBUTION (AGES 55+)		\$1,000

Vandalia will provide the following contribution to your account in full at the beginning of the plan year. However, **in order to receive this contribution, you must also elect to make a monetary contribution to your account.**

EMPLOYER HSA CONTRIBUTION		
EMPLOYEE		\$500
FAMILY		\$1,000

If you’ve contributed too much to your HSA this year, you have two options:

- » Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You’ll pay income taxes on the excess removed from your HSA.
- » Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year consider contributing less than the annual limit to your HSA to make up for the excess contribution during the previous year.

Note

It’s up to you how much to contribute to your HSA. Buying a new house or sending a kid to college? You can contribute less this year. Paid off your student loans or got a new job? Stash the annual max in your account.



Flexible Spending Accounts



Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,400 annually for qualified medical expenses (deductibles, copays and coinsurance) with pre-tax dollars, reducing your taxable income and increasing your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them without waiting for reimbursement.

Please note: Over-the-counter (OTC) drugs are now eligible for reimbursement through your FSA.

Limited Flexible Spending Account

A Limited Flexible Spending Account (LFSA) works alongside a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. You must decide how much to set aside for this account. You may contribute up to \$3,400.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — whether or not you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- » With the Dependent Care FSA, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis. If married or filing separate tax returns, the maximum is \$3,750.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence as the employee for more than half the year may be a qualifying individual.
- » Expenses are reimbursable if the provider is not your dependent.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time.

Examples of eligible dependent care expenses include:

- » In-Home Babysitting Services (not provided by a tax dependent)
- » Care of a Preschool Child by a Licensed Nursery or Day Care Provider
- » Before- and After-School Care
- » Day Camp
- » In-House Dependent Day Care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Note

Reimbursement of claims for the flexible spending account (medical and dependent care) are available through direct deposit. Log in to your Navia account and sign up for direct deposit today!

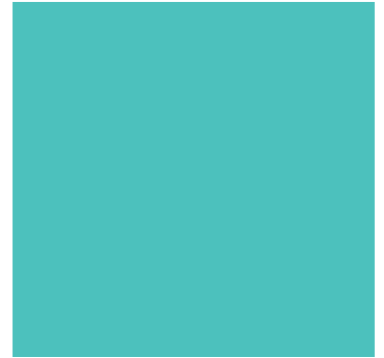
How to Use the Account

You can use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense, submit a claim form along with the required documentation. Contact Navia with reimbursement questions. If you need to submit a receipt, you will be notified by Navia. Always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be turned off and your expense deemed taxable.





General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare and Dependent Care FSAs:

- » Expenses must be incurred during the 2026 plan year.
- » Dollars cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” — any unused funds will be forfeited.
- » Up to \$680 may be rolled over to the next plan year at the end of 2026 for Healthcare FSAs.

Deadlines

- » You have until March 31 to submit receipts incurred in the previous calendar year.
- » For 2026 expenses, if you do not provide proper documentation as requested to Navia by March 31, 2027, the amount will be added to your pay as taxable wages on the paycheck in June 2027.
- » If you terminate employment or change to a non-benefit eligible status, participation in the plan will cease on the effective date of your termination or status change. However, claims for expenses incurred up to the termination date may be submitted up to March 31 of the following plan year. For 2026, claims can be submitted up to March 31, 2027. Any FSA contribution that is not claimed by March 31st will be forfeited per IRS guidelines.

Note

Always check with your spouse prior to making an FSA elections. Make sure that your spouse does not have a Health Savings Account or an Health Reimbursement Account. If you have questions about being eligible to carry both accounts, we recommend speaking with your tax advisor. The FSA election is a full year election.

Dental Benefits



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! Vandalia Health System offers affordable plan options for routine care and beyond. Coverage is available from Concordia.

Network Dentists

If you use a dentist who doesn't participate in your plan's PPO network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Concordia at [concordia.com](https://www.concordia.com).

Dental Premiums

Premium contributions for dental coverage are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Concordia.

CONCORDIA DENTAL

PAYROLL CONTRIBUTIONS			
EMPLOYEE ONLY		\$10.53	
EMPLOYEE + SPOUSE		\$19.99	
EMPLOYEE + CHILD(REN)		\$24.72	
EMPLOYEE + FAMILY		\$36.08	
		IN-NETWORK	NON-NETWORK
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL		\$50	\$50
FAMILY		\$150	\$150
CALENDAR YEAR MAXIMUM (PREVENTIVE SERVICES DO NOT COUNT TOWARD THE CALENDAR YEAR MAXIMUM.)			
PER PERSON		\$1,500	\$1,500
COVERED SERVICES			
PREVENTIVE SERVICES Exams, Cleanings, X-rays and Sealants		100%	100%
BASIC AND ENDODONTIC SERVICES Fillings and Root Canals		80%*	80%*
MAJOR AND PROSTHODONTICS Crowns, Inlays, Onlays, Cast Restorations, Bridges, Dentures and Implant Abutments		50%*	50%*
ORTHODONTICS Dependent Child(ren) Only up to age 19		50%	50%
ORTHODONTIC LIFETIME MAXIMUM		\$1,500	\$1,500

*After deductible

Note

Vandalia Health dental coverage uses the Elite Plus Network. Visit [unitedconcordia.com](https://www.unitedconcordia.com) to find a dentist in network. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

Vision Benefits



Don't wear glasses? Even you shouldn't skip an annual eye exam! Vandalia Health System provides you and your family access to quality vision care with a comprehensive vision benefit through VSP (Vision Services Plan).

Vision Premiums

Premium contributions for vision coverage are deducted from your paycheck. Your tier of coverage determines your premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by VSP. To find a provider, visit vsp.com and search the VSP Choice network.

VSP		
PAYROLL CONTRIBUTIONS		
EMPLOYEE ONLY	\$3.58	
EMPLOYEE + SPOUSE	\$7.16	
EMPLOYEE + CHILD(REN)	\$7.52	
EMPLOYEE + FAMILY	\$11.93	
	IN-NETWORK	FREQUENCY
COPAY		
EXAM	\$10	Once Every Calendar Year
MATERIALS	\$25	
LENSES		
SINGLE VISION, LINED BIFOCAL, AND TRIFOCAL LENSES	Included in prescription glasses	Once Every Calendar Year (cannot be used the same year as contacts)
PROGRESSIVE LENSES	Standard: \$25 Copay All Other: \$95 to \$175 Member Cost	
ANTI-REFLECTIVE COATING	\$0	
SCRATCH-RESISTANT COATING	\$0	
CONTACTS		
FITTING AND EVALUATION	Pays up to \$60	Once Every Calendar Year (cannot be used same year as frames)
ELECTIVE CONTACTS	Pays up to \$150	
FRAMES		
COPAY	Pay \$0 copay	Once Every Two Calendar Years
ALLOWANCE	Pays up to \$150 + 20% off remaining balance	

Note

Did you know you could receive \$170 toward featured frame brands? Visit vsp.com to find out more!

Term Life Insurance



It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Life Insurance provides financial protection and security in the event of an absence or unexpected event. Securing Life Insurance now ensures your family will be protected for the future.

Basic Term Life

Vandalia Health System offers employees Basic Life insurance as part of your basic coverage through UNUM, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Term Life is one times your annual salary, up to \$400,000. If you are a benefit eligible employee, you automatically receive Basic Life even if you elect to waive other coverages.

What's a beneficiary?

Your beneficiary is the person you designate to receive your Life Insurance benefits in the event of your death. This includes any life insurance benefits payable that are offered by Vandalia Health System. You receive the benefit payment for a dependent's death under the UNUM Insurance.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, last 4 digits of their Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18.

Note

Have you updated your beneficiary form lately? Go to the Life Insurance page on your Vandalia Health intranet to print a new form. Return completed form to HR.





Term Life

Life and AD&D benefits are an important part of your family’s financial security. The basic life benefit provided to you by Vandalia Health System may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Life and AD&D insurance.

BASIC EMPLOYEE TERM LIFE	
COVERAGE AMOUNT	One times your annual salary
WHO PAYS	Vandalia Health System
MAXIMUM BENEFIT	\$400,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
OPTIONAL EMPLOYEE TERM LIFE	
COVERAGE AMOUNT	1, 2, 3, 4, or 5 times your annual salary
WHO PAYS	Employee
MAXIMUM BENEFIT	\$750,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Elections above \$450,000 require an evidence of insurability (EOI).
OPTIONAL SPOUSE TERM LIFE	
COVERAGE AMOUNT	\$10,000 increments up to \$50,000
WHO PAYS	Employee
MAXIMUM BENEFIT	May not surpass Optional Employee Term Life coverage or \$50,000.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A
OPTIONAL CHILD TERM LIFE	
COVERAGE AMOUNT	\$5,000 increments up to \$20,000
WHO PAYS	Employee
MAXIMUM BENEFIT	May not surpass Optional Employee Term Life coverage or \$20,000.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A
OPTIONAL ACCIDENTAL DEATH & DISMEMBERMENT	
COVERAGE AMOUNT	Employee: \$10,000 increments up to the lesser of 1x Annual Salary or \$500,000 Spouse: 60% of Employee's Amount up to \$300,000 Child: 20% of Employee's Amount up to \$100,000
WHO PAYS	Employee
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A

Evidence of Insurability

If you elect optional employee term life of more than \$450,000, an EOI must be completed through UNUM. Please visit the Life Insurance Page on your Vandalia Health intranet for more information regarding completing an EOI.

Spouse Employed by Vandalia Health and Benefit Eligible

If your spouse is employed at Vandalia Health and benefit eligible, you cannot elect Optional Spouse Term Life and AD&D coverage.

Dependent Child Employed by Vandalia Health and Benefit Eligible

If your dependent child is employed at Vandalia Health and benefit eligible, you cannot elect Optional Child Term Life and AD&D coverage. The plan will only pay as a policy holder or as a dependent, but it will not pay out as both.

Employee Term Life Insurance

You may purchase additional life insurance in the amount of 1, 2, 3, 4, or 5 times your annual salary.

Annual salary X _____ = round up _____ / 1,000 X _____ = _____
(1, 2, 3, 4, or 5) (next 1,000) (age bracket cost)

OPTIONAL EMPLOYEE TERM LIFE INSURANCE (RATES BASED ON 24 PAYROLL DEDUCTIONS)			
AGE (AS OF JANUARY 1, 2026)	EMPLOYEE	AGE (AS OF JANUARY 1, 2026)	EMPLOYEE
UNDER 25	\$0.018	50-54	\$0.115
25-29	\$0.018	55-59	\$0.200
30-34	\$0.023	60-64	\$0.250
35-39	\$0.032	65-69	\$0.340
40-44	\$0.050	70-74	\$0.666
45-49	\$0.075	75+	\$0.666

*Benefits Subject to Age Reduction Schedule

Spouse Term Life Insurance

(Coverage must be less than or equal to employee's total life coverage)

- » \$1.18 (\$10,000)
- » \$2.35 (\$20,000)
- » \$3.53 (\$30,000)
- » \$4.70 (\$40,000)
- » \$5.88 (\$50,000)

Child Term Life Insurance

(Coverage must be less than or equal to employee's total life coverage)

- » \$0.45 (\$5,000)
- » \$0.91 (\$10,000)
- » \$1.36 (\$15,000)
- » \$1.81 (\$20,000)

Optional Accidental Death & Dismemberment

\$0.12 per \$10,000

Employee Only

Desired coverage ÷ \$10,000 x .12 = _____

\$0.18 per \$10,000

Family

Desired coverage ÷ \$10,000 X .18 = _____

Upon reaching age 70, your employee life insurance coverage will decrease by 50% of your elected amount.

Disability Insurance



Maintaining your quality of life counts on your income. Vandalia Health System offers disability coverage to protect you financially in the event you cannot work as a result of a covered illness or injury. A portion of your income is protected until you can return to work or until you reach retirement age.

Short-Term Disability (STD) Insurance

Short-Term Disability (STD) benefits are provided through UNUM. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with a 6 month pre-existing condition limitation, may apply. See your plan documents or your benefits team for details. All benefit eligible employees will have the option to elect Short-Term Disability.

WEEKLY MAXIMUM BENEFIT	\$3,462
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	90 days

Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) benefits will be provided to all benefit eligible employees at no cost to the employee. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. The monthly maximum benefit is \$10,000 (Core Plan). Employees will also be able to purchase additional LTD coverage of 66.67% up to a monthly maximum of \$15,000 (Buy-Up Plan). Certain exclusions, along with a 12 month pre-existing condition limitation, may apply. See your plan documents or your benefits team for details.

MONTHLY MAXIMUM BENEFIT	Core Plan = \$10,000 Buy-Up Plan = \$15,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

Supplement STD with PTO or USB

You have the option to use paid time off (PTO) or unused sick bank (USB) to supplement your STD income. The short-term disability income and supplement cannot exceed 100% of your weekly pay. You will only be able to supplement if the entire week is coded as short-term disability. All supplement hours will be added to and processed through regular payroll with tax withholding and regular payroll deductions. PTO Supplement will not be paid retroactively. The chart below shows the number of PTO or USB hours that will be used each week based on your status and short-term disability plan:

STD PTO OR USB
SUPPLEMENT CALCULATION

STATUS	STATUS HOURS PER WEEK	PTO OR USB SUPPLEMENT HOURS PER WEEK 60% STD
Pro Rata 5	20	8
Pro Rata 6	24	9.6
Pro Rata 7	28	11.2
Pro Rata 8	32	12.8
Pro Rata 9	36	14.4
Full Time	40	16

Filing a Claim:

To file a claim, contact UNUM at 800-858-6843 or by visiting myunum.com. You will be asked to provide the following information (in addition to other questions about your absence):

- » Employer Name and/or Group Number:
Vandalia Health
- » Name, Social Security number and date of birth
- » Address and phone number
- » Doctor’s name, address, phone number and fax number
- » Your occupation and the last day you worked
- » Your condition and diagnosis

Note

You must be actively working on the effective date of coverage, otherwise your benefits will be effective when you return to work.



Retirement Plan



Your workplace savings plan helps make it easy, convenient and affordable to accumulate the money you need for retirement. Your benefit at retirement depends on how much you contribute, your employer's matching contributions and the results from the investments you select.

Take these easy steps to ensure your future today:

Enroll

The Retirement Plan allows you to contribute a percentage of your eligible pay on a pre-tax basis, through payroll deductions, up to the IRS dollar limits. If you are not currently participating in the Vandalia Plan, enroll today at netbenefits.com and click Contribution Amounts under quick links or call 800-343-0860.

Increase your contribution

Increase your Retirement Plan contribution any time, not just during Open Enrollment! Most experts recommend a contribution rate of 10% to 15% annually to reach retirement goals. Increase your contribution percentage at any time by logging on to netbenefits.com, under quick links drop down, choose Contribution Amount. Having trouble remembering to increase your percentage? Sign up for the Annual Increase Program to automatically increase your contribution each year. Click Annual Increase Program to choose the increase percent and the date of the increase!

Catch-up contributions

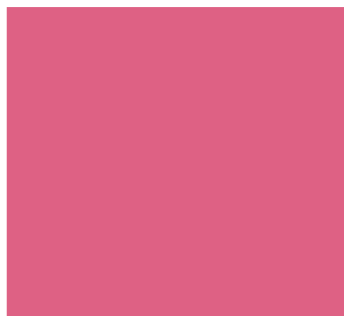
If you have reached age 50 or will reach 50 during the calendar year and are making the maximum IRS pre-tax contribution (\$23,500 for 2025,) you will be allowed to continue contributions up to the additional "catch-up" contribution amount of \$7,500 for 2025. If you do not want the additional "catch-up" contribution, notify your benefits department.

Vesting

Employees will be fully vested after two years of service with Vandalia based on the date the employee was hired into a retirement-eligible position.

401(k) - Legacy CAMC, Mon & Davis

403(b) - Legacy Webster



Beneficiaries

Your beneficiary or beneficiaries will inherit your account in the event of your death. Designate your beneficiary when you enroll, and update the information if you experience a life-changing event such as marriage, divorce, death, etc. Fidelity’s Online Beneficiaries Service is available through NetBenefits by clicking on “menu,” then “profile,” then “beneficiaries.” You may also download the form from the Benefits webpage on your Vandalia Health intranet under 401(k), complete and send to Fidelity Investments.

The Mobile App

On the go? The NetBenefits® app gives you access to your Fidelity workplace accounts, anytime, anywhere, right on your mobile device. Download your FREE NetBenefits mobile app today.

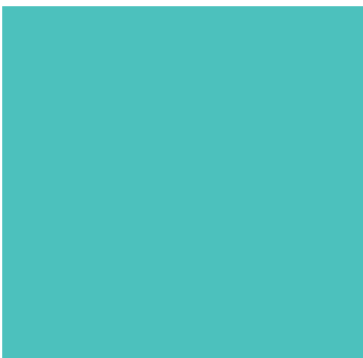
Visit the App StoreSM (iPod touch®/ iPhone® and iPad®), Google PlayTM Store or browse [NetBenefits.com](https://www.fidelity.com/netbenefits) on the mobile Web.

Employer Contributions

Vandalia Health will make an employer matching contribution on your behalf if you have completed one year of service and you are making salary deferral contributions. The matching contribution by the company will be based on your deferral election.

EMPLOYEE CONTRIBUTES	VANDALIA CONTRIBUTES*	TOTAL CONTRIBUTIONS
1%	1%	2%
2%	2%	4%
3%	3%	6%
4%	3.50%	7.50%
5%	4%	9%
6% or more	4%	10% or more

*For 2026, Vandalia's contribution for Davis Health System employees is a maximum of 2%.



Supplemental Insurance

Vandalia Health offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Hospital Indemnity Coverage

Hospital Indemnity Coverage through Unum pays you cash benefits directly if you are admitted to the hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

Plan Highlights

- » **Guaranteed Issue Coverage** (no medical questions)
- » **Pre-Existing Conditions:** This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.

HOSPITAL INDEMNITY PAYROLL CONTRIBUTIONS	
EMPLOYEE ONLY	\$8.67
EMPLOYEE + SPOUSE	\$15.50
EMPLOYEE + CHILDREN	\$12.50
EMPLOYEE + FAMILY	\$19.33

Accident Insurance

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact.

Accident coverage through Unum provides benefits for you and your covered family member(s) for expenses related to an accidental injury that occurs outside of work.

Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

ACCIDENT INSURANCE PAYROLL CONTRIBUTIONS	
EMPLOYEE ONLY	\$4.15
EMPLOYEE + SPOUSE	\$6.96
EMPLOYEE + CHILDREN	\$8.35
EMPLOYEE + FAMILY	\$11.16



Critical Illness Insurance

Critical Illness Coverage through Unum pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

Plan Highlights

- » Guaranteed Issue Coverage (no medical questions)
 - » Employee: \$10,000, \$20,000, or \$30,000
 - » Spouse: \$5,000, \$10,000, or \$15,000
 - » Cannot exceed 50% of employee benefit amount
 - » Child(ren): 100% of employee amount (at no additional cost)
- » Pre-existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.

PAYROLL CONTRIBUTIONS

	EMPLOYEE COVERAGE: \$10,000 SPOUSE COVERAGE: \$5,000		EMPLOYEE COVERAGE: \$20,000 SPOUSE COVERAGE: \$10,000		EMPLOYEE COVERAGE: \$30,000 SPOUSE COVERAGE: \$15,000	
ATTAINED AGE:	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	SPOUSE	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	SPOUSE	EMPLOYEE ONLY / EMPLOYEE + CHILD(REN)	SPOUSE
<25	\$1.55	\$1.18	\$3.10	\$2.35	\$4.65	\$3.53
25-29	\$1.90	\$1.35	\$3.80	\$2.70	\$5.70	\$4.05
30-34	\$2.45	\$1.63	\$4.90	\$3.25	\$7.35	\$4.88
35-39	\$3.35	\$2.08	\$6.70	\$4.15	\$10.05	\$6.23
40-44	\$4.45	\$2.63	\$8.90	\$5.25	\$13.35	\$7.88
45-49	\$6.05	\$3.43	\$12.10	\$6.85	\$18.15	\$10.28
50-54	\$7.80	\$4.30	\$15.60	\$8.60	\$23.40	\$12.90
55-59	\$10.70	\$5.75	\$21.40	\$11.50	\$32.10	\$17.25
60-64	\$15.05	\$7.93	\$30.10	\$15.85	\$45.15	\$23.78
65-69	\$21.90	\$11.35	\$43.80	\$22.70	\$65.70	\$34.05
70-74	\$31.20	\$15.88	\$62.40	\$31.75	\$93.60	\$47.63
75-79	\$38.90	\$19.73	\$77.80	\$39.45	\$116.70	\$59.18
80-84	\$47.15	\$23.80	\$94.30	\$47.60	\$141.45	\$71.40
85+	\$47.15	\$23.80	\$94.30	\$47.60	\$141.45	\$71.40

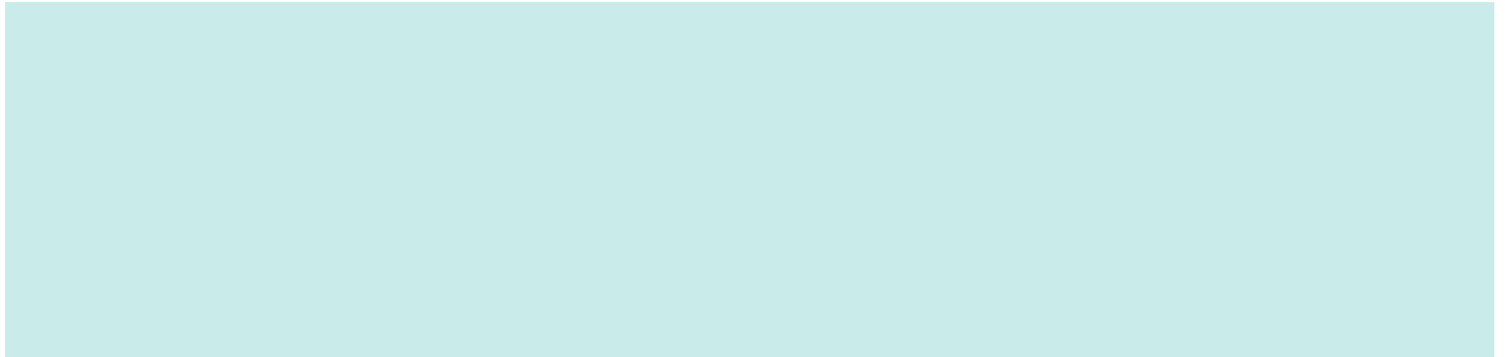
PTO Cash-In

Employees may cash-in a portion of their PTO time which will be accrued during the upcoming calendar year. The cash-in amount will be paid at the base pay rate in effect at the time the payout occurs.

Criteria:

- » A balance of at least 80 PTO hours on October 16, 2025.
- » Employees may cash in a minimum of 16 hours and a maximum of 40 hours.
- » Employees who are at max may make a conditional election; however, they must accrue the number of hours elected by the payout date the following year.
- » The number of hours elected will be set aside in a separate PTO plan to ensure these hours are available for payout as elected.
- » The 2026 payout is scheduled be paid out on 10/2/2026 as part of the employee's regular paycheck.

PTO cash-in is an annual benefit that does not roll over, therefore, you must elect this benefit each year.



Other Benefits

CAMC Federal Credit Union – Credit Union membership offers employees access to a full range of financial products and services.

Pride Card Vandalia has established relationships with external local and national vendors to give our employees discounts on many products and services. A complete list of Pride Card vendors and discounts can be found on CAMnet.

Employee Health Services – The company provides all employees access to employee health services which include employment physicals, immunizations, and treatment of illness or injury at no cost to the employee.

CAMC Family Resource Center

We understand that life can be complicated, that's why we are here to help you with issues that hit close to home. Our staff is trained to help you and your family deal with parenting, relationships, same gender concerns, loss and crisis, depression, anxiety, substance abuse issues, obesity, women's issues, infertility, adjustment to chronic illness or pain, and specialized testing for children - all in the comfort of a safe and confidential environment. Call the FRC at 304-388-2545.

Important

If you are enrolled in the PPO medical plan, you can visit the FRC with a zero dollar copay.

Medical Transport Benefit

With a MASA plan, you'll have an additional layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan.

	EMERGENT PLUS	PLATINUM
COST PER PAY PERIOD (INCLUDES EMPLOYEE AND ELIGIBLE DEPENDENTS)	EMPLOYEE ONLY: \$4.00 FAMILY: \$8.50	EMPLOYEE ONLY: \$8.00 FAMILY: \$19.50
EMERGENCY GROUND AMBULANCE COVERAGE	● ²	● ²
EMERGENCY AIR AMBULANCE COVERAGE	● ²	● ²
HOSPITAL TO HOSPITAL AMBULANCE COVERAGE	● ²	● ²
REPATRIATION TO HOSPITAL NEAR HOME COVERAGE	● ²	● ⁴
MINOR RETURN TRANSPORTATION COVERAGE		● ³
PET RETURN TRANSPORTATION COVERAGE		● ³
PATIENT RETURN TRANSPORTATION COVERAGE		● ⁴
COMPANION TRANSPORTATION COVERAGE		● ³
HOSPITAL VISITOR TRANSPORTATION COVERAGE		● ³
MORTAL REMAINS TRANSPORTATION COVERAGE		● ⁴
VEHICLE & RV RETURN COVERAGE		● ³
ORGAN RETRIEVAL & ORGAN RECIPIENT TRANSPORTATION COVERAGE		● ¹

¹United States only.

²United States, Canada.

³United States, Canada, Mexico, the Caribbean (excl. Cuba), the Bahamas and Bermuda.

⁴Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided 10 day notice.

CAMC PatientLink – Your Information on Your Time

CAMC PatientLink is a secure patient portal that allows you 24/7 access to information about your care at Vandalia. It's a convenient way to manage your health information on your own time.

You'll be able to see test results and other documents related to your healthcare more quickly, instead of waiting on a call from your doctor's office. Many test results will be available within 36 hours of testing. If you've been an inpatient, your visit summary and discharge information will also be available.

Available results include:

- » Lab tests
- » Imaging reports
- » Continuity of care/discharge summary documents (inpatient) Patient Plan (select Vandalia Physicians Group practices)

Learn more and sign up at Vandalia.org/patientlink.

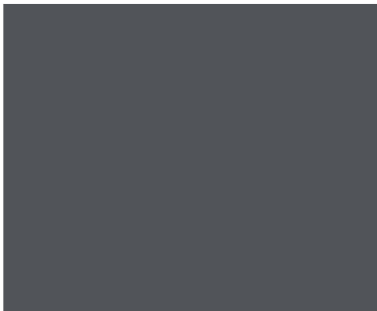
Pet Insurance

Available through Nationwide Pet Insurance, you will receive preferred pricing on coverage for your household pets including exotic pets. My Pet Protection® from Nationwide® helps you provide your pets with the best care possible. Plans cover accidents, illnesses, hereditary conditions, dental diseases, behavioral treatments and more!

- » **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%
- » **Use any vet, anywhere:** No networks, no pre-approvals
- » Customize your plan to fit your needs
- » 24/7 *vethelpline* and PetRXExpress are available to all pet insurance members
- » For more information, call 877-738-7874 or visit benefits.petinsurance.com/Vandalia to enroll today.



Employee Emergency Funds



In times of unexpected hardship, the strength of our Vandalia Health community lies in how we support one another. Emergency Relief Funds are in place to provide timely, confidential financial assistance to employees facing unforeseen personal crisis—whether due to natural disasters, medical emergencies, or other significant life challenges. This fund reflects our shared commitment to care, compassion, and solidarity, helping colleagues get back on their feet when they need it most. Scan the QR Code below to make a **tax-deductible** contribution today.

CAMC’s Employee Emergency Fund



Mon Health’s Colleague Support Fund



Davis Health’s Sunshine Fund
Ask HR for the Sunshine Fund donation form.



MyHealth Employee Wellness Program



Vandalia has made a commitment to build a wellness program designed to help our employees live well. The MyHealth program has five focus areas: stress management, nutrition, physical activity, chronic disease management and prevention, and tobacco cessation. MyHealth is here to help you take charge by giving you access to programs and resources that take a comprehensive approach to health and well-being while also allowing you to earn rewards for taking positive steps toward living a healthier life. Taking advantage of this program could be the first step to becoming a healthier, happier you!

For more information or to get started, see CAMnet home page > CAMC Health & Well-being > MyHealth or contact Anna Lucas, Community Outreach and Senior Wellness Coach at 304-388-7593 or anna.lucas@vandaliahealth.org.

CDC NDPP (Charleston)

Genesis couch to 5K (Charleston)

Sword-virtual physical therapy (all of Vandalia Health)

**Onduo diabetes management program
(all of Vandalia Health)**

**HealthyWage weight loss and step challenges
(all of Vandalia Health)**

Highmark health coaches (all of Vandalia Health)

Employee Wellness Center (Charleston)

**Highmark Spring Health mental wellbeing support
(all of Vandalia Health)**

Pride card employee discounts (Charleston)

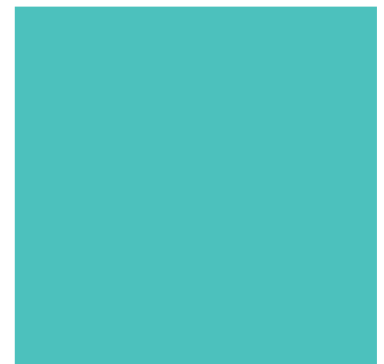
**Discounted lab work through Vandalia LabWorks
(Charleston)**

Annual incentive program (all of Vandalia Health)

Tobacco cessation program (all of Vandalia Health)

Walking paths across campus locations (Charleston)

Group fitness classes (Charleston)



Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," meaning that funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or a rollover into the next plan year.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Limited FSA** – Designed to complement a Health Savings Account, a Limited FSA allows for reimbursement of eligible dental and vision expenses.
- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.



Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- » **Vandalia Network** – Vandalia employed providers that provide healthcare services in the Vandalia network.
- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out-of-pocket.

Open/Annual Enrollment – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.



- » **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – Also known as the UCR (Usual, Customary, and Reasonable) amount. The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) - The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



Required Notices

Important Notice from Vandalia Health About Your Prescription Drug Coverage and Medicare under the Traditional PPO and High Deductible Highmark Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Vandalia Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Vandalia Health has determined that the prescription drug coverage offered by the Traditional PPO and High Deductible Highmark plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Vandalia Health coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Vandalia Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Vandalia Health changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit [medicare.gov](https://www.medicare.gov)
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [ssa.gov](https://www.ssa.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, *you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

Date:	January 1, 2026
Name of Entity/Sender:	Vandalia Health
Contact—Position/Office:	Human Resources
Address:	501 Morris Street Charleston, WV 25301
Phone Number:	304-351-1800

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 304-351-1800.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 304-351-1800.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 60 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 304-351-1800.

VANDALIA GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Legal Duties

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required by the HIPAA Privacy Rule (45 C.F.R. parts 160 and 164, as amended) to give you this Notice of Privacy Practices ("Notice") about our privacy practices, our legal duties, and your rights concerning your protected health information. This Notice applies to you if you are covered as an employee, former employee or dependent under a group health plan sponsored by Vandalia Health, Inc. or one of its affiliates ("the Plan").

The HIPAA Privacy Rule regulates the use and disclosure by the Plan of "protected health information" (commonly referred to as "PHI"). PHI is any "individually identifiable health information" maintained or transmitted by the Plan (in any form or medium). Individually identifiable health information is health information that identifies you or creates a reasonable basis to believe that it could be used to identify you, including information relating to your health condition or receipt of health care. The Plan is committed to protecting the privacy of your PHI.

This Notice describes our privacy practices, which include how we may use, disclose, collect, handle, and protect your PHI. This Notice becomes effective October 1, 2025, and will remain in effect unless we replace it.

You may request a printed copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

I. Uses and Disclosures of Protected Health Information

A. Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations

The HIPAA Privacy Rule permits the Plan to use or disclose your PHI without your authorization for purposes of treatment, payment, and health care operations. The terms "treatment," "payment," and "health care operations" are explained below:

"Treatment" generally means the provision, coordination, or management of health care and related services by one or more health care providers. For example, the Plan may disclose your PHI to your doctors and their staff, the Plan's third-party administrators and their staff, and other appropriate people to help provide you with proper medical treatment.

"Payment" means any action undertaken by the Plan to obtain premiums, to determine responsibility for providing coverage, or to obtain or provide reimbursement for the health care services you receive. This includes, but is not limited to, eligibility and coverage determinations, billing, claims management and processing, plan reimbursement, reviews for medical necessity, utilization review, and pre-authorization for treatment. For example, the Plan may disclose to your doctor and her staff, the Plan's third-party administrators and their staff, and other appropriate people information concerning a particular medical procedure that you have had performed to determine whether the procedure is covered by the Plan.

"Health care operations" means all the activities involved in the administration of the Plan. This includes, but is not limited to, quality assessment and improvement, evaluating providers, underwriting and other activities relating to obtaining or amending insurance contracts, disease management, cost management, and other general administrative activities. For example, the Plan may use your PHI to refer you to a disease management program, to evaluate the quality of care you are receiving from your providers, or to project benefit costs and determine premiums.

B. Uses and Disclosures of Protected Health Information to Other Entities

We also may use and disclose protected health information to other covered entities, business associates, or other individuals (as permitted by the HIPAA Privacy Rule) who assist us in providing the Plan to participants.

1. Business Associates.

The Plan's business associates may use or disclose your PHI for treatment, payment, or health care operations on the Plan's behalf. Business associates include the Plan's third-party administrators, such as Highmark Blue Cross Blue Shield West Virginia, as well as other service providers, lawyers, accountants, consultants, and other appropriate people who help to ensure that the Plan is run properly and that you receive any benefits to which you are entitled. We require the business associates to agree in writing to contract terms designed to appropriately safeguard your PHI.

2. Other Covered Entities.

In addition, we may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we may disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

II. Other Possible Uses and Disclosures of Protected Health Information

In addition to uses and disclosures for treatment, payment and health care operations, we may use and/or disclose your protected health information for the following purposes:

A. To Plan Sponsor

The Plan may disclose the Plan's enrollment and disenrollment information to the plan sponsor, Vandalia Health, Inc., without your authorization, to permit the plan sponsor to perform plan administration functions. For example, your plan sponsor may need to know whether you are enrolled in the Plan and your specific Plan benefit options for payroll withholding and other purposes.

B. To Others.

In addition, the HIPAA privacy rules permit the Plan to use or disclose your PHI without your authorization to the following: (1) a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; (2) a public health or other governmental authority authorized by law to receive reports of child abuse or neglect; (3) a person subject to the jurisdiction of the Food and Drug Administration with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity; (4) a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition, if the Plan is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; (5) a health oversight agency for certain purposes (e.g., audits, investigations, disciplinary actions, government benefit eligibility, civil rights law compliance); (6) a court or other party in connection with a judicial or administrative proceeding; (7) law enforcement officials for law enforcement purposes; (8) coroners and medical examiners for the

purpose of identifying a deceased person, determining cause of death, or other duties authorized by law; (9) funeral directors, as necessary to carry out their duties with respect to a decedent (consistent with applicable law); (10) organ procurement organizations (and related organizations); (11) a researcher or research organization, subject to detailed requirements; (12) a person or other entity to avert a serious threat to the health or safety of a person or the public; (13) an appropriate military authority in connection with military and veterans activities; (14) federal officials in connection with certain national security activities; (15) correctional institutions and other law enforcement custodial situations in relation to an inmate; and (16) an individual or other entity as authorized by, and to the extent necessary to comply with, laws related to workers' compensation and other similar programs established by law that provide benefits for work-related injuries or illnesses without regard to fault.

C. Family Member Involved in Care.

Unless you object, we may disclose your protected health information to a friend or family member that you have identified as being involved in your health care. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then we may, using our professional judgment, determine whether the disclosure is in your best interest.

III. Required Disclosures of Your Protected Health Information

The following is a description of disclosures that we are required by law to make:

A. Disclosures to the Secretary of the U.S. Department of Health and Human Services

We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

B. Disclosures to You

We are required to disclose to you most of your protected health information that is in a "designated record set" (defined below) when you request access to this information. We also are required to provide, upon your request, an accounting of many disclosures of your protected health information that are for reasons other than payment and health care operations.

IV. Other Uses and Disclosures of Your Protected Health Information

Sometimes we are required to obtain your written authorization for use or disclosure of your health information. The uses and disclosures that require an authorization under 45 C.F.R. § 164.508(a) are:

1. For marketing purposes;
2. If we intend to sell your PHI; or
3. For use of Psychotherapy notes, which are notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. An authorization for use of psychotherapy notes is required unless the notes are:
 - a. Used by the person who created the psychotherapy note for treatment purposes, or
 - b. Used or disclosed for the following purposes:
 - (i) the provider's own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint family or individual counseling;
 - (ii) for the provider to defend itself in a legal action or other proceeding brought by an individual that is the subject of the notes;

- (iii) if required for enforcement purposes;
- (iv) if mandated by law;
- (v) if permitted for oversight of the provider that created the note;
- (vi) to a coroner or medical examiner for investigation of the death of any individual in certain circumstances; or
- (vii) if needed to avert a serious and imminent threat to health or safety.

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

V. Your Individual Rights

The following is a description of your rights with respect to your protected health information:

A. Right to Access

You have the right to review and receive copies of your PHI maintained by the Plan in a designated record set or used by the Plan to make decisions about your coverage or benefits. The term "designated record set" means the enrollment, payment, claims adjudication, and case or medical management records maintained by the Plan. If you request copies of this information, you may be charged a reasonable, cost-based fee for the copies. Your request should be made in writing to the address listed at the end of this Notice, and the Plan will comply with the request within 30 days of your request (60 days if the information is maintained offsite), subject to a possible 30-day extension. If your request is denied, you will receive a written explanation of the reasons for the denial. Please remember that the Plan is only responsible for providing you with information contained in its records. Hospital records and other records not maintained by the Plan must be procured directly from the individual or institution that maintains those records.

B. Right to an Accounting

You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment or health care operations. You should know that most disclosures of protected health information will be for purposes of payment or health care operations.

An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure.

C. Right to Request a Restriction

You have the right to request a restriction on the protected health information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement unless the information is needed to provide emergency treatment to you. Any agreement we may make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing. We have a right to terminate this restriction; however, if we do so, we must inform you of this termination.

D. Right to Request Confidential Communications

If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. For example, you may ask that we contact you only at your work address or via your work e-mail.

You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits/ payments to the subscriber of the health plan in which you participate.

In the event that a Confidential Communication is placed against you, then you will no longer have the ability to access any of your health and/ or policy information online.

E. Right to Request Amendment

If you believe that your protected health information is incorrect or incomplete, you have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended.

We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

F. Right to a Paper Copy of this Notice

If you receive this Notice on our web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form. Please contact us using the information listed at the end of this Notice to obtain this Notice in written form.

VI. Questions and Complaints

If you want more information about our privacy policies or practices, have questions or concerns, or if you would like to exercise any of the rights listed above, please contact us using the information listed below.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

The Plan Contact Office:

Privacy Office
130-138 57th St.
Building 3, Unit 2
Charleston, WV 25304
Attn: Privacy Officer
(304) 388-1187

Important Contacts

Medical

Highmark Blue Cross Blue Shield
24-Hour Nurse Line
Wellness
Disease Management
Customer Service:
877-770-6991
24-Hour Nurse Line:
888-258-3428
myhighmark.com

Navitus

Pharmacy
866-333-2757
navitus.com

Vision

VSP (Vision Services Plan)
800-877-7195
vsp.com
VSP Choice Network

Dental

United Concordia
866-851-7568
unitedconcordia.com
Elite Plus Network

Term Life Insurance

Unum
800-445-0402
unum.com

Health Savings Account & Flexible Spending Accounts

Navia Benefit Solutions
800-669-3539
naviabenefits.com

401(k)/Retirement

Fidelity
800-343-0860
netbenefits.com

COBRA

Navia Benefit Solutions
800-865-4485
mycobraplan.com

Short-Term Disability and Long-Term Disability

Unum
800-858-6843
unum.com

My Health

Anna Lucas
304-388-7593

Vandalia Financial Counselor

Exchange and Medicaid Enrollment
304-388-3913
888-779-7076

Voluntary Benefits - Accident, Critical Illness, & Hospital Indemnity

Unum
800-635-5597
unum.com

Voluntary Benefits - Old Whole Life

Boston Mutual
800-669-2668

Pet Insurance

Nationwide
877-738-7874
benefits.petinsurance.com/Vandalia

For all other benefit related questions, please contact Human Resources or the benefits department directly.

Vandalia Southern Region
304-388-7555 or
benefits@vandaliahealth.org

Vandalia Northern Region
304-598-1485 or
MHS.HRBenefits@vandaliahealth.org





**Charleston Area
Medical Center**

 **Vandalia Health**

