

2025 EMPLOYEE BENEFITS SUMMARY

Full-time employees are eligible to participate in the following programs.
This is a summary for benefits in effect from January 1, 2025 – December 31, 2025.

LEARN MORE!

Our Benefits Portal makes it easy to:

- Learn about benefit offerings
- Access plan documents
- Watch a recorded presentation that explains your benefits
- Access benefit plan documents & resources

www.deltahealthbenefits.com

or scan the QR code



HOW THE MEDICAL PLAN WORKS

Services at a Delta Health provider or facility are COVERED 100% for covered services. This does not include prescription drugs, alternative medicine, and routine vision care, which require you to pay a copay. If services are available at Delta Health and you prefer to go elsewhere, it will not be covered by the plan (see deltahealthbenefits.com for exceptions). Services at other providers or facilities are subject to deductible, copay, and coinsurance. For more details visit deltahealthbenefits.com.

MEDICAL: Kempton

800-324-9356 | www.kemptongroup.com

| BENEFITS SUMMARY | TIER 1: DELTA HEALTH | TIER 2: FIRST HEALTH NETWORK |
|---|--|--|
| Annual Deductible (Single / Family) | \$0 / \$0 | \$1,500 / \$3,000 |
| Coinsurance | You pay 0% / plan pays 100% | You pay 20% / plan pays 80% After you meet your deductible |
| Medical Out of Pocket Max | \$0 / \$0 | \$3,500 / \$7,000 |
| Preventive Care | 100% Covered | 100% Covered |
| Physician Services Primary Care Physician Specialist Urgent Care Services | You pay 0% / plan pays 100% | Office Visit: \$40 copay Specialist: \$40 copay Urgent Care: \$75 copay |
| Hospital Services Inpatient Outpatient (includes diag. lab & x-ray) | You pay 0% / plan pays 100% | You pay \$300 copay, then 20% after deductible, plan pays 80% You pay 20% after deductible, plan pays 80% |
| Emergency Room | You pay 0% / plan pays 100% | You pay 20%, plan pays 80% After you meet your deductible |
| Physical / Occupation / Speech Therapies | You pay 0% / plan pays 100% (26 visits/year each) | \$40 copay |
| Alternative Medicine (Chiro / Acupuncture / Massage) | \$30 copay (12 visits/year combined) <small>Member may be responsible for balance over allowed amount</small> | |
| Routine Vision Care | See page 2 for covered services | |
| Prescription Drug | Tier 1 & 2: \$15 copay Preferred Brand: 35% copay; up to \$150 Non-Preferred Brand: 40% copay; up to \$200 Specialty: \$200 copay | |
| Prescription Drug Out of Pocket Max | \$1,500 / \$3,000 (prescription drug costs only) | |
| RATES | 24 DEDUCTIONS PER YEAR | |
| Employee Only | \$80.03 | |
| Employee + Spouse | \$212.00 | |
| Employee + Child(ren) | \$222.60 | |
| Employee + Family | \$315.35 | |

PRESCRIPTION DRUG: MedOne

888-884-6331 | www.medone-rx.com

Log into the MedOne member portal to access your personalized pharmacy hub.

- View claims detail and Rx history
- Look up in-network pharmacies in your area
- Run sample pricing for potential medications
- Review out-of-pocket maximums
- Access the Drug Information Directory
- Enroll in the MedOne mail-order program

VISION: Ameritas (VSP Network)

800-487-5553 | www.ameritas.com

Vision coverage is available to covered members and dependents under the medical plan. There is no additional charge for the vision benefit. Vision is offered through Ameritas using the VSP Network. Check online to verify your provider is in network. Out-of-network providers may require you to manually submit a claim form to VSP.

| BENEFITS | VSP IN-NETWORK | VSP OUT-OF-NETWORK |
|---|--|---|
| Eye Exam | \$20 Exam copay 1 time / 12 months | \$20 Exam copay 1 time / 12 months |
| Lenses Single Bifocal Trifocal Lenticular | Covered in full after \$25 deductible 1 time / 12 months | Benefit allowance Single: Up to \$30 Bifocal: Up to \$50 Trifocal: Up to \$65 Lenticular: Up to \$100 1 time / 12 months |
| Frames | \$200 allowance 1 time / 24 months | Up to \$70 allowance 1 time / 24 months |
| Contact Lens (instead of Glasses) | Up to \$200 allowance Medically necessary covered in full | Up to \$105 allowance Medically necessary up to \$210 |
| Contact Lens Fitting & Follow-Up | Up to \$60 copay max | No benefit |
| RATES | Vision coverage is included in your medical enrollment. | |

DENTAL: Ameritas

800-487-5553 | www.ameritas.com

The dental plan is through Ameritas. You are able to see any dentist you choose. See an in-network dentist for the most affordable care. Seeing out-of-network dentists may result in higher out-of-pocket costs.

| BENEFITS | IN-NETWORK & OUT-OF-NETWORK |
|--|-------------------------------------|
| Annual Deductible (Applies to basic & major) | \$50 per person lifetime deductible |
| Calendar Year Benefit Maximum | \$2,000 per covered person |
| Preventive Care | 100% Covered |
| Basic Procedures | 20% after deductible |
| Major Procedures | 50% after deductible |
| Orthodontic Services (Up to Age 19) | 50% after deductible |
| Orthodontic Lifetime Maximum | \$2,000 per covered dependent |
| RATES | 24 DEDUCTIONS PER YEAR |
| EE | \$9.14 |
| EE + SP | \$30.44 |
| EE + CH | \$41.51 |
| EE + FAM | \$54.11 |

FLEXIBLE SPENDING ACCOUNT: Wex

You can open a Flexible Spending Account and contribute money pre-tax every paycheck. Use these funds on qualified healthcare expenses. Any unused funds over \$660 will be forfeited at the end of the year. Dependent Daycare Reimbursement is also available.

866-451-3399 | www.wexinc.com

FINANCIAL PROTECTION: Lincoln Financial

800-423-2765 | www.lincolnfinancial.com

LIFE AND AD&D: Delta Health provides a benefit of 2x annual base salary up to a maximum of \$50,000 in Life and Accidental Death and Dismemberment insurance at no cost to you. You also have the option to purchase Voluntary Life Insurance for you and your family.

DISABILITY: If you become sick or injured, these benefits will supplement your income. Voluntary Short-Term Disability provides a benefit of 60% of your weekly earnings up to \$1,000 after you satisfy a 14-day waiting period. If you are still unable to work after 11 weeks, you could then receive Long Term Disability benefits. Delta Health automatically provides you with LTD insurance to all benefits-eligible employees at no cost to you. It pays up to 60% of your monthly salary up to \$5,000. You can purchase additional LTD if you wish.

BEHAVIORAL HEALTH SUPPORT

AVAILABLE TO ALL FULL-TIME EMPLOYEES!

888-404-1163

meetmarvin.com/deltahealth

Marvin Behavioral Health provides access to vetted therapists trained to support the mental health needs of healthcare workers and their families. The service offers, expert support from top-rated therapists, sessions billed in-network through your health plan, 1-1, couples, and family therapy, night and weekend sessions, 100% confidentiality, a 24/7 crisis hotline 888-404-1163.

QUESTIONS? CONTACT TRUEADVOCATE

888-655-9980 | 6:30am – 4:00pm MDT

trueadvocate@truenorthcompanies.com

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation
- Finding a form
- Provider search
- Choosing a plan that works for you



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In support with our partners at TrueNorth, we are happy to provide you with support for all of your benefit-related needs.