

Franciscan Ministries
Benefit Summary
2025 - 2026



FRANCISCAN MINISTRIES

Franciscan Ministries sponsored by the Franciscan Sisters of Chicago



LIVING *joyfully*

July 1, 2025 - June 30, 2026

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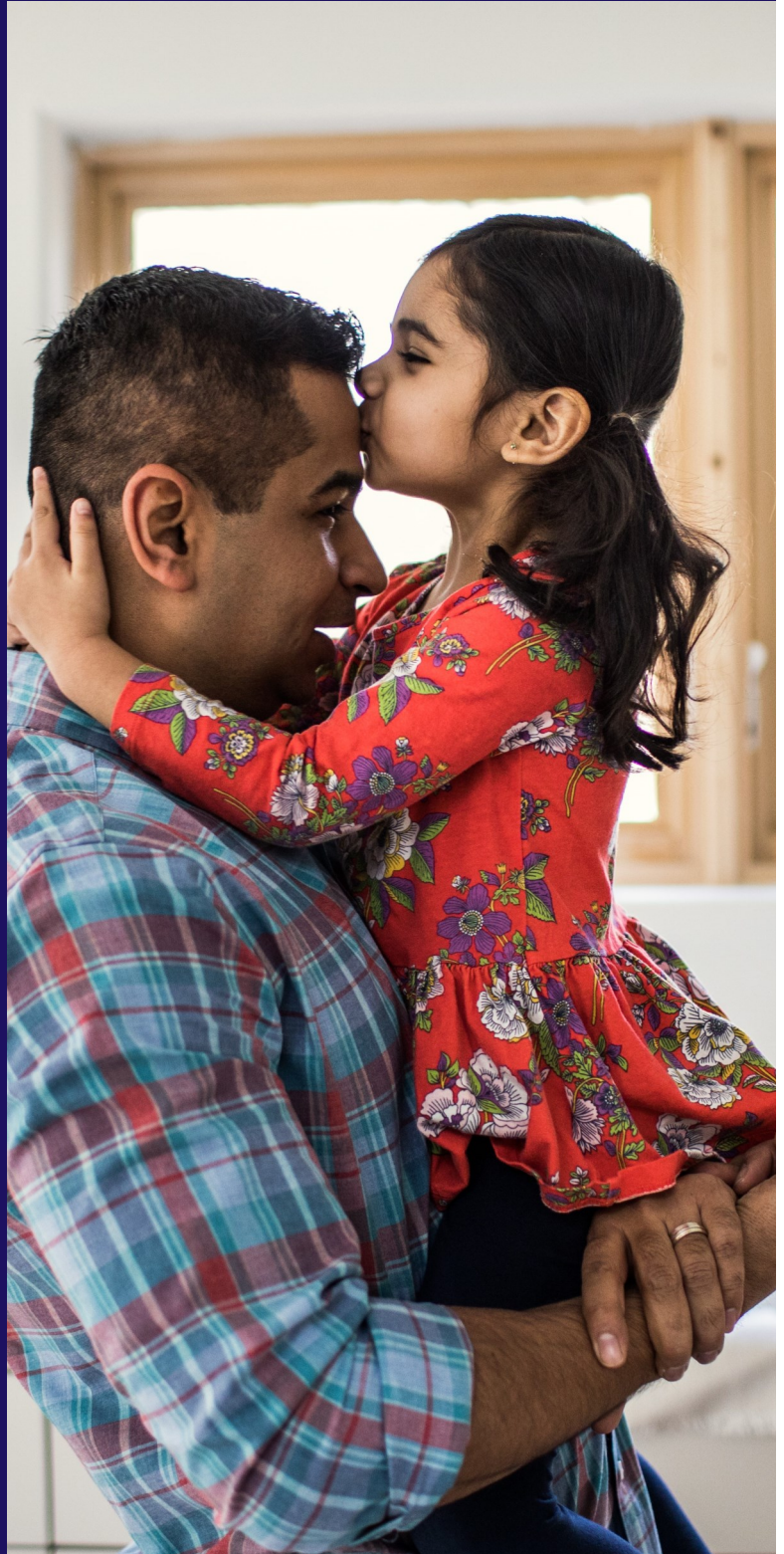
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Eligibility

HR Contact: Jenn Zarzycki, Benefits Advisor

Email: jzarzycki@franciscanministries.org

Phone: 1.331.318.5171

Eligibility Details

Schedule Hours in Pay-Period	Benefit Type Code	Benefit Group	Benefit Eligibility
60-80	Reg = .75 to 1.0	FT Greater than .75 Regular EE	All benefits
40-59	Part Time A = > .50 and under .75	PT 50 to 75 Regular EE	All benefits except Medical
1-39	Part Time B = Under .50	PT less than .50	401(k) and EAP
0	PRN	PRN	401(k) and EAP

Qualified dependents eligible for select benefit coverage include:

- A legally married spouse
- Child(ren) up to age 26
- Special needs child(ren) whom are unmarried, incapable of self-support due to a mental or physical disability, and considered a federal tax dependent as defined by the law.

Waiting Period

All benefit-eligible associates electing coverage will have an effective date of the first of the month following 30 days of employment. If your 30 days of employment coincides with the 1st of the month, your benefits will begin that day. For example, if an associate starts on April 1, the effective date for elected coverage would be May 1. If an associate starts on April 2, the effective date would be June 1.

Qualifying Events

Outside of open enrollment you would need to have a qualifying event to add, drop, or make changes to your benefits. Associates are responsible for notifying Human Resources within 30 days of the qualifying life event to make a change to benefit elections. Qualifying event changes are effective on the date in which the event occurred.

Some examples of qualifying events are:

- Loss of existing health coverage, including Medicare, Medicaid or Children's Health Insurance Program (CHIP)
- Reach the age of 26 and loss of coverage on a parent's plan
- Change in marital status
- Birth or adoption of a child
- Loss of an immediate family member/dependent

Open Enrollment

UltiPro Online Enrollment with EOI Enrollers

Open Enrollment will be held from **Monday, May 12 through Wednesday, May 28, 2025.**

This is an active Open Enrollment. This means you must choose benefits if you want to maintain them after June 30, 2025.

Once again, Franciscan Ministries has partnered with EOI Service Company, Inc. to help facilitate Open Enrollment. With over 40 years of industry experience, EOI Service Company, Inc. will help ensure you enroll in the coverage that is best for you and your family.

How to Schedule your appointment with your Benefit Counselor

Scheduling your appointment is easy and only takes a minute to complete online or by phone.

Phone: Call 844-912-1995 Monday - Friday, 7 a.m. - 7 p.m. Eastern and Central time. There will be appointments through the first weekend, Saturday, May 17 and Sunday, May 18 for added convenience.

Online: Log on to Franciscan.mybenefitsappointment.com

1. Select the benefit appointment dropdown and click continue.
2. Select the date, time, time zone and language from the drop down that works for you on the calendar; click continue.
3. Fill out the contact information page and click complete appointment.
4. Check your email for your confirmation reminder. You will receive a call at your chosen appointment time at the phone number you provided.

During the Open Enrollment timeframe, you will have the opportunity to speak with an EOI benefits specialist telephonically to elect your 2025-2026 benefits coverage. They will help explain your options and assess your needs, answer your questions, and complete your enrollment. The EOI counselor will log into UKG/UltiPro on your behalf to select the coverage you request.

If you do not schedule time with an EOI counselor or complete the benefits enrollment independently in UltiPro, you will not have benefits after June 30, 2025. The timeframe to review and select benefits is **Monday, May 12 through Wednesday, May 28, 2025.** After this timeframe is complete, you will not have the opportunity to enroll or adjust your benefit enrollment.

Please contact your Community Human Resources (HR) leader with any questions regarding the enrollment process and benefit options. Questions regarding specific benefit plan options may also be addressed with an EOI benefits Counselor.



Sign In

Username

fscsc222728

Password

.....

Sign In

[Forgot your password?](#)

- Your username is FSCSC + Associate ID Number.
- The password is chosen by the associate. If you forgot your password, click on the link under the Sign in button.

Medical Insurance

Carrier: BlueCross BlueShield of Illinois

Website: www.bcbsil.com

Phone: 1.800.828.3116

The Health Savings Account (HSA) PPO is a high deductible health plan (HDHP) paired with a Health Savings Account. Franciscan Ministries contributes towards your Health Savings Account on your behalf. See page 8 for more detail. **If you plan to elect the HSA plan, please notify your local HR leader if you are enrolled in Medicare, as this will impact your eligibility for associate and employer HSA Contributions.**

The PPO is a traditional type of medical plan using varying copays for doctor visits and prescriptions. You have the flexibility to see in and out of network providers, but will save the most money by staying in network.

Blue Choice Select PPO [BCS] Network Information

The Blue Choice Select PPO [BSC] network is only available in the Chicago Metro and Quad City locations. Members and covered dependents must live in the network service area. You can confirm that your provider is in-network by using the BCBS Provider Finder look-up tool online. You are not eligible to elect the Blue Choice Select PPO [BSC] if you do not reside in these counties:

Chicago: Cook, Lake, McHenry, DuPage, Kane, Grundy, Kankakee, Kendall and Will
Quad Cities counties: Bureau, Hancock, Henderson, Warren, Whiteside, Henry, Mercer and Rock Island

The National PPO is ONLY available if you do not reside in the designated counties in Illinois as listed above.

The Bronze PPO offers quality coverage with the lowest cost of premiums, however includes significantly higher deductibles .



Medical Plan Details

Choice of plan options:	Health Savings Account PPO	PPO	Bronze PPO
Group Number	P64010	IL: MC937 Non -IL: P64009	P63192
Network	PPO	IL: Blue Choice PPO Non-IL: PPO	PPO
Deductible Individual (In-Network / Out-of-Network) Individual + 1 (In-Network / OON) Family (In-Network / Out-of-Network)	\$2,500 / \$5,000 \$5,000 / \$10,000 \$5,000 / \$10,000	\$1,500 / \$2,000 \$3,000 / \$3,000 \$4,500 / \$4,500	\$5,200 / \$10,200 \$10,400 / \$20,400 \$10,400 / \$20,400
2025 Franciscan HSA Contribution Associate Associate & Spouse Associate & Child(ren) Family	\$750 \$1,400 \$1,400 \$1,550	NA	NA
Coinsurance In-Network / Out-of-Network	80% / 60%	80% / 60%	80% / 60%
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Individual + 1 (In-Network / OON) Family (In-Network / Out-of-Network)	\$5,000 / \$10,000 \$10,000 / \$20,000 \$10,000 / \$20,000	\$3,500 / \$7,000 \$7,000 / \$15,000 \$10,500 / \$21,000	\$6,250 / \$12,500 \$12,500 / \$25,000 \$12,500 / \$25,000
Physician Services (In-Network) Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics	100% Deductible then 80% Deductible then 80%	100% \$30 / \$50 copay Deductible then 80%	100% Deductible then 80% Deductible then 80%
Emergency Room	Deductible then 90%	\$250 copay	Deductible then 80%
Urgent Care (In-Network)	Deductible then 80%	Deductible then 80%	Deductible then 80%
Retail In-Network Prescription Drugs (34 Day Supply) Generic / Formulary / Non-Formulary / Specialty	Deductible then 80%	Copays: \$20 / \$30 / \$60 / \$120	Deductible then 80%
Mail Order Prescription Drugs (90 Day Supply) Generic / Formulary / Non-Formulary	Deductible then 80%	Copays: \$40 / \$60 / \$120	Deductible then 80%
Prescription Out-of-Pocket Max Individual / Family	All expenses go towards deductible	\$1,000 / \$3,000	All expenses go towards deductible

2025-2026 Medical Insurance

Medical Insurance Rates– Per Pay Period (24 Deductions)

Health Savings Account PPO Contributions

Per Pay Period	You Pay	Ministry Pays
Associate	\$72.09	\$421.46
Associate & Spouse	\$220.78	\$767.61
Associate & Child(ren)	\$167.45	\$613.61
Family	\$304.46	\$1,147.84

Franciscan Ministries HSA Contributions

HSA Contribution	Monthly	Annual
Associate	\$62.50	\$750
Associate & Spouse	\$116.67	\$1,400
Associate & Child(ren)	\$116.67	\$1,400
Family	\$129.17	\$1,550

PPO Contributions

Per Pay Period	You	Ministry
Associate	\$123.58	\$421.46
Associate & Spouse	\$356.69	\$767.62
Associate & Child(ren)	\$285.99	\$613.61
Family	\$519.99	\$1,147.84

Bronze PPO Contributions

Per Pay Period	You Pay	Ministry Pays
Associate	\$51.84	\$421.46
Associate & Spouse	\$164.34	\$767.61
Associate & Child(ren)	\$137.37	\$613.61
Family	\$249.76	\$1,147.84

Health Savings Account (HSA)

You are eligible for a Health Savings Account (HSA) if:

- You are covered by a qualified high deductible health plan (HDHP)
- You are not covered by any other medical coverage that is not considered a qualified HDHP
- You are not enrolled in Medicare (Part A included)
- You are not claimed as a dependent on someone's tax return
- You are not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

Steps to using your Health Savings Account (HSA)

1. Go to the doctor and present your carrier ID
2. Your doctor submits your medical services to the carrier to be discounted
3. Your carrier adjusts the pricing to reflect the network discounted amount for your services
4. The carrier generates an Explanation of Benefits (EOB) and sends it to you
5. By now you've received an invoice from your doctor - make sure the EOB and invoice match
6. Pay your doctor directly with pre-tax dollars from your HSA or post-tax dollars from your pocket if funds are not available

HealthEquity is our Health Savings Account (HSA) carrier. The HSA is a bank account paired with your BCBS HSA PPO. You can contribute to the HSA account tax free. Franciscan Ministries will make contributions on your behalf each month. The money in the account allows you to pay your deductible and other out of pocket medical expenses. Qualified medical expenses that can be paid using this account include doctor visits, prescription drugs, chiropractic treatment, acupuncture, adult braces, and dental and vision expenses. The HSA is your savings account—the funds can roll over from year to year and you do not pay tax on withdrawals used for qualified expenses.

Franciscan Ministries' contributions are made monthly; 1/12 is paid after the first check of each month that you are covered under the HSA PPO plan. Please refer to page 30 to find carrier contact information.

IRS Max Contribution:	Associate Only	Associate & Spouse	Associate & Child(ren)	Family
Franciscan Contribution	\$750	\$1,400	\$1,400	\$1,550
Max Associate Contribution	\$3,550	\$7,150	\$7,150	\$7,000
Total Annual Max HSA	\$4,300	\$8,550	\$8,550	\$8,550

The tax-preferred status of your HSA contributions depend on a number of factors. Residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state. The IRS imposes a federal limit on the amount a person can contribute to an HSA account per year. This limit includes Franciscan Ministries' contributions. Below is a break down of how much you are able to contribute in combination with Franciscan Ministries' contribution. If you are age 55 or older you may contribute an additional \$1,000 per year.

Flexible Spending Account (FSA)

Carrier: Asure Software

Website: asuresoftware.wealthcareportal.com

Phone Number: 1.888.862.6272

Email Support: customercare@asuresoftware.com

Asure Software administers our Flexible Spending Account (FSA). FSA's allow you to set aside money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. Because the deductions are made before taxes, you are lowering your taxable income. You do not pay taxes when using the money for qualified expenses.

Health Care FSA - You may contribute up to **\$3,300** per plan year to pay for qualified medical, dental and vision expenses for you and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more.

Limited Purpose FSA - If you enroll in the HSA plan and open a health savings account, you cannot enroll in the Health Care FSA, since you're already putting tax-free dollars aside to pay for qualified expenses. You may, however, enroll in the Limited Purpose FSA, which allows you to pay for eligible out-of-pocket dental and vision expenses. You can put up to **\$3,300** into your Limited Purpose FSA for 2025.

For 2025-2026 plan year, you are able to rollover up to \$660 of unused Health Care or Limited Purpose FSA funds into the next plan year.

Dependent Care FSA - You may contribute up to **\$5,000** per plan year to pay for qualified eligible dependent care expenses, including both child and elder care. Funds in this account are deducted on a before-tax basis and used to pay for qualified expenses.

Commuter Benefit - Commuter Benefits allow you to set aside tax-free money to pay for eligible expenses you incur as part of your commute to and from work.

Parking - You may elect to have a maximum of **\$325** per month deducted from your gross income earnings. The most common eligible expenses are charges for parking at or near your place of work or at a location from which you commute to work, such as a train station. The amount elected with not be subject to federal, state, social security or Medicare taxes.

Mass Transit - You may elect to have a maximum of **\$325** per month deducted from your gross income earnings to be used for the cost of mass transit. The most common eligible expenses are charges for mass transit train and bus tickets. The amount elected with not be subject to federal, state, social security or Medicare taxes. Your tax savings will vary depending on your elected deduction amount and tax bracket.

Dental Insurance

Carrier: BlueCross BlueShield

Website: www.bcbsil.com

Phone: 1.800.367.6401

Claims Address: P.O. Box 23059 Belleville, IL 62223

Dental Preferred Provider Organization (DPPO)

This dental plan allows the flexibility to select any dentist in-network or out-of-network, but if you stay in network, you'll pay less.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount the carrier will cover for each visit. Each type of service fits into a class of services according to complexity and cost.

	BlueCare Dental PPO	Out-of-Network
Group Number	063192	
Network	Bluecare Dental PPO	
Individual Deductible	\$25	\$25
Family Deductible	\$75	\$75
Preventive Coinsurance	100%	100%
Basic Coinsurance	90%	80%
Major Coinsurance	50%	50%
Annual Maximum	\$1,500	\$1,500
Orthodontia Coinsurance (Child only)	50%	50%
Orthodontia Lifetime Maximum (Child only)	\$1,500	\$1,500

	DPPO	
Per Pay Period Contributions	You Pay	Ministry Pays
Associate	\$17.10	\$1.90
Associate & Spouse	\$34.20	\$3.80
Associate & Child(ren)	\$34.20	\$3.80
Family	\$34.20	\$3.80

Vision Insurance

Carrier: BCBS IL

Website: member.eyemedvisioncare.com/bcbsil

Phone: 1.855.362.5539

Vision insurance helps offset the cost of routine eye exams and helps pay for vision correction eyewear like eyeglasses and contacts by an eye-care provider.

You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 12 months. Out-of-network providers will only offer you an allowance towards your vision services.

	Frequency	In-Network	Out-of-Network
Group Number	VF029961		
Network Name	EyeMed Insight Network		
Eye Exam	Every 12 Months	\$10 Copay	\$40 Allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 Months	\$20 Copay	\$30 Allowance \$50 Allowance \$70 Allowance
Frames	Every 12 Months	\$150 Allowance	\$70 Allowance
Elective Contacts	Every 12 Months*	\$150 Allowance	\$100 Allowance

* You cannot get contacts and glasses in the same calendar year

	Vision
Per Pay Period Contributions	You Pay
Associate Only	\$2.95
Family	\$7.16

Voluntary Supplemental Benefits

Sometimes unexpected occurrences happen and medical insurance isn't enough to cover the unforeseen out-of-pocket expenses associated with an incident. Voluntary benefits can help.

Accident Coverage

Carrier: The Standard

Website: <https://www.standard.com/>

Phone: 1.888.937.4783

[Claims Form Link](#)

Accident coverage pays a cash benefit directly to you to help with out-of-pocket expenses when an accident occurs. Accidents are unexpected, so a lump sum payment can help pay medical costs. The accident plan offers 24 hour protection. Here are some ways that you can trigger payments from your account policy: Please note, the list you see below is an not all inclusive:

- Wellness:** Pays a specific benefit amount for going for your FREE annual physical
- Treatment:** Pays a specific benefit amount for emergency-room treatment, X-rays, diagnostic exams, physical therapy and follow-up treatment
- Ambulance:** Pays a specific benefit amount for ambulance or air-ambulance transportation to a hospital
- Hospital confinement:** Pays a specific benefit amount for each day the policyholder is confined in a hospital due to injuries sustained in a covered accident and sickness rider
- Miscellaneous:** Pays a specific benefit amount for concussions, breaks, sprains, burns, dislocations, lacerations and more

Semi-Monthly (24 Payments) Rates	You Pay
Associate Only	\$4.61
Associate & Spouse	\$9.53
Associate & Child(ren)	\$9.53
Family	\$11.82

Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.

Voluntary Supplemental Benefits

Critical Illness

Carrier: The Standard

Website: <https://www.standard.com/>

Phone: 1.888.937.4783

[Claims Form Link](#)

Critical Illness insurance can help safeguard your finances by providing you with a lump-sum payment upon diagnosis for many conditions when your family needs it the most. Cost is dependent upon age. Some features include:

- Associates can purchase a \$10,000, \$20,000, or \$30,000 policy amount
- Coverage on your spouse is available at 50% of the associate policy amount
- Coverage on your children is 50% of your coverage amount*
- The payment you receive is directly paid to you, not your medical provider
- Heart attack and cancer have an initial benefit of 100%
- Receive \$50 per year for a health screening
- Recurrent Benefit is 100% of Benefit Amount after 6 months

**Covered conditions
Include but are not limited to:**

Covered Conditions	Initial Benefit
Full Benefit Cancer	100%
Alzheimer's Benefit	100%
Non-Invasive Cancer	25%
Heart Attack	100%
Major Organ Failure	100%
Stroke	100%

Associate Semi-Monthly Rates (24 payments)

Associate	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$2.20	\$2.20	\$3.10	\$3.45	\$4.00	\$5.50	\$7.55	\$10.45	\$13.85	\$18.65	\$28.45
\$20,000	\$4.40	\$4.40	\$6.20	\$6.90	\$8.00	\$11.00	\$15.10	\$20.90	\$27.70	\$37.30	\$56.90
\$30,000	\$6.60	\$6.60	\$9.30	\$10.35	\$12.00	\$16.50	\$22.65	\$31.35	\$41.55	\$55.95	\$85.35

Spouse Semi-Monthly Rates (24 payments)

Spouse	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$1.10	\$1.10	\$1.55	\$1.73	\$2.00	\$2.75	\$3.78	\$5.23	\$6.93	\$9.33	\$14.23
\$10,000	\$2.20	\$2.20	\$3.10	\$3.45	\$4.00	\$5.50	\$7.55	\$10.45	\$13.85	\$18.65	\$28.45
\$15,000	\$3.30	\$3.30	\$4.65	\$5.18	\$6.00	\$8.25	\$11.33	\$15.68	\$20.78	\$27.98	\$42.68

Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.

*No additional charge when electing child(ren) Critical Illness coverage

Voluntary Supplemental Benefits

Hospital Indemnity

Carrier: The Standard

Website: <https://www.standard.com/>

Phone: 1.888.937.4783

[Claims Form Link](#)

Hospital Indemnity Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. The benefits are paid regardless of what is covered by medical insurance.

The plan will pay for hospital admission and/or confinement due to any sickness or injury. Pregnancy is also a covered condition. This includes routine childbirth, C-sections, complications from pregnancy, and more.

Standard Plan

	Benefit Limits	Benefit	Amount	Per Pay Period	You Pay
Admission Benefit	1 admission maximum per year	Admission	\$500	Associate Only	\$4.19
		Intensive Care Admission	\$500	Associate & Spouse	\$7.06
Confinement Benefit	Up to 15 days / year for each covered sickness or accident per insured	Hospital Confinement	\$100	Associate & Child(ren)	\$5.96
	Up to 15 days/year for each covered sickness or accident per insured	Intensive Care Confinement	\$200	Family	\$10.58

High Plan

	Benefit Limits	Benefit	Amount	Per Pay Period	You Pay
Admission Benefit	1 admission maximum per year	Admission	\$1,000	Associate Only	\$8.37
		Intensive Care Admission	\$1,000	Associate & Spouse	\$14.12
Confinement Benefit	Up to 15 days / year for each covered sickness or accident per insured	Hospital Confinement	\$200	Associate & Child(ren)	\$11.90
	Up to 15 days / year for each covered sickness or accident per insured	Intensive Care Confinement	\$400	Family	\$21.16

Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.

Disability Insurance

Carrier: The Standard

Website: <https://www.standard.com/>

STD Phone: 1.800.368.2859

LTD Phone: 1..800.368.1135

[STD Claim Form](#)

[LTD Claim Form](#)

Long-Term Disability

Long-term disability insurance is a type of income protection that is designed to cover serious injuries and illnesses that keep you out of work for an extended amount of time. The benefit is paid for by the Ministry.

Voluntary Short-Term Disability

If you become ill or suffer a non-work related injury that prevents you from working, short-term disability insurance provides income replacement.

	Voluntary Short-Term	Long-Term
Waiting Period	7 days of continuous injury & 7 days of continuous illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	60% of pre-disability earnings	60% of pre-disability earnings
Maximum Benefit	\$1,000 per week	\$5,000 per month
Length of Payment Period	12 weeks	SSNRA / Reducing benefit duration beginning at age 61
Late Entrant Provision	Extended benefit waiting period of 60 days for the first 12 months	N/A
Premium Contribution	Associate paid	Ministry paid

How much does short term disability coverage cost? The cost is **\$0.52** per \$10 of weekly benefits. To give you an idea of the cost, please review the following examples :

- Annual Salary: \$25,000 Per paycheck cost: \$ 7.50
- Annual Salary: \$40,000 Per paycheck cost: \$ 12.00
- Annual Salary: \$60,000 Per paycheck cost: \$ 18.00
- Annual Salary: \$86,667 (and above) Per paycheck cost: \$ 26.00

To calculate the cost of your salary use the following:

1. Salary / 52 = Weekly Salary
2. Weekly salary X 0.6 = Weekly benefit
3. Weekly benefit / 10 X 0.52 = Monthly cost
4. Monthly cost / 2 = Per check cost

Life and AD&D Insurance

Basic Life and AD&D Insurance

Carrier: The Standard

Website: <https://www.standard.com/>

Phone: 1.800.628.8600

[Life Claims Submission Guide](#)

Life insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, the Accidental Death and Dismemberment (AD&D) benefits paired with life insurance provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident.

Benefits may reduce as you age. See your plan documents for more detail.

This benefit is 100% paid for you by Franciscan Ministries. Please ensure your beneficiary information is provided and updated as needed.

Basic Life / Accidental Death & Dismemberment

Life– 1.5x Basic Annual Earnings up to \$50,000 per associate

AD&D 100% of Basic Life amount per associate



Supplemental Term Life and AD&D

Carrier: The Standard

Website: <https://www.standard.com/>

Phone: 1.800.634.1743

You have the opportunity to purchase additional life insurance for you and your family. Please make sure your beneficiary information is provided and updated as needed.

	Associate	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$5,000
Maximum Benefit Amount	\$500,000	\$250,000	\$5,000
Guaranteed Issue Amount	\$250,000	\$50,000	\$5,000

You may elect supplemental life insurance in increments of \$10,000 to a maximum of 5x your basic annual earnings. If you are a new hire and you are in your eligibility window, you may elect up to \$250,000 without having to provide evidence of insurability (EOI). This is commonly referred to as the Guarantee Issue (GI) Amount. If you elect more than the Guarantee Issue, you will be required to submit evidence of good health and be approved prior to coverage being effective for any additional amounts over the Guarantee Issue.

You may elect coverage for your spouse in increments of \$5,000, not to exceed 100% of your own elected amount. Your spouse's Guarantee Issue amount is \$50,000. If you elect an amount that exceeds the Guarantee Issue for your spouse, your spouse will need to provide evidence of good health for any additional amounts over the GI amount. During open enrollment if previous coverage was declined any new coverage will require EOI for any amount elected.

The supplemental life insurance rates are based upon the associate's age. Below are the rates per \$1,000 of benefit coverage.

Supplemental Life and Spousal Life Premium Amounts

Age	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Monthly rate* per \$1,000 of coverage	\$065	\$075	\$095	\$105	\$150	\$250	\$440	\$700	\$1.00	\$1.85	\$2.10

*\$0.015 AD&D rate is INCLUDED in the above supplemental life rates per \$1,000 of benefit coverage for you and your spouse is based upon the associate's age.

Supplemental Child(ren) Life Premium Amount

Supplemental Child(ren)Life	Child(ren)
Monthly rate for flat \$5,000 benefit	\$0.50

Universal Life with Long Term Care

Carrier: Allstate

Website: www.allstate.com

Phone: 1.800.726.6033

Claims Phone: 1.800.366.3495

Claims Email:

LifeProtection@allstate.com

[Claims Form](#)

Life Non-Tobacco Semi-Monthly Rates	You Pay	Life Tobacco Semi-Monthly Rates	You Pay
Policy Number	67788	Policy Number	67788
Issue Age 25	\$4.62	Issue Age 25	\$21.86
Issue Age 35	\$9.56	Issue Age 35	\$31.74
Issue Age 45	\$9.53	Issue Age 45	\$49.79
Issue Age 55	\$11.83	Issue Age 55	\$88.73

Universal Life (Permanent Life) with Long Term Care (LTC) offers flexible but permanent protection. Life insurance protects your family with money that can be used any way they choose after your passing. It can be used for things like mortgage or rent, education for children or grandchildren, retirement or even burial expenses. Long Term Care benefits provide financial support to cover the cost of care you might need as a result of an accident, illness or aging. Benefits for LTC are paid regardless of whether your care is formal through a licensed professional or through informal caregiving from a loved one such as a spouse, child, friend, etc.

Guarantee issue:

Associate	During your initial enrollment period, up to \$100,000 (ages 18-70)
Spouse	During your initial enrollment period, up to \$15,000 without answering medical questions
Child(ren)	During your initial enrollment period, up to \$20,000 without answering medical questions

* Note additional coverage is available beyond the Guarantee Issue with medical questions and underwriting and increased premium costs.

How LTC works:

This benefit allows the death benefit of the Group Universal Life certificate to be used to provide a monthly advance of the death benefit (6% per month) for qualified long-term care services after a 90-day elimination period. While this does eat away at the face value of the life policy, it also provides monthly income support to help pay for the care you need and deserve while still living.

Example:

Alexis lost her dad unexpectedly as a teen, so she knows the importance of having a plan to safeguard her family's financial future. Alexis enrolled in a \$100,000 Universal Life Insurance policy through her company. If Alexis is certified chronically ill by a licensed healthcare provider, she can utilize the Long Term Care feature on her policy.* This would provide Alexis with 6% of the face value of the policy for up to 17 months. So for this example, that is \$6,000/month for up to 17 months to pay for the expenses that come with the care she needs.

Plan Costs:

The Universal Life Insurance with Long Term Care is issue aged, meaning that the cost locks in at the age you are today based on the amount of insurance you elect. Rates are based on your age, face amount, and tobacco status.

Please Note: This benefit is only available during Open Enrollment through a licensed enroller and will not apply for Qualified Life Events.

*The licensed healthcare practitioner piece is the trigger for the LTC rider on this policy.

Telemedicine

Carrier: First Stop Health

Website: www.fshealth.com/

Phone: 1-888-691-7867

First Stop Health, a Chicago-based program, is Franciscan Ministries' telemedicine provider. Getting sick is never convenient and finding time to get to the doctor can be hard. This service is available to you 24 hours a day, 7 days a week and 365 days per year. The median doctor response time is just five minutes! Save yourself a trip to in-person care by utilizing this benefit. You will have access to a variety of licensed physicians in all 50 states. Connecting to a high quality practitioner through your First Stop Health account is simple. You can receive care via phone conversation or using a webcam or smartphone camera.

First Stop Health is available to all associates enrolled in the medical benefit. If you are enrolled in the PPO or Bronze plan, there is no cost to use this benefit. For those enrolled in the HDHP, there is a charge of \$5 per virtual visit.



401(k) Program

Carrier: OneAmerica

Website: www.oaretirement.com

Phone Number: 1.800.858.3829

Plan Number: 933080– Franciscan Sisters of Chicago Service Corporation

Franciscan Ministries encourages associates to build a financial reserve for retirement by offering a traditional pre-tax 401(k) and Roth post-tax 401(k) plan administered by OneAmerica. The 401(k) plans include an employer matching contribution, which may be made at the discretion of the company. Franciscan Ministries' pre-tax 401(k) plan has an automatic enrollment feature. This means that you will be enrolled automatically in the pre-tax 401(k) plan at 3% and your retirement plan contributions allocated in certain funds – known as a target fund— unless you choose other investment options. You may opt out of the auto enrollment feature, affirmatively elect a different pre-tax contribution rate or invest in other funds by either logging onto www.oaretirement.com or by calling the Participant Service Center at 1.800.858.3829.

If you do not register with OneAmerica within ninety (90) days of your date of hire, you will not be able to access your account through the online portal or the mobile app. In order to gain access after the ninety (90) days have lapsed, you must call the Participant Service Center to gain access via the web or on your smartphone.

Associates also have the option to manually opt-in to the Roth 401(k) retirement savings plan. Roth 401(k) contributions are made with after-tax dollars, meaning contributions are not tax-deferred and are included in your taxable income for the current year. Please note that all employer match funds are pre-tax. You can make your selection into this program by either logging onto www.oaretirement.com or by calling the Participant Service Center at 1.800.858.3829.

Associates are required to register and designate a beneficiary at www.oaretirement.com, or by calling the Participant Service Center at 1.800.858.3829. Further information will be mailed directly to your home by OneAmerica.

Franciscan Ministries' current 401(k) employer match is 50% of your contributions, up to 6% of your compensation that you contribute, each pay period.

The vesting schedule for the company match is as follows:

After 1 full year of service: 20%

After 2 full years of service: 40%

After 3 full years of service: 60%

After 4 full years of service: 80%

After 5 full years of service: 100%

In 2025, the maximum amount that you can contribute to your 401(k), for an associate under the age of 50, is \$23,500. Associates over the age of 50 may make an additional "catch-up" contribution of \$7,500, which allows those associates to contribute up to \$31,000 of their own money per year into the plans. The contributions for pre-tax and Roth post-tax combined cannot exceed the limits outlined above. Please refer to the 401(k) Summary Plan Description on the One America portal for further details.

Employee Assistance Program

Carrier: TELUS Health

Website: franciscan-sisters.lifeworks.com

Phone Number: 1.800.433.7916

The Employee Assistance Program (EAP) provides confidential, free assistance for marital/family problems, financial/legal difficulties, balancing work/life situations, emotional or stress related problems, drug or alcohol abuse and problems relating to work. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's there for you when you need it. You will also have access to the Lifeworks app which includes easy access to valuable tools and resources.

Here are some challenges our EAP can help with:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and childcare
- Elder care
- Domestic violence
- Workplace conflict
- Addiction and recovery
- Legal assistance

Call your EAP toll-free, any time, 24/7. 365 days a year:

- 1) Call us- If you're using the mobile app, you can call us with one tap from your smartphone
- 2) Provide your name and employer's name to an advisor. Your information will be kept confidential.
- 3) Share your concerns with a professional advisor for expert advice, strategies, and next steps.
- 4) Arrange with the advisor about how, when, and where you want to be contacted if follow-up is required. Your advisor will ask for your employer's name (or other sponsoring organization's name) so we can confirm the type of service available to you, along with other important health insurance and benefits information.

If you are or someone close to you is going through a difficult time, remember the EAP is only a phone call away. Contact us today.



Download the App or Login Online at One.telushealth.com
Click the "Join Now" Button
Call 24/7: 1-800-433-7916



Helping Hands Program

The Helping Hands program is funded by the associates and sisters of Franciscan Ministries. Its purpose is to assist associates who are in need and experiencing a financial hardship. The application is confidential and is reviewed by the Helping Hands Committee only. To apply for the Helping Hands program, contact your HR department or Benefits Advisor for the full policy and application. There are four program levels available to you:

Catastrophic: A momentous tragic event resulting in extreme hardship or devastation. Examples of catastrophic need include, but are not limited to, expenses resulting from, death, fire, natural disaster or other catastrophic event. The maximum award for a catastrophic situation will be \$3,000.

Medical: A medical issue resulting in a demonstrated hardship that requires support in covering medical or dental expenses. The maximum award for medical expenses will be \$2,000.

Hardship: An event or sequence of events that causes an unfortunate or distressing result. The maximum award for a hardship situation will be \$1,500.

Childcare (Guardian Angel Fund): A program that is utilized for the care or supervision of a child, 12 years or younger or a child with special needs, while the parent is at work. The maximum award for part-time associates will be \$100/month (\$1,200 annual limit). The maximum award for full-time associates will be \$250/month (\$3,000 annual limit).

Eligibility: An associate may participate in the Helping Hands Program once per year on a rolling 12-month basis. PRN associates, Contractors, Interns, temporary, and seasonal associates are not eligible for Helping Hands.

Associates are eligible for the Guardian Angel Fund after 30 days of employment. Associates applying for these funds must complete an Application of Need. Part-time B associates and above are eligible to participate and those that receive an award may re-apply after 6 months.

How Can I Donate to the Helping Hands Program? Associates are encouraged to donate to the Helping Hands Program to assist others in need. Monetary donations will be accepted throughout the year and through the Associate Joyful Giving Program to maintain the viability of the Helping Hands Program.

Other Benefits and Perks

Paytient

Carrier: Paytient

Website: www.paytient.com

Phone Number: 1.573.206.9147

Paytient offers instant access to healthcare funds for associates enrolled in the medical plans. You can use your Patient card at any doctor's office, hospital, veterinarian or pharmacy that accepts VISA. You can use these funds right away and pay them back over time with 0% APR. After using your Paytient card, you can select the interest-free payment plan that works with your budget, paying over time through payroll deductions. To register, visit paytient.com/employees and click "Sign up now" and follow the prompts to register. Paytient will need to verify some additional personal information to complete the set up.

Payactiv

Carrier: Payactiv

Website: get.payactiv.com

Phone Number: 1.877.937.6966

With Payactiv, you can access money you've already earned without having to wait for pay-day.

Getting Started

- Create a Payactiv account with your associate ID
- Enjoy free unlimited access with direct deposit to the Payactiv Visa card*
- For everyone else without direct deposit to the Payactiv Visa card, the EWA program fee is \$1 for a day of use of our services**
- Additional fees of \$0.99 to \$1.99 per transaction may apply for instant deposit or Walmart Cash pick up



Want to learn more?

Scan the QR code or visit
get.payactiv.com

* This is a Payactiv Visa Prepaid Card issued by Central Bank of Kansas City, Member FDIC, pursuant to a license from Visa U.S.A. Inc.

** The program fee is capped at \$3 for weekly and \$5 for bi-weekly pay periods

Other Perks and Benefits

Tickets at Work

Franciscan Ministries offers TicketsatWork, a program that offers discounted tickets to theme parks, attractions, and shows nationwide. TicketsatWork offers savings on car rentals, hotels and attractions around the country. Also enjoy savings on movie tickets, sporting events and other special events.

How to Order Tickets:

- Visit www.ticketsatwork.com
- Click "Become a Member" at the top of the home page
- You will be prompted to create an account, using your email and company code
- The company code is "FSCS", State is IL, Zip code is 60439
- You can also place orders by phone by calling 800-331-6483

Homeowner's and Auto Insurance

Carrier: MetLife

Website: www.metlife.com

Phone: 1.800.438.6388

It is more important than ever for associates to protect their valuable property with the right type of products. MetLife Auto & Home offers a wide range of property and liability protection including auto, home, and renter's insurance, and so much more. If you are interested contact MetLife directly.

Pet Insurance

Carrier: Nationwide

Website: petinsurance.com/franciscanministries

Phone: 1.877.738.7874

If your pet becomes ill, Pet Insurance has you covered. Pet Insurance provides coverage for your dog or cat for many accidents and illnesses, specialist treatments, prescription medications, hereditary and chronic conditions, etc.

- Associates receive discounted premium through Nationwide Pet Insurance
- Customizable plans for your need—pricing is determined on Zip Code and Pet Species
- Benefit Enrollment open year round

Other Perks and Benefits

Legal Benefits

Carrier: Legal Shield

Website: www.legalshield.com

Phone: 1.855.717.7861

Email: memberservices@legalshield.com

LegalShield offers two separate benefits: LegalShield Identity Theft Plan and LegalShield Legal Plan.

LegalShield Identity Theft Plan: Identity theft affects millions of Americans each year. While it can take just minutes to happen, recovering from the financial damage often takes years. To better avoid these issues, the LegalShield Identity Theft Plan equips you with the information and expertise you need to help prevent theft and resolve issues related to identity theft.

Benefits Include:

- Continuous Monitoring with Safety Alerts
- Credit Report and Personal Credit Score
- Identity Consultation and Restoration Services
- Safeguard for Minors

LegalShield Legal Plan: LegalShield has been offering legal plans to their members for over 40 years, creating a world where everyone can access legal protection. Unexpected legal questions arise every day and with LegalShield on your side, you'll have access to a quality law firm 24/7.

Benefits Include:

- Legal Document Review
- Video Law Library
- Will Preparation
- Advice on an Unlimited Number of Topics

Per Pay Period	You Pay
Policy Number	47498
Identity Theft Plan	\$7.48
Legal Plan	\$7.98
Both Identity Theft and Legal Plan	\$12.95

Making the Most of Your Medical Benefits

Associates enrolled in the BlueCross BlueShield medical plan have access to the following services:

BlueAccess for Members: www.bcbsil.com

A secure member website that gives you immediate access to health care benefit information and easy-to-use tools.

BlueAccess Mobile™

You are able to access your BlueAccess for Members account straight from your mobile device. Choose to receive text messaging for Rx refill reminders, diet and fitness tips, claim updates and more. Download the application straight to your smartphone for immediate access.

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Mail Order Prescriptions: 833.715.0942 or express-scripts.com/rx

Members can save time and money by calling 24/7 to refill or transfer a current prescription or get started with home delivery.

Blue365 Discounts

As a member you have access to additional special program discounts. Details can be accessed at www.bcbsil.com under the "My Coverage" tab and then Discounts.

Well onTargetSM Member Wellness Program

Access health and wellness resources that can help you manage your health with resources such as health assessments, health coaching, tracking tools and many more!

Livongo

Livongo is a consumer digital health company providing an end-to-end diabetes management program that combines a connected glucose meter with personal support by certified diabetes educators. If you are enrolled in a Franciscan Ministries' BCBS of Illinois health plan and are affected by diabetes, Livongo will be available to you. Livongo will contact you through BCBS of Illinois.

Hinge Health

A digital musculoskeletal clinic for joint and muscle care, to help you take control of your plan, recover from injury and/or prepare for surgery.

2025-2026 Benefit Rates: Per Pay Period (24 Deductions)

Health Savings Account PPO Contributions

Per Pay Period	You	Ministry
Associate	\$72.09	\$421.46
Associate & Spouse	\$220.78	\$767.61
Associate & Child(ren)	\$167.45	\$613.61
Family	\$304.46	\$1,147.84

Franciscan Ministries HSA Contributions

HSA Employer Contribution	Monthly	Annual
Associate	\$62.50	\$750
Associate & Spouse	\$116.67	\$1,400
Associate & Child(ren)	\$116.67	\$1,400
Family	\$129.17	\$1,550

PPO Contributions

Per Pay Period	You Pay	Ministry Pays
Associate	\$123.58	\$421.46
Associate & Spouse	\$356.69	\$767.62
Associate & Child(ren)	\$285.99	\$613.61
Family	\$519.99	\$1,147.84

Bronze PPO Contributions

Per Pay Period	You Pay	Ministry Pays
Associate	\$51.84	\$421.46
Associate & Spouse	\$164.34	\$767.61
Associate & Child(ren)	\$137.37	\$613.61
Family	\$249.76	\$1,147.84

Dental Rates

Per Pay Period Contributions	You Pay	Ministry Pays
Associate	\$17.10	\$1.90
Associate & Spouse	\$34.20	\$3.80
Associate & Child(ren)	\$34.20	\$3.80
Family	\$34.20	\$3.80

Vision Rates

Per Pay Period Contributions	You Pay
Associate Only	\$2.95
Family	\$7.16

2025-2026 Benefit Rates: Per Pay Period (24 Deductions)

Accident Rates

Per Pay Period	You Pay
Associate Only	\$4.61
Associate & Spouse	\$9.53
Associate & Child(ren)	\$9.53
Family	\$11.82

Hospital Indemnity Standard Plan

Per Pay Period	You Pay
Associate Only	\$4.19
Associate & Spouse	\$7.06
Associate & Child(ren)	\$5.96
Family	\$10.58

Hospital Indemnity High Plan

Per Pay Period	You Pay
Associate Only	\$7.16
Associate & Spouse	\$14.12
Associate & Child(ren)	\$11.90
Family	\$21.16

Critical Illness Associate Per Pay Period Rates (24 payments)

Associate	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$2.20	\$2.20	\$3.10	\$3.45	\$4.00	\$5.50	\$7.55	\$10.45	\$13.85	\$18.65	\$28.45
\$20,000	\$4.40	\$4.40	\$6.20	\$6.90	\$8.00	\$11.00	\$15.10	\$20.90	\$27.70	\$37.30	\$56.90
\$30,000	\$6.60	\$6.60	\$9.30	\$10.35	\$12.00	\$16.50	\$22.65	\$31.35	\$41.55	\$55.95	\$85.35

Critical Illness Spouse Per Pay Period Rates (24 payments)

Spouse	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$1.10	\$1.10	\$1.55	\$1.73	\$2.00	\$2.75	\$3.78	\$5.23	\$6.93	\$9.33	\$14.23
\$10,000	\$2.20	\$2.20	\$3.10	\$3.45	\$4.00	\$5.50	\$7.55	\$10.45	\$13.85	\$18.65	\$28.45
\$15,000	\$3.30	\$3.30	\$4.65	\$5.18	\$6.00	\$8.25	\$11.33	\$15.68	\$20.78	\$27.98	\$42.68

2025-2026 Benefit Rates: Per Pay Period (24 Deductions)

Supplement Child(ren) Life and Spousal Life Premium Amounts

Age	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Monthly rate* per \$1,000 of coverage	\$.065	\$.075	\$.095	\$.105	\$.150	\$.250	\$.440	\$.700	\$ 1.00	\$ 1.85	\$ 2.10

Supplement Child(ren) Life Premium Amount

Supplemental Child(ren) Life	Child(ren)
Monthly rate for flat \$5,000 benefit	\$0.50

Universal Life

Life Non-Tobacco Semi-Monthly Rates	You Pay
Policy Number	67788
Issue Age 25	\$4.62
Issue Age 35	\$9.56
Issue Age 45	\$9.53
Issue Age 55	\$11.83

Life Tobacco Semi-Monthly Rates	You Pay
Policy Number	67788
Issue Age 25	\$21.86
Issue Age 35	\$31.74
Issue Age 45	\$49.79
Issue Age 55	\$88.73

Voluntary Short Term Disability

The cost is \$0.52 per \$10 of weekly benefits.
To calculate the cost of your salary use the following:

1. Salary / 52 = Weekly Salary
2. Weekly salary X 0.6 = Weekly benefit
3. Weekly benefit / 10 X 0.52 = Monthly cost
4. Monthly cost / 2 = Per check cost

Legal Shield

Per Pay Period	You Pay
Identity Theft Plan	\$7.48
Legal Plan	\$7.98
Both Identity Theft and Legal Plan	\$12.95

Carrier Information

Coverage	Carrier	Group Number	Contact Information	Helpful Links
Medical	BlueCross BlueShield of Illinois	HSA Plan: P64010 Blue Choice Select PPO Plan: MC937 National PPO Plan: P64009 Bronze Plan: P63192	800.828.3116	www.bcbsil.com
Dental PPO	BlueCross BlueShield of Illinois	063192	800.367.6401 Claims: P.O. Box 23059 Belleville, IL 62223	www.bcbsil.com
Vision	BlueCross BlueShield of Illinois	VF029961	855.362.5539	member.eyemedvisioncare.com/bcbsil
Virtual Visits	First Stop Health		888.691.7867	www.fshealth.com
Health Savings Account	HealthEquity		866.346.5800 Email Support: memberservices@healthequity.com	www.healthequity.com
Flexible Spending Account	Asure Software		888.862.6272 Email Support: customer-care@asuresoftware.com	Asuresoftware.wealthcareportal.com
Accident, Critical Illness, Hospital Indemnity	The Standard	Group ID: 10185053 Policy: 763900	888.937.4783 Email Support: Supplemental-NewClaim@standard.com Claims: P.O. Box 2800 Portland, OR 97208	www.thestandard.com Claim Submission Form
Basic Life and Voluntary Life and AD&D	The Standard	Group ID: 10185053 Policy: 763900	Life and AD&D: 800.628.8600 Supplemental: 800.634.1743 Email Support: lifebenefits@standard.com	www.thestandard.com Life Claims Submission Guide

Carrier Information

Coverage	Carrier	Group Number	Contact Information	Helpful Links
Universal Life	Allstate	67788	800.726.6033 Claims Phone: 800.366.3495 Claims Email: Lifeprotection@allstate.com	www.allstate.com Claims Form
Short and Long-Term Disability	The Standard	Group ID: 10185053 Policy: 763900	STD: 800.368.2859 LTD: 800.368.1135	www.thestandard.com STD Claim Form LTD Claim Form
Employee Assistance Program (EAP)	TELUS Health		800.433.7916	franciscan-sisters.lifeworks.com
Paytient- Interest Free Medical Loans	Paytient		573.206.9147	www.paytient.com
Payactiv	Payactiv		800.937.6966	get.payactiv.com
Benefit Portal	UKG			https://n32.ultipro.com/login
Diabetes Management	Livongo		800.945.4355 Email Support: membersupport@livongo.com	www.livongo.com
Musculoskeletal Support	Hinge Health		855.902.2777 Email Support: help@hingehealth.com	hingehealth.com
Legal & Identity Theft	Legal Shield	47498	855.717.7861 Email Support: memberservices@legalshield.com	www.legalshield.com
Pet Insurance	NationWide		877.738.7874	petinsurance.com
Home & Auto Insurance	MetLife		800.438.6388	www.metlife.com



NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.