



BENEFITS DESIGNED WITH YOU IN MIND



20 26



EMPLOYEE BENEFITS GUIDE
January 1, 2026 - December 31, 2026



WELCOME TO YOUR BENEFITS

Coffee Regional Medical Center is pleased to offer several benefit options that provide you with flexibility and choice. You can design a personalized benefit package to fit your individual needs and lifestyle.

This booklet is designed to provide you with an overview of your benefits, guide you through your choices, and assist you with the enrollment process. Should there be a conflict between the information in this booklet and the terms of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases.

Plan descriptions can be found online on the CRMC MyHub Page. Go to Departments and select Human Resources.

Sincerely,

Coffee Regional Medical Center HR Team



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GET CARE ANYTIME, ANYWHERE

Accessing care when and where you need it is the key to a healthy life. Your Coffee Regional Medical Center benefits offers prompt care for emotional support from your computer or phone. See page 25 to learn more.

TERMS TO KNOW



Co-pay	Flat dollar amount member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.
Deductible	Amount member is responsible for before the plan pays for certain services. <ul style="list-style-type: none"> EPO Plan: The family deductible maximum is the most a family will pay during a calendar year. Each individual in a family is not required to contribute more than one individual deductible amount to a family deductible. HDHP: The family deductible maximum is the most a family will pay during a calendar year the entire family deductible must be satisfied by one individual or collectively before benefits will be paid at the coinsurance rate.
Coinsurance	Percentage of payment shared between the member and the plan for certain services after the deductible has been met.
Out-of-Pocket Maximum	Member's total payments for deductible, coinsurance and co-pays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the plan year.
High Deductible Health Plan (HDHP)	Qualified plan as defined by the IRS. No first dollar benefits, all services are subject to the deductible before the plan will pay. Exception is Routine Preventive Care as defined by the IRS – covered at 100%.
Health Savings Account (HSA)	Tax Free account that is established by the employee that is covered by a High Deductible Health Plan (HDHP).
Flexible Spending Account (FSA)	Accounts allowing you to set aside pre-tax money to pay for eligible healthcare and/or dependent care expenses.
Network Provider	In-network providers have agreed to negotiated discounted rates. You will pay less when you use in-network providers.
Out-of-Network	Providers that are not on the network list. You may not have coverage, or will pay more, when you use an out of network provider.
Primary Care Physician (PCP)	This is a physician who provides diagnosis of, and continuing care for, varied medical conditions.
Preventive Care	Services including screenings, immunizations and other procedures that are designed to detect and treat medical conditions to prevent avoidable illnesses.
Provider	Professionals who perform healthcare services including medical and eye doctors, hospitals, medical treatment centers, pharmacies and dentists.
Rates or Employee Contributions	Your portion of healthcare costs that are deducted from your paycheck.

WHO IS ELIGIBLE?



YOU

You may enroll in the Coffee Regional Medical Center Employee Benefits Program if you are a Full-Time employee working at least 30 Hours per Week.

YOUR Dependents

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include:

- Your legal spouse (legal spouse includes qualifying domestic partner) – Please note: spouses that have access to health insurance through their own employer will NOT be eligible to be covered under CRMC health plan. However, any spouse that does not have access to health insurance through their employer, or a spouse that is unemployed, will continue to be eligible for coverage.
- Your children, natural or adopted
- Step-children who meet the dependent status requirements of the plan
- Children who have been placed with you for adoption
- Children for whom you are the legal guardian

Coverage is available for children until they reach age 26.

Qualifying Events

For benefits that you pay for with pre-tax dollars, the Provisions of Section 125 of the IRS govern how and when you can make changes. The only time you may make a Change in your coverage during the year is if you experience a qualifying event. You must notify HR within 31 days of the event to make any changes.

Waiting Period

The waiting period is 60 days of full-time active employment. Your coverage effective date is the first of the month following the waiting period.

If you are a new employee, you may enroll within 60 days of your hire date; keep in mind that coverage will be effective the first of the month following your 60-day waiting period. You may also enroll during the annual enrollment period for January 1 effective date. In addition, if you experience a qualifying event during the year, you may make changes within 31 days of that event.

Qualifying Events

- Marriage or divorce
- Birth or adoption of a child
- Death of spouse or child
- Spouse begins or end employment
- You or your spouse's employment status changes from full-time to part-time or vice versa
- Court decree requiring coverage of your dependent child/ren
- Becoming eligible for Medicare or Medicaid
- Dependent child reaches age 26
- You or your spouse take an unpaid leave of absence
- Your spouse has a significant change in health coverage
- Entitlement of loss of coverage under premium subsidy plans from a State (560 days to notify)

THE EPO PLAN



This plan is a standard EPO Plan, with both copays and coinsurance. If you prefer a more traditional approach to your healthcare, this plan may be the one for you. With this plan, for some services you will be responsible for a copay, so you will know what to expect when you see a provider. For other services you will be responsible for meeting the deductible before the plan pays.

This plan utilizes the **CRMC Network**, go to www.chp.health and click “Find a Provider”. To search for a provider, please select your network. Be sure to select “**CRMC ONLY**”. When you choose in-network providers, you will have office visit copays, and then the deductible and coinsurance will apply to hospitalizations. The plan does not have out-of-network benefits. However, if a service is not available within the CRMC Network you will have access to Anthem Network providers (upon medical plan authorization).

In this plan, the in-network hospital facilities are Coffee Regional Medical Center, St. Joseph’s/Candler and Emory. Remember, Surgery Centers are NOT considered to be in-network.

Your Copay, Deductible and Out-of-Pocket Maximum on the EPO Plan

- Copays apply to services such as office visits and prescription drugs. Once you pay the copay, the plan pays for the remaining eligible charges. Note that the copay applies to the office visit only; all other services performed in the office are subject to deductible and coinsurance.
- The deductible applies to services like surgeries or inpatient hospital stays. After you pay your annual deductible, the plan will pay a percentage of the eligible charges. The remaining percentage is your responsibility, up to an annual out-of-pocket maximum.
- Your copays, deductible and coinsurance all apply to the annual Out-of-Pocket maximum.
- There is a separate annual out-of-pocket maximum for your prescription drugs.

Bi-Weekly Contributions – EPO Plan

Coverage Level	Standard Rates	Goal Achiever Rates
Employee	\$90.00	\$55.38
Employee + Spouse	\$253.80	\$219.19 (1 Goal Achiever) \$179.96 (2 Goal Achievers)
Employee + Child(ren)	\$96.92	\$62.31
Family	\$260.72	\$226.10 (1 Goal Achiever) \$186.87 (2 Goal Achievers)

Provider Search

To find Providers in the CRMC Network, follow these steps:

- Go to <https://chp.health/> and click “Find a Provider”. To search for a provider, please select your network. Be sure to select “**CRMC ONLY**”. Begin your provider search.
- To find Providers in the Anthem Network (*only IF there are no in-network physicians under CRMC network AND you have reached out to Personify to confirm*), follow these steps:
 - Go to www.anthem.com (see page 13 for more details).

THE HIGH DEDUCTIBLE HEALTH PLAN



This high deductible health plan (HDHP) will offer you the greatest cost savings. The reason it is cost effective is that you pay more healthcare costs in the form of the high deductible—the amount you pay out of your own funds before the plan begins to pay. This means you will have lower contributions out of each paycheck. The plan also offers a Health Savings Account (HSA) to help you pay for eligible expenses before and after you reach your deductible.

In this plan, the in-network hospital facilities are Coffee Regional Medical Center, St. Joseph’s/Candler and Emory. Remember, Surgery Centers are NOT considered to be in-network.

The in-network physicians are any physician in the Anthem Network. The plan does not have out-of-network benefits, however if a service is not available at Coffee Regional Medical Center, St. Joseph’s/Candler or Emory facilities, you will have access to Anthem Network facilities (upon medical plan authorization).

Bi-Weekly Contributions – High Deductible Health Plan

Coverage Level	Standard Rates	Goal Achiever Rates
Employee	\$63.43	\$40.36
Employee + Spouse	\$172.53	\$149.53 (1 Goal Achiever) \$126.43 (2 Goal Achievers)
Employee + Child(ren)	\$69.19	\$46.12
Family	\$178.29	\$155.29 (1 Goal Achiever) \$131.91 (2 Goal Achievers)

Provider Search

To find Providers in the Anthem Network, follow these steps:

Go to www.anthem.com (see page 13 for more details).

To find Providers in the CRMC Network, follow these steps:

Go to www.chp.health and click “Find a provider”. To search for a provider, please select your network. Be sure to select “CRMC ONLY” and continue with your provider search.

MEDICAL PLANS



	EPO Plan		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Single / Family)	\$2,000 / \$6,000 Embedded	N/A	New Deductibles \$1,700 / \$3,400 Non-embedded	N/A
Maximum Out-of-Pocket (Single / Family)	\$4,400 / \$12,000	N/A	\$5,000 / \$12,900	N/A
Preventive Care	100%	N/A	100%	N/A
Primary Care Office Visit	\$15 copay – Coffee Select \$35 copay – Anthem with plan approval	N/A	85% after deductible	N/A
Specialist Office Visit	\$25 copay – Coffee Select \$45 copay – Anthem with plan approval	N/A	85% after deductible	N/A
Allergy Testing	85% after deductible	N/A	85% after deductible	
Urgent Care	85% after deductible	N/A	85% after deductible	N/A
Emergency Services – Non-Emergent Condition	85% after deductible 50% after deductible	N/A	85% after deductible 50% after deductible	N/A
Inpatient / Outpatient	85% after Deductible	N/A	85% after deductible	N/A
Diagnostic X-Ray and Lab Services	100% to a maximum of \$400; then 85% after deductible	N/A	85% after deductible	
Home Healthcare	85% after deductible		85% after deductible	
Durable Medical Equipment (DME)	85% after deductible	N/A	85% after deductible	N/A

NOTE: Under the EPO Plan, the Anthem Network is only available if services cannot be provided through a CRMC Network Provider. However, under the HDHP, you have access to the Anthem Network in addition to the Coffee Section network of providers.

**Please refer to the Summary Plan Description (SPD) for more information.*

PRESCRIPTION DRUG PLAN

When you elect medical coverage, you are automatically covered under the prescription drug plan based on your medical plan election.

Managing Your Prescription Drug Costs

When you have a prescription filled, the amount you pay is based on the type of drug you choose. You have the opportunity to lower your cost by choosing a generic drug over a brand name, or formulary drug.

- **Generic** - A generic drug is one that meets the same standard as brand name drugs for safety, purity, strength and effectiveness. You pay less when you choose generic drugs.
- **Preferred Brand** - A preferred brand name drug is a brand name drug that is listed on the preferred list (often referred to as formulary). These drugs are determined to be the first drug choice for certain conditions and may not have generic equivalents.
- **Non-Preferred Brand** - A non-preferred brand name drug is a brand name drug that is listed on the preferred list and usually has less costly generic or preferred brand alternative. These prescriptions are usually covered at the highest copay or coinsurance level.
- **Specialty** - A specialty drug is a brand name drug used to treat or manage complex, chronic or rare conditions such as multiple sclerosis and rheumatoid arthritis. These drugs typically require special handling, administration, or monitoring, and are usually self-injected or administered by a physician's office.

The preferred Drug List, or Formulary, is created by pharmacy experts and lists FDA-approved, safe, effective and economical drugs. If you are using a drug that is not on the Preferred Drug List, talk with your doctor to determine if a generic or preferred brand name drug might be appropriate for you.

Why Generics Make Sense

- Generics can cost up to 75% less than their brand-name equivalents
- FDA testing is exactly the same for generic and brand-name drugs
- Generics contain the same active ingredients as the original, brand-name drug, in the same amounts and dosages
- Generic drugs sometimes look different from the original, brand-name drug in color or shape, but only because they may have different inactive ingredients that won't change how the drug works
- Nearly half of all brand-name drugs have generic equivalents, but you might have to ask for them

How the Preferred Drug List Works

- Drugs are added to the list on a quarterly basis
- Brand-name drugs can be removed at the end of the calendar year
- The list is updated at minimum every January
- If a generic drug becomes available, the brand-name drug will become a "non-preferred" drug and then will only be available at a higher cost
- If you are taking a brand-name drug and this occurs, you will be notified by the pharmacy benefit manager

PHARMACY PLANS



EPO Plan Out of Pocket Maximum \$1,000 individual / \$2,000 family

Plan Benefits		
Copay	30 Day Supply	90 Day Supply
Generic	\$10 at preferred pharmacy \$25 at non-preferred pharmacy	\$10 at preferred pharmacy 90 day retail not eligible \$30 at mail order pharmacy
Brand Preferred	\$35 at preferred pharmacy \$60 at non-preferred pharmacy	\$75 at preferred pharmacy 90 day retail not eligible \$105 at mail order pharmacy
Brand Non-Preferred	\$50 at preferred pharmacy \$90 at non-preferred pharmacy	\$100 at preferred pharmacy 90 day retail not eligible \$150 at mail order pharmacy

HDHP Plan RX/Medical Deductible Combined \$1,700 individual / \$3,400 family RX/Medical Out of Pocket Maximum \$5,000 individual / \$12,900 family

Plan Benefits		
Copay	1-90 Day Supply	
Generic	10% after deductible has been met (plan pays 90%)	
Brand and Non-Preferred	20% after deductible has been met (plan pays 80%)	
	30 Day Supply	90 Day Supply
Specialty Tier 1	\$50 after deductible	Not Covered
Specialty Tier 2	After deductible, 20% to \$550 maximum	Not Covered
Specialty Tier 3	After deductible, 20% to \$2,000 maximum	Not Covered
Specialty Tier 4	After deductible, 20%	Not Covered
Specialty Tier 5	After deductible, 20%	Not Covered

*Please refer to the Summary Plan Description (SPD) for more information.



CRMC NETWORK

If you choose the EPO Plan, you must seek services **ONLY** through the **CRMC Network**.

The **CRMC Network** is a member of the Community Health Plans Network and was developed specifically for the community services by Coffee Regional Medical Center.

There is also a defined group of physicians participating in this network. Any provider or facility not in the CRMC Network is considered out-of-network unless the service you require cannot be performed within the network, as determined by medical review. In such cases, an Anthem Network provider must be utilized.

Provider Search

To find Providers in the CRMC Network, follow these steps:

- Go to <https://chp.health/>
- Click on “Find a provider”. To search for a provider, please select your network. Be sure to select “**CRMC ONLY**” and continue with your provider search.

The primary hospital facilities are Coffee Regional Medical Center, St. Joseph’s/Candler and Emory. Remember, Surgery Centers are NOT considered to be in-network.

COFFEE SELECT



A MEMBER OF
CommunityHealthPlans of GA

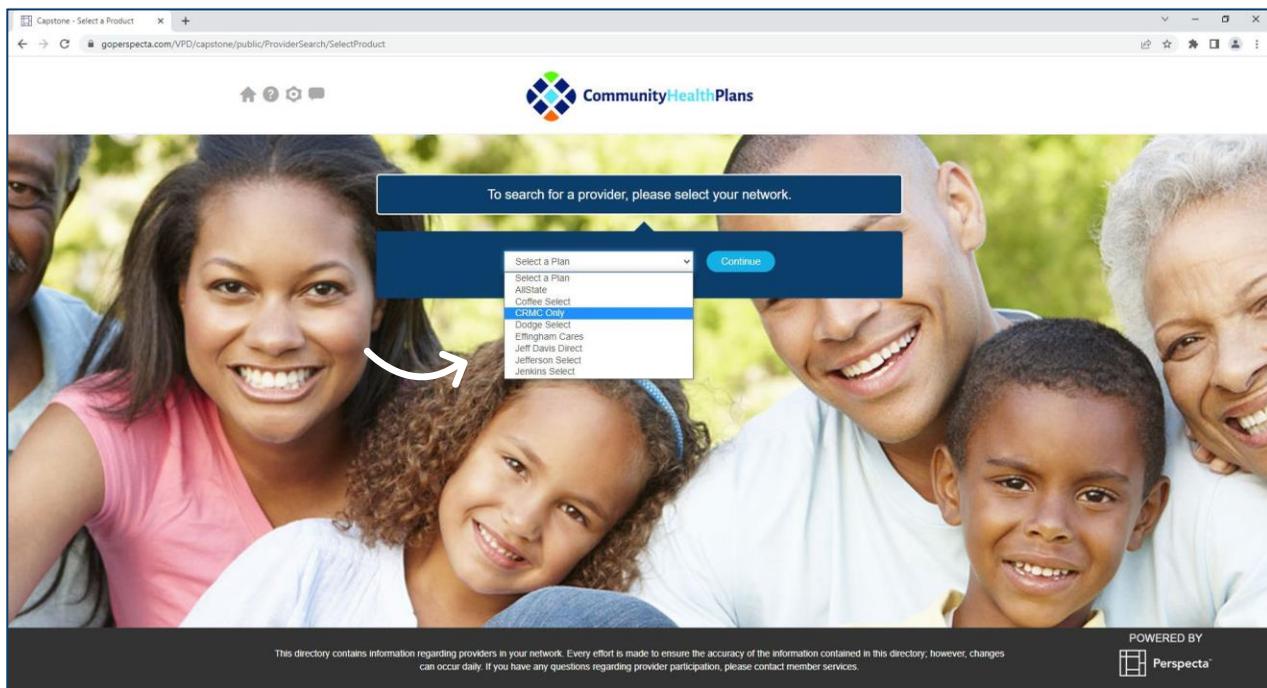
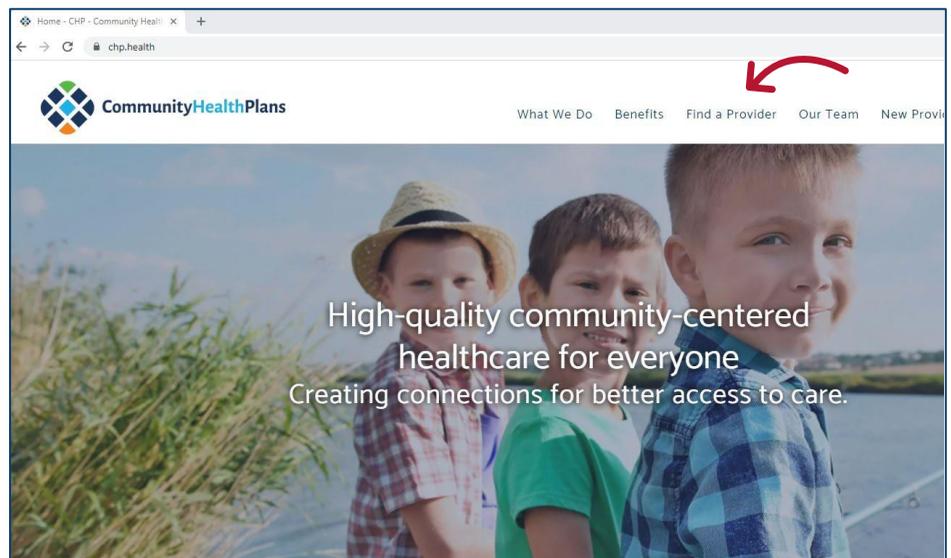
How to Find an In-Network Provider for CRMC Only

**The Coffee Select Network is a member of Community Health Plans
(formerly the Georgia Health Network).**

To find providers in the
Coffee Select network,
follow these steps:

- Go to <https://chp.health/>
- Click on Find a Provider and
Select **CRMC ONLY**

On the next screen, select
which plan (network) and
click



Find a Doctor

By Name

+ By Specialty

By Location

Enter a Specialty

Enter Address, City, Zip, County or State



ADVANCED SEARCH

On the next screen follow the prompts to search by name, specialty and location.

You can also click on Advanced Search to narrow your selection further.

Be sure you are selecting **CRMC ONLY**.



ACK

Advanced Search

SEARCH BY

Specialty

Enter Specialty

- Abdominal Surgery
- Acupuncture
- Acute Care Hospital
- Adolescent Medicine
- Advanced Registered Nurse

[VIEW ALL >](#)

Location

Enter Address, City, Zip, County or State

Phone Number

Enter Phone Number

National Provider Identifier

Enter National Provider Identifier

Name

Enter hospital name or doctor name (Last, First)

Tax Identification Number

Enter Tax Identification Number

Provider Type

- Hospitals & Facilities
- Physicians & Practitioners

NARROW BY

Language

Enter Language

- Spanish
- French
- Chinese
- German
- Afghan

[VIEW ALL >](#)

Radius

10 Miles

Provider Gender

Female Male

Provider

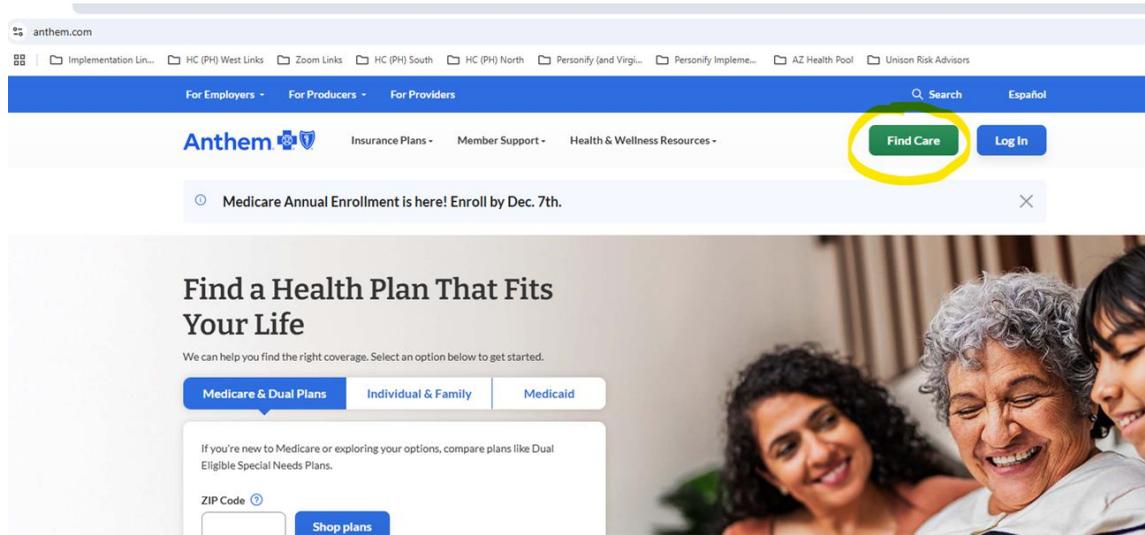
Accepting New Patients

Clear All Filters



Choosing a doctor your trust is important – and choosing one in your plan’s network helps lower your costs. The Find Care tool on the Sydney Health App and [anthem.com](https://www.anthem.com) can help you do both.

1) Click on “Find Care” button



2) In the “Search your medical plan with logging in” box, type in KVP, then click the continue button



Log in for Personalized Search

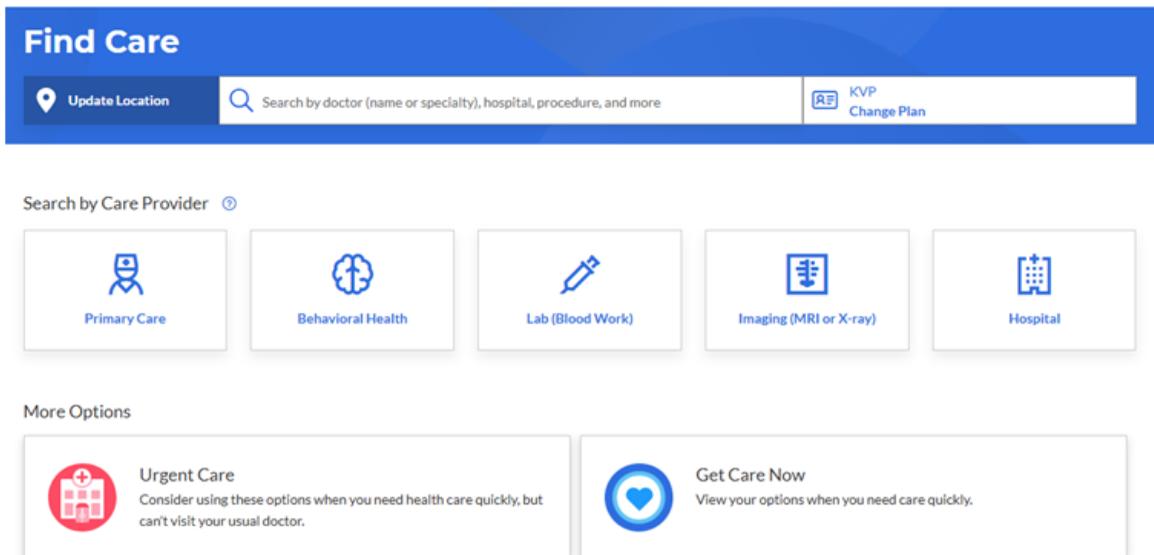
Find doctors, hospitals, and more in your plan’s network. Get detailed estimates for procedures or services (not available with some plans). If you don’t have an account, [register now](#).



Use Member ID for Basic Search

Find doctors, hospitals and more near you.

Search your medical plan without logging in.



3) From here, you can find or search any provider by name or look up new providers by specialty or type of service.

FLEXIBLE SPENDING ACCOUNT (FSA)

Coffee Regional Medical Center offers you the opportunity to take advantage of available tax savings by participating in a Healthcare FSA and/or a Dependent Care FSA. An FSA is a tax-effective, money-saving option that helps you pay for qualified healthcare expenses that aren't covered by your health plan, and for dependent care services.

How it works?

You will determine how much money you'd like to set aside each year for your Medical FSA and your Dependent Care FSA or one or the other.

Like a Health Savings Account, an FSA has maximum contributions in place for participants. For 2026 the maximum for a Medical FSA is **\$3,400** per participant. For a Dependent Care FSA, the maximum is **\$7,500** for single or married employees filing joint tax returns or **\$3,750** for married filing separate tax returns. You will set your contributions during Open Enrollment. Contributions cannot be changed unless a qualifying life event occurs. If you decide to enroll in one or both of these accounts, your contributions are taken out of each paycheck (26 pay periods)—before taxes—in equal installments throughout the plan year. These dollars are then placed into your FSA. When you have an eligible health care or dependent care expense, you must submit a claim form along with an itemized receipt to be reimbursed from your account.

The medical FSA will reimburse you for the full amount of your annual election (less any reimbursement already received), at any time during the plan year, **regardless of the amount actually in your account**. The Dependent Care FSA will only reimburse you for the amount that is in your account at the time you make a claim. Both of these accounts are administered through Personify Health.

Is an FSA right for you?

- The Healthcare FSA might be right for you if you and your eligible dependents typically have predictable out-of-pocket expenses during the year, like maintenance medications
- The Dependent Care FSA may be right for you if you have day care expenses for an eligible dependent

Important Notes

- If you participate in the HDHP, you cannot participate in the Healthcare FSA (you can participate in the Dependent Care FSA)
- If you decide to use the Dependent Care FSA, you cannot use the Federal Tax Credit for the same purpose. Consult with your tax advisor to determine the most tax-efficient method for you
- You can enroll in the Healthcare FSA even if you are NOT covered on a Coffee Regional medical plan You will gain the most savings if you plan carefully.
- You can use worksheet on the next page to help you determine how much to contribute to either FSA



FSA's are "use it or lose it" plans. Any unused funds at the end of the year will be forfeited. This is why it is very important to plan wisely for your contributions!

FSA WORKSHEET

Healthcare FSA

Annual Medical Expenses, such as:

Deductibles and copays \$ _____
Routine physical exams \$ _____
Prescriptions \$ _____
Chiropractic care \$ _____
Other \$ _____

Annual Dental Expenses, such as:

Deductibles and copays \$ _____
Routine check-ups \$ _____
Orthodontia \$ _____
Other \$ _____

Annual Vision Care Expenses, such as:

Eye Exams \$ _____
Eyeglasses \$ _____
Contact lenses, solutions, cleaners \$ _____
Other \$ _____

Total Estimated Medical, Dental & Vision Expenses \$ _____ / pay periods per year = \$ Per Pay Period Contribution
Annual Amount (cannot exceed \$3,400)

Dependent Care FSA

Annual Dependent Care Expenses, such as:

Payment to a day care facility or licensed individual \$ _____
Payment to other licensed care providers

Total Estimated Dependent Care Expenses \$ _____ / pay periods per year = \$ _____
Annual Amount Pay Period Contribution

HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).

Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's EPO plan.
- You are not enrolled in Medicare or other government provided health insurance coverage.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

	Individual Plan Contribution	Family Plan Contribution
Maximum HSA Limit for 2026 Tax Year	\$4,400	\$8,750
Catch Up Contribution if 55 or older	\$1,000	\$1,000

*IRS limits are reduced by the available company contribution

If you would like to open an HSA, you must do so with Douglas National Bank.

Douglas National Bank	912-384-2233	www.dnbdouglas.com
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PRIMARY CARE OPTIONS: WHICH IS BEST?



TYPE OF CARE	WAIT TIME	COST**
 <p>Coffee Regional First Care Coffee Regional First Care is open 7 days a week 7:30 am – 7:30 pm.</p> <p>When to go*</p> <ul style="list-style-type: none"> Sprains and strains Mild asthma attacks Sore throats Basic X-Ray Minor broken bones or cuts Minor infections or rashes Earaches 	<p>20-30 minutes Approximate wait time</p>	<p>\$10 Copay</p>
 <p>Clinical care (your doctor's office) Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</p> <p>When to go*</p> <ul style="list-style-type: none"> Preventive services and vaccinations Medical problems or symptoms that are not an immediate, serious threat to your health or life 	<p>1 week or more Approximate wait time for an appointment</p>	<p>\$15 Copay on EPO Plan \$100-150 Average cost</p>
 <p>Emergency room (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits.</p> <p>When to go*</p> <ul style="list-style-type: none"> Sudden change in vision Sudden weakness or trouble talking Large, open wounds Difficulty breathing Severe head injury Heavy bleeding Spinal injuries Chest pain Major burns Major broken bones 	<p>3 to 12 hours Approximate wait time for non-critical cases</p>	<p>\$1,200- \$1,500 Average cost</p>



Coffee Regional First Care

The CRMC First Care is another convenient option when your primary care physician is not available, or when you become ill after normal office hours, for urgent care. You should seek urgent care for non-emergent health conditions like earaches, sprains or colds. The walk-in clinic is open 7 days a week from 7:30am to 7:30pm (closed for lunch from 12:30pm to 1:30pm).

DENTAL INSURANCE

Your Health Smile Starts Here



CRMC will continue to offer a competitive dental plan this year with Personify Health. Please refer to the summary plan description (SPD) for plan details, limitations & exclusions.



	NO NETWORK
Plan Benefits	
Deductible	\$50 / single \$150/ family
Calendar Year Benefit Maximum (per person)	\$2,000 / Person
Class A: Preventive Services	100%, deductible waived
Class B: Basic Services	80% after deductible
Class C: Major Services	50% after deductible
Orthodontia Services (children under age 19)	50% after deductible
Lifetime Orthodontia Maximum	\$1,500
Bi-Weekly Employee Contributions	
Employee	\$8.15
Employee & Spouse	\$21.00
Employee & Child(ren)	\$18.00
Family	\$25.00

QUESTIONS?

Contact Personify Health customer service at the phone number on the back of your ID card or visit login.personifyhealth.com

YOUR VISION IS OUR FOCUS

CRMC will continue to offer you the option to elect Vision Insurance through EyeMed. The chart below is a brief outline of the plan. Please refer to the summary plan description (SPD) for complete plan details.

Please note that ID cards are not needed for your visit. The provider can confirm benefits with your social security number.

Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, you receive an amount that the provider will pay up to. You are then responsible for the difference.



Plan Benefits	Vision Plan	Frequency of Services	
	In-Network	In-Network	
Routine Exams	\$10 Copay	Routine Exams	12 Months
Frames	\$130 allowance; 20% off balance	Frames	24 Months
Lenses	\$25 copay; covered in full after copay	Lenses	12 Months
Contact Lenses	Conventional - \$0 copay; \$130 allowance; 15% off balance over \$130 Disposable - \$0 copay; \$130 allowance; plus, balance over \$130	Contacts	12 Months (in lieu of glasses)
Contact Lenses (Medically Necessary)	Paid in full once every calendar year	In-Network limitations apply	
Laser Correction Surgery Discount	Discount pricing available		

Bi-Weekly Employee Contributions

Employee	\$2.45
Employee + One Dependent	\$4.65
Family	\$6.82

QUESTIONS?

Contact customer service at **866-939-3633** or visit www.eyemed.com.

KNOW-HOW AND SHOW- HOW

SUPPORT WHEREVER YOU ARE, WHATEVER YOU'RE DOING

Eye care is an experience. From the day you enroll to the day you find your favorite frames, we'll be part of it. Guiding. Advising. Helping you make the most of your vision benefits.

We go out of our way to make your benefits easy to understand—and even easier to experience.

MAKING LIFE EASIER EVERY DAY



WELCOME KIT

You've probably already seen your Welcome Kit in the mail. It'll give you a head start with benefit details, the 10 closest eye doctors and your ID card.



MEMBER APP

Our member app is like a personal assistant. Login with 1 touch. Find an eye doctor. Pull up your prescription or ID card anytime (or store it in your Wallet).*



CALL CENTER

Get live help from one of America's highest-rated call centers. Our call center resolves 99.4% of issues during the first call.

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now



VISION AIDS

Get guidance from the vision experts at eyesiteonwellness.com. Plus learn how to maximize your benefits and get special offers when you sign up for inSIGHTS.



TEXT ALERTS

Get updates and reminders, tips to maximize your benefits and extra ways to save money—right to your mobile device. Call 844.873.7853 to opt in. Be sure to have your 9-digit Member ID handy.



MEMBER WEB

Manage your vision benefits, find an eye doctor, print ID cards, get special offers and more on eyemed.com.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS'

PEARLE
EST. 1961
VISION

OPTICAL

* Touch ID, Face ID and Apple Wallet features available only on iPhones

PDF-1902-M-264



SMART TOOLS FOR SAVVY SHOPPERS

KNOW BEFORE YOU GO

With EyeMed's Know Before You Go out-of-pocket cost estimator, you can get a feel for what you might pay before you even step foot into a store or doctor's office. The tool includes simple, clear definitions of common products and add-ons, all while calculating a range of costs with each click. So you can feel confident from check-in to check-out.



1

Log into eyemed.com and find our Know Before You Go out-of-pocket cost estimator.

2

Pick the type of exam you'll need. Just need glasses or contacts? Take a look at Step 3.

3

Choose from a variety of lens types, options and add-ons. Plus, get detailed descriptions of each product so you feel confident in your choices.

4

The best part? You get a range of costs based on your choices and applied vision benefits. We do the math so you stay in-the-know before you go.



Register on eyemed.com to try Know Before You Go today



LIFE / AD&D INSURANCE



Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

Coffee Regional Medical Center provides Basic Life and AD&D insurance to you through Lincoln Financial Group. Basic Life and AD&D insurance provides important financial protection for you should you pass away while enrolled on the plan. Basic Life coverage is provided for all fulltime employees in the amount of \$30,000. The Basic Life coverage includes AD&D coverage equal to the Life Insurance coverage amount.

You are automatically enrolled in Basic Life and AD&D coverage and do not need to elect this benefit. However, don't forget to assign a beneficiary for your Basic and Voluntary life benefits.

➤ ***Age reduction: at age 70, benefits will reduce by 35% of the original amount; at age 75, benefits will reduce an additional 15% of the original amount. Benefits will terminate when the Insured Person retires.***

With the Basic Life, you and your family also have access to Lincoln Financials Employee Assistance Program (EAP) through EmployeeConnect. There is no cost to you for utilizing EAP Services. Services include:

- Access to EAP professionals 24 hours a day, seven days a week
- Robust network of licensed mental health professionals
- Up to 5 face-to-face sessions with a counselor (per person, per issue, per year)
- Legal assistance and financial resources
- Can be contacted at 800-423-2765

Voluntary Term Life

You can purchase additional Term Life Insurance coverage for yourself in increments of \$10,000 to a maximum of \$500,000 (or 5x your base salary, whichever is less). Any amount over \$300,000 will have to be approved by Lincoln Financial through the Evidence of Insurability (EOI) process.

The cost and value of this coverage is based on your age during enrollment of the plan. The rates can be found on the enrollment system and include both the Life Insurance and AD&D.

Dependent Life Insurance

You must have Voluntary Term coverage for yourself in order to purchase Dependent Life insurance on your spouse and unmarried dependent children under age 26.

- For your spouse you can elect in increments of \$5,000 to a maximum of \$250,000 but not more than the coverage you purchased for yourself.
- Any amount over \$30,000 for your spouse will require EOI
- For children, you can purchase \$250 for children ages 15 days to 6 months and units of \$1,000 up to \$10,000 for children 6 months to 26 years.

Taxes and Life Insurance

The IRS considers the cost of life insurance premiums on coverage above \$50,000 as taxable income.

This taxable amount is called imputed income and will appear on your annual W2 document. In most cases, the amount of the tax is small.

OTHER INSURANCE OFFERINGS



SHORT-TERM DISABILITY INSURANCE

Coffee Regional Medical Center offers a short-term disability option through Lincoln Financial Group that can pay up to 70% of your income should you become disabled and unable to work. If you elect coverage, you can choose a monthly benefit of 60% or 70% of your income up to a maximum of \$1,200 per week. You also have the option to elect a 7- or 14-day benefit waiting period.

LONG-TERM DISABILITY INSURANCE

Long Term Disability can pay up to 60% of your income to provide you financial support should your disability become long term and ongoing. The monthly Long-Term Disability benefits will be 60% of your pre-disability earnings up to a maximum of \$10,000. Long-Term Disability payments begin following a 180-day disability waiting period.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance will provide financial relief should you be diagnosed with a serious health condition such as Cancer, Heart Attack or Stroke. Benefits are paid directly to you. You can use your lump-sum cash benefit any way you'd like including hospital costs, travel costs for second opinions, childcare and medical benefits not covered by your plan. To help prevent illness, this plan can also pay you an annual cash benefit when you take a covered health screening test.

ACCIDENT INSURANCE

Accident Insurance pays a benefit directly to you if you have an accidental injury or treatment of that injury. You can also get coverage for your spouse and dependents. Accident Insurance can help supplement rising healthcare costs and add another layer of financial protection. This plan also provides an annual cash benefit when you take a covered health screen test to help prevent future illnesses.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance is a supplemental health product that may provide benefits if you or your covered dependent visit a hospital or intensive care unit (ICU) due to a covered illness or injury. See APPENDIX (page 34) for more details.

Rates for all plans summarized on this page will be calculated within the enrollment system and are determined based on factors such as coverage level, age and policy type.

EXTRA BENEFITS

Wellness Center

At Coffee Regional Medical Center employees are eligible to receive special employee pricing on membership. When you become a member, you receive a consultation that includes a health assessment and training on all the equipment. You are invited to visit the Wellness Center for a tour of the facility.

Credit Union

The employees of Coffee Regional Medical Center may join the Interstate Credit Union – Douglas Branch. They are located at 1401 Bowens Mill Road, SE, Douglas, GA 31533. Telephone number is 912-292-0321. Contact the Credit Union office for more specific information regarding membership services.

Employee's Club

The Coffee Regional Employee Club is an organization to promote and foster good will among the employees of CRMC and its subsidiaries. The primary function of the club is to provide assistance to employees who have a critical and tangible need. Please see your department head for information about the Employee's Club.

Educational Assistance Program

Coffee Regional Medical Center is committed to the educational development of its employees in all aspects of job performance. Through the Educational Assistance Program, Coffee Regional Medical Center will reimburse costs for participation in and satisfactory completion of job-related college, university, or vocational/technical courses for a job currently held by an employee or for a job that is part of an advancement plan for the employee.

The maximum reimbursement amount per calendar year is typically consistent with the IRS limit of the amount of tuition reimbursement that can be provided on a tax-free basis. The limit is currently \$5,250. Please contact Human Resources in advance of pursuing courses for additional information and an application. The full Educational Assistance Program Policy can be obtained through Human Resources or the policy drive.

401(k) Retirement Savings Plan

Full-time, part-time and temporary employees are eligible to participate in the 401(k) plan administered by Empower. Plan highlights include:

- 100% vesting from day one
- Access to financial advisors at no cost to you
- Automatic enrollment at 3% contribution
- Contributions are tax-deferred
- Multiple fund options
- \$20,500 maximum contribution limit



Visit

www.participant.empower-retirement.com

for more information about your 401(k).

You may also call 1-877-778-2100 for more information. Representatives are available Monday through Friday, 8am to 9pm Eastern time.



Anytime support



Resources for Living

To access services:

1-888-238-6232, TTY: 711 / resourcesforliving.com

Username: CRMC / Access code: eap



Coffee Regional Medical Center

Resources for Living is an employer-sponsored program, available at no cost to you and all members of your household. Children living away from home can access services up to age 26.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional wellbeing support



You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face-to-face, online with televideo, chat therapy or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more

Find care



It's easy to find a counselor you'd like to work with. You can:

- View provider options — images, bios, specialties and more
- Compare details — ethnicity, gender, language and more
- See which providers are open to new patients and when they're available
- Find options to schedule your first appointment online
- Get started quickly without any added steps or calls

Daily life assistance



Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Community resources/basic needs
- Summer programs for kids
- Household services and more

Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic. Some of the areas of law and issues covered include:

- Family or domestic law
- Civil and criminal law
- Wills and estate planning
- Real estate and more

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

*Services must be related to the employee or an eligible household member. Exclusions include work-related and lack of merit issues. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services



Simply call for a free 30-minute phone consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions

You can get a 25 percent discount on standard tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

*Services must be for financial matters related to the employee or an eligible household member.

Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Videos and podcasts
- Articles, blogs and self-assessments
- Mobile app
- Child and adult care provider search tool
- Live and on-demand webinars and more

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

Mind Companion Self-care

You have access to evidence-based support tools to help manage depression, anxiety, stress, substance misuse and more.

Additional services



Chat therapy — Send secure text messages to your counselor, who will respond within one working day up to five days a week. A week of texting counts as one session. You can also schedule to meet online for 30-minute televideo sessions. Each televideo session counts as one visit. Work on the same kinds of issues you'd see a counselor face-to-face to talk about.

Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

For legal disclaimers, visit rfl.com/Disclaimers.

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RFL-COM-01e

Resources for Living®



HEALTHY LIFE CLINIC

Located inside the employee pharmacy at CRMC, we provide health education on diabetes, hypertension, hyperlipidemia, and more!

Make an appointment for a wellness visit at the Healthy Life

First time visits at the Clinic are eligible for a \$100 that will be applied to your reward points.

Call ext. 4151 and make your appointment, today!





WellRight

Your 2026 Wellness Program Details

All employees enrolled in the CRMC's health plan will be eligible to enjoy a discounted employee contribution for your medical plan that will be applied to the following year's benefit open enrollment when you and your covered spouse participate in the WellRight Wellness Program.

1. Don't forget, CRMC Annual Wellness Program will replace our annual biometric screenings.
 - Employee and spouse will complete their annual wellness visit inclusive of biometrics with their primary care physician between January 1, 2026 – August 31, 2026
 - The primary care office visit will order your labs from LabCorp or Quest Diagnostics to complete before your visit.
 - If you currently do not have a primary care physician and you are on the EPO plan, you may go to www.chp.health to locate a provider. If you are on the HDHP plan, you may go to www.anthem.com to locate a provider and set up your initial visit.
 - Employees and spouses will be able to access the WellRight website whereby you can print a physician form to bring to the visit with you.
2. Be sure that you and your covered spouse has an age/gender cancer screening.
3. You and your covered spouse must be tobacco free or complete a tobacco cessation program.

WellRight website registration

Complete wellness activities on your WellRight website at <https://crmc.wellright.com>. Register by using the information exactly as it appears on your Personify Health® ID card. If you have a middle name or initial on the ID card, enter that on the first name box. Your unique ID is your member ID.

Spouse health plan registration

Spouses will need to register after the employee. Go to <https://crmc.wellright.com>. Select *I am related to the member*. Use the employee's email address they used during their registration process as the primary email.

Mobile app

Prefer to participate in the wellness program on your smartphone? Download the WellRight app in the iOS App Store®, Google Play Store™, or by scanning the QR code below and create an account. You will need to use the company code, **CRMC**, during registration.



If you are on the Aetna medical plan, you will use your four-digit employee number as your unique ID.

Be sure to make your wellness appointment with your primary care physician as soon as possible!

WellRight Wellness Program

For each wellness activity you complete, you will earn points towards earning electronic gift cards. You can earn the electronic gift cards and choose which gift cards you want to redeem for incentives right on your Healthy Merits website.

How to access your Rewards Mall

1. Click on your profile icon in the right-hand corner of your screen.
2. Click on *Redeem Rewards*.
3. Go shopping for e-gift cards.

Please note: these gift cards are subject to be included as taxable income and will be included on your 2026 W-2.

All gift cards Must be Redeemed by December 31, 2026 and or will be forfeited.



Employee activities

Qualifying activities	Description	Points	Maximum points	Rewards mall gift card amount
AgeGage—health assessment	Complete your AgeGage online health assessment at https://crmc.wellright.com .	10	10	\$10
SayAah—preventive visit	Complete a preventive visit with a health care provider. Self-report at https://crmc.wellright.com .	25	25	\$25
HealthyU—university courses	Complete four online university courses at https://crmc.wellright.com .	10	10	\$10
Healthy Life Clinic—Initial Visit	Participate in the Healthy Life Clinic to help manage your chronic condition(s) and receive medication support. To schedule a consultation, simply call 1.912.383.5630 . Please allow four-to-six weeks for this to show as complete.	100	100	\$100
Healthy Life Clinic — Follow Up Visit	Participate in follow up visits with the Healthy Life Clinic to help manage your chronic condition(s) and receive medication support. To schedule a consultation, simply call 1.912.383.5630 . Please allow four-to-six weeks for this to show as complete.	10	120	\$10 visit maximum \$120

Physical activity	Please note: You may only earn incentives for either the CRMC wellness visits or the physical activity tracking. You won't be rewarded for both activities. You may earn up to a maximum of \$25 per month.			
Attend the CRMC wellness center	Exercise 10 times per month at the CRMC Wellness Center. Please allow four-to-six weeks for this to show as complete.	25 points per month	300 points	\$25 per month maximum \$300
Moveit or Step to it	Exercise three times per week for 30 minutes and manually track your physical activity on the Healthy Merits website or mobile app. Alternatively, sync your wearable device and achieve 30,000 steps per month.	25 points	300 points	\$25 per month
Maximum Incentives Potential			565 points	\$580

Spouse activities

Qualifying activities	Description	Points	Maximum points	Rewards mall gift card amount
Healthy Life Clinic— Initial Visit	Participate in the Healthy Life Clinic to help manage your chronic condition(s) and receive medication support. To schedule a consultation, simply call 1.912.383.5630 . Please allow four-to-six weeks for this to show as complete.	100	100	\$100
Healthy Life Clinic — Follow Up Visit	Participate in follow up visits with the Healthy Life Clinic to help manage your chronic condition(s) and receive medication support. To schedule a consultation, simply call 1.912.383.5630 . Please allow four-to-six weeks for this to show as complete.	10	120	\$10 visit maximum \$120
Attend the CRMC wellness center	Exercise 10 times per month at the CRMC Wellness Center. Please allow four-to-six weeks for this to show as complete.	25 points	300 points	\$25 per month maximum \$300
Maximum Incentives Potential			565 points	\$520

Questions?

Contact WellRight via email at customerservice@wellnessiq.net.

NicotineFREE



Powered by WellRight

**Coffee Regional
Medical Center**



Become nicotine free with WellRight

Quitting nicotine is one of the best things you can do to improve your health and the health of those around you. We understand how difficult it is to quit. That's why your employer wants you to know you don't have to do it alone. The following tools and resources are available to help you with one of the best decisions you can make—the decision to quit for good!

- Educational online university courses
- Health Risk Assessment
- Personal and community-based health challenges

Get Rewarded

More details about your incentives coming soon!

If you or your spouse uses tobacco products or vapes and would like to be eligible for the incentives, you will need to enroll and complete the NicotineFree Program at <https://crmc.wellright.com>





We speak insurance.

Call the Benefit Resource Center (BRC). We're here to help!

- “Services denied?”
- “Why won’t they pay my claim?”
- “How can my claim still be in process? It’s been two months!”
- “I called my insurance carrier, but now I’m just more confused.”
- “Do I have mail-order prescription benefits?”

Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan, and which aren’t, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service — and more!

Benefits Resource Center

BRCMidwest@usi.com | Toll Free: 855-874-0829 | Monday – Friday • 8am – 5pm EST & CST



Welcome to Personify Health

Because health is personal™

Personify Health reflects our commitment to you, placing you front and center as the hero on your own journey. Personalized and connected. Engaging and empowering. Everything you need in one place.



How can Personify Health help you?

Health Benefits are often complex and can be difficult to understand. Personify Health offers concierge-level customer service to make your experience as seamless as possible.

Personify Health will be your one-stop shop for any questions or concerns you have with your health plan.

Our team can assist you with:

- Your plan status (deductible and out-of-pocket)
- ID cards and explanations of benefits (EOBs)
- Reviewing medical claims
- Finding in-network providers
- Submitting out-of-network claims
- Coordination of benefits and other insurance forms
- Questions regarding benefits

Connecting with Personify Health is easy



Self-service online

On our member platform, you can access digital ID cards for you and your family, view claims, find care, and more.



Live chat

You can also speak with one of our Personal Health Advocates through our Live Chat feature.



Personal Health Advocates

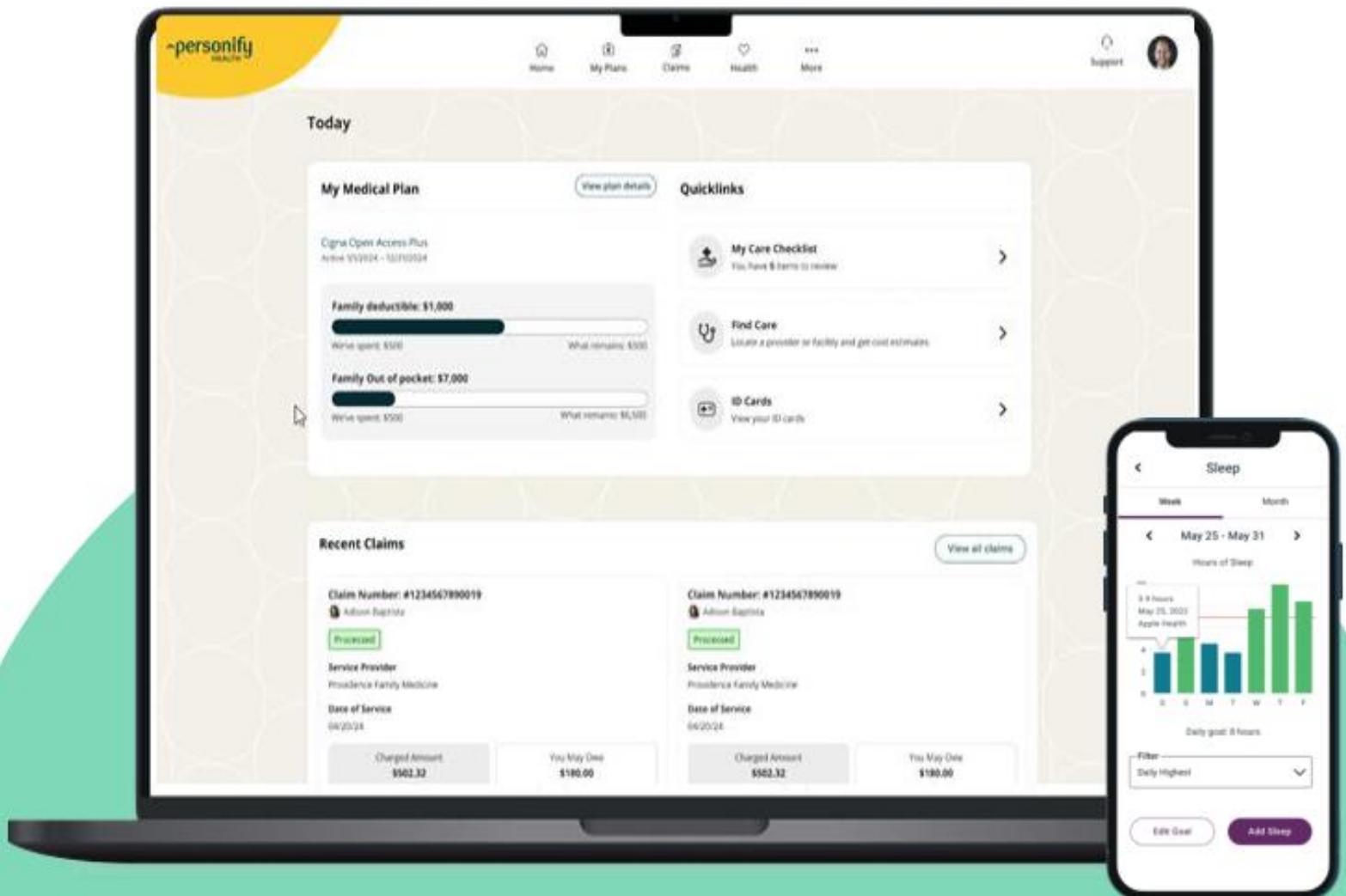
If you have questions about your benefits, you can call the phone number on your ID card. A Personal Health Advocate will help you get the answers you need.

Access your benefits anywhere, anytime.

Our member platform is designed to make your healthcare experience seamless and empower you to take an active role in managing your benefits. Whether you sign in on the web or through our mobile app, you'll have a single point of access to your health plan. You can register for an account once you've enrolled in a health plan.

Member platform features:

- View your plan status (deductible and out-of-pocket)
- Access digital versions of your ID cards and EOBs
- Review medical claims
- Find in-network providers
- Submit out-of-network claims and Other Insurance forms



WE MAKE MEDICARE EASIER FOR YOU



Medicare often leaves people confused with its complicated rules and a wide array of choices. My Benefit Advisor can help you sort through the complexities and the tough decisions to find the solution that is right for you.

Our licensed advisors will compare the price and coverage options that are available to you in the Medicare marketplace. We help guide your decisions in order to save you time and money. Best of all, there is no charge for this service and your rates are the same as buying directly from the insurance carrier.

You Can Count On Us



Education

We take the time to help you understand Medicare and listen to your specific needs before making any recommendations.



Review Plan Options

We have access to a wide variety of insurance providers and plan types to help you select the best policy for your specific needs, including Medigap Plans, Medicare Advantage Plans, Prescription Drug Plans, and more.



Simplifying Enrollment

We reduce the stress of the enrollment process with step-by-step guidance, eliminating the need for paper forms whenever possible.



Annual Review

Each year, we review your unique situation and help you identify whether your current coverage needs to be expanded, reduced, or changed to a more effective option. We are here to serve you, year after year.

If you have any questions about Medicare or need help reviewing your options, please contact Matt Bradley at (610) 897-4442.

[My Benefit Advisor](#)

This document is designed to highlight various employee benefit matters of general interest to our readers. It is not intended to interpret laws or regulations, or to address specific client situations. You should not act or rely on any information contained herein without seeking the advice of an attorney or tax professional. ©2018 My Benefit Advisor. All Rights Reserved. CA Insurance License #0G33244

YOUR BENEFIT CONTACTS

Benefit	Provider	Phone	Website or Email
Medical	Personify Health	(833) 803-5220	login.personifyhealth.com
Prescription Drug Plan	TrueScripts	(812) 257-1955	www.truescripts.com
Dental	Personify Health	(833) 803-5220	login.personifyhealth.com
Vision	EyeMed	(866) 800-5457	www.eyemed.com
Flexible Spending Account (FSA)	Personify Health	See debit card	login.personifyhealth.com
Health Savings Account (HSA)	Douglas National Bank	(912) 384-2233	www.dnbdouglas.com
Basic & Term Life Insurance	Lincoln Financial Group	(800) 423-2765	www.lfg.com
STD, LTD, Critical Illness Insurance	Lincoln Financial Group	(800) 423-2765	www.lfg.com
Accident & Hospital Indemnity Insurance	Lincoln Financial Group	(800) 423-2765	www.lfg.com
Employee Assistance Program	Aetna Resources for Living	(888) 283-6232	www.resourcesforliving.com
Enrollment	Human Resources	(912) 383-5607	Theresa.Hepburn@coffeeregional.com
Benefit Resource Center	USI	(855) 874-0829	brcmidwest@usi.com

Questions?

Please call the USI Benefit Resource Center (BRC) if you have any questions or issues with your Benefits. The BRC is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries.

Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

BRCMidwest@USI.com | 855-874-0829
Monday through Friday, 8:00AM to 5:00PM EST.



Annual Enrollment

Annual Enrollment is November 1st – November 15th, 2025.

Are you ready to choose your benefits for 2026? It's simple to enroll – just follow the steps below.

Step 1: Gather your information.

For a complete, efficient enrollment, you may need some of the information below.

Spouse and children's birth dates and Social Security Numbers.

Your benefits include CRMC paid life insurance, and elective voluntary life insurance. Be sure to have your beneficiaries' names and Social Security Numbers.

Under Healthcare Reform, CRMC must now report covered member's Social Security Numbers to the IRS. It is important that you have this information available for enrollment.

Step 2: Review plan and enrollment materials.

The decisions you make as you enroll in your health plan will affect your future healthcare and finances. Be sure to read all plan information available to determine which plan is best for you and your family. Don't enroll without understanding your options.

Step 3: Complete your enrollment.

As a reminder, we will be using ADP for your online enrollment.

Login to your ADP account. Once you are logged in, you can use the top menu to navigate to Myself>Benefits>Enrollments. This will open up the enrollment page

Keep in mind that the system will not open until November 4th for you to begin your enrollment. If you have any questions during the process, please contact Human Resources, or call the ADP My Life Advisors line.

ADP Comprehensive Services®

MyLife Advisors

Real People, Ready to Help



(855) 547-8508

MyLifeAdvisor@adp.com

- Navigating benefits systems
- Save more and live more
- Preparing for the future
- Understanding MyLife tools

Support available in English or Spanish. M-F, 8am-11:30pm ET





Questions About Your Benefits?

You can also contact your Human Resources Department.

About This Guide. This brochure summarizes the benefit plans that are available to Coffee Regional Medical Center's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

APPENDIX
Lincoln Financial Group
Voluntary Plan Summaries

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov) online** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



What is it?

Hospital indemnity insurance is a supplemental health product that may provide benefits if you or your covered dependent visit a hospital or intensive care unit (ICU) due to a covered illness or injury.

Why is this coverage valuable?

Unexpected expenses can add up after an accident. This coverage provides cash to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.

Your hospital indemnity coverage

Eligibility description	All full-time employees
Contribution	You pay the cost of your coverage.
Core hospital benefits	
Hospital admission: For the initial day of admission to a hospital for treatment of a sickness/an injury	\$1,000 per day for 1 day per calendar year
Hospital confinement: For each day of confinement in a hospital as a result of a sickness/an injury	\$150 per day for 30 days per calendar year, starting on day 2 of confinement
Hospital ICU admission: For the initial day of admission to an ICU for treatment as a result of a sickness/an injury	\$2,000 per day for 1 day per calendar year
Hospital ICU confinement: For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$300 per day for 30 days per calendar year, starting on day 2 of confinement
Confinement benefits	
Newborn care: For each day of confinement to a hospital for routine postnatal care following birth	\$100 per day for 2 days per calendar year
Health assessment/wellness benefit	
Receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization.	\$50
Enhanced benefits	
Hospital NICU admission: Increases the hospital ICU admission benefit for a newborn child's ICU or NICU admission by the percentage shown in the schedule of benefits	25%
Hospital NICU confinement: Increases the hospital ICU confinement benefit for a newborn child's ICU or NICU confinement by the percentage shown in the schedule of benefits	25%
Additional benefits	
Portability if you leave your employer	Included



Preexisting conditions

A preexisting condition includes any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.

Not applicable

Benefit exclusions

Like any insurance, this hospital indemnity policy does have exclusions. The list below provides some common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane¹
- Voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
 - Prescribed or administered by a physician
 - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony
- War or any act of war, declared or undeclared
- Participation in a riot, insurrection, or rebellion of any kind
- Participation in an act of terrorism
- Military duty, including the reserves or national guard
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for group policyholder business, provided:
 - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
 - The pilot has a valid pilot's certificate with a non-student rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred
- Treatment for dental care or dental procedures, unless the treatment is the result of a covered event
- Treatment of a mental illness¹
- Treatment of alcoholism, drug addiction, chemical dependency, or complications thereof¹
- Treatment through experimental procedures
- Travel outside the United States and its possessions for the sole purpose of receiving medical care or treatment
- Participating in, practicing for, or officiating any semi-professional or professional sport
- Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- Being incarcerated in any type of penal or detention facility
- Scuba diving
- Mountaineering or spelunking
- Bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or similar activities
- Skydiving, parachuting, jumping, or falling from any aircraft for recreational purposes
- Residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months

¹ Exceptions to the exclusions are accepted when substance abuse and mental disorder benefits are selected. This is a partial list of benefit exclusions. A complete list is included in the policy. State variations apply.

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Order code: GP-HIOBS-FLI001

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern. Benefits may vary by state, have limits on the number of services provided, or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information.

Group insurance products and services described herein are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is licensed to do so. In New York, insurance products are issued by the Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Limitations and exclusions apply.



Full-Time Employees at Coffee Regional Medical Center

Benefits At-A-Glance

Accident Insurance

The Lincoln Group Accident Insurance:

- Provides cash benefits if you or a covered family member is accidentally injured
- Features group rates for Coffee Regional Medical Center employees
- Benefits are focused on the family, safety and accident prevention

Emergency Treatment	Your Cash Benefit
Ambulance	\$300
Air ambulance	\$1,500
Emergency care	\$200
X-ray (within 60 days of the accident)	\$40 at initial visit
Initial care visit	\$100
Major diagnostic exam	\$200

Fractures*	Your Cash Benefit
Fingers, toes	\$125
Ankle, arm (elbow to wrist), elbow, foot (except toes), hand (except fingers), kneecap, rib, shoulder blade, vertebral process, wrist	\$575
Coccyx, collarbone, lower jaw, sternum	\$675
Arm (shoulder to elbow), bones of the face, nose, upper jaw	\$1,125
Leg (knee to ankle), pelvis, skull non-depressed, vertebral body	\$2,250
Hip, leg (hip to knee)	\$3,375
Skull depressed	\$4,500
Surgical treatment	2x nonsurgical benefit
Chip fracture	25% of fracture benefit

*Fracture benefits listed are nonsurgical. Treatment for the fracture must occur within 90 days of the accident. The combined maximum of all fractures is two times the highest fracture payable.

Dislocations*	Your Cash Benefit
Fingers, toes	\$125
Collarbone (acromio and separation), elbow, hand (except fingers), lower jaw, shoulder, wrist	\$575
Ankle, collarbone (sternoclavicular), foot (except toes)	\$1,125
Knee (except kneecap)	\$2,250
Hip	\$3,375
Surgical treatment	2x nonsurgical benefit
Partial dislocation	25% of dislocation benefit

*Dislocation benefits listed are nonsurgical. Treatment for the dislocation must occur within 90 days of the accident. The combined maximum of all dislocations is two times the highest dislocation payable.

No money is due at enrollment. Your premium simply comes out of your paycheck.

Benefits At-A-Glance

Specific Injuries	Your Cash Benefit
Blood, plasma, platelets	\$375
2 nd or 3 rd degree burns: based upon surface area burned	\$100-\$10,000
Skin grafts	25% of burn benefit
Concussion	\$150
Dental crown	\$150
Dental extraction	\$75
Eye (surgical repair)	\$300
Eye (removal of foreign object)	\$150
Laceration: based upon the need for and length of sutures	\$35-\$400
Traumatic brain injury	\$5,000
Surgical benefits:*	
Arthroscopic	\$150
Cranial Hernia	\$1,125
Thoracic/open abdominal	\$150
Ligaments, tendons, rotator cuff	\$1,500
Knee cartilage	\$750
Ruptured disc	\$750
Surgical repair under general anesthesia	\$750
Surgical repair under conscious sedation	\$225
	\$125

*Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.

Hospitalization and ongoing care	Your Cash Benefit
Accident hospital admission	\$1,250
Accident intensive care admission	\$2,000
Accident hospital daily confinement	\$300
Accident intensive care daily confinement	\$600
Alternative care/rehab facility daily confinement	\$200
Physician follow-up visits (up to 2 visits)	\$100
Physical, occupational and chiropractic therapy (up to 6 sessions)	\$50
Epidural/cortisone pain management (up to 1 injection)	\$100
Medical mobility devices	\$100
Wheelchair (expected use less than one year)	\$200
Wheelchair (expected use one year or more)	\$400
Prosthesis (per limb)	\$1,000

Benefits At-A-Glance

Recovery assistance	Your Cash Benefit
Family care	\$75
Companion lodging (100+ miles from home)	\$150 per night up to 30 nights
Transportation (100+ miles from home)	\$300 per trip up to three trips

Moving Vehicle Benefits	Your Cash Benefit
Moving vehicle injury	\$150
Moving vehicle death	\$3,750
Safe driver injury/death: seat belt	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: air bag	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit
Safe rider: other helmet (bicycle, scooter, skateboard, etc.)	\$150



Full-Time Employees at Coffee Regional Medical Center

Benefits At-A-Glance

Critical Illness Insurance

The Lincoln Critical Illness Insurance plan:

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event while insured under this plan
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for Coffee Regional Medical Center employees
- Includes access to a Personal Health Advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

Coverage for you

Critical Illness Insurance Employee	
Guaranteed coverage amount	\$20,000
Maximum coverage amount	\$20,000 (in increments of \$5,000)
Minimum coverage amount	\$5,000

Guaranteed Coverage Amounts

- You can choose a coverage amount up to \$20,000 without providing evidence of insurability (documentation of your health history).
- Benefits for covered critical illnesses diagnosed on or after age 70 will be reduced by 50%.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.

Coverage for your spouse

You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

Critical Illness Insurance Spouse	
Guaranteed coverage amounts	\$10,000
Maximum coverage amount	50% of the employee coverage amount up to \$10,000 in increments of \$5,000
Minimum coverage amount	\$5,000

No money is due at enrollment. Your premium simply comes out of your paycheck.



Benefits At-A-Glance

Guaranteed Coverage Amount

- You can choose a coverage amount up to \$10,000 for your spouse without providing evidence of insurability (documentation of your spouse's health history).
- Benefits for covered critical illnesses diagnosed on or after age 70 will be reduced by 50%.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required. See the Evidence of Insurability page for details.}

Coverage for your dependent children

Your dependent children automatically receive 25% of your coverage amount at no extra cost.

Core Benefits

Covered Conditions	
Heart attack	100%
Stroke	100%
Invasive Cancer	100%
Renal (kidney) failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Additional childhood conditions	100%
Arterial/vascular disease	25%
Noninvasive cancer (in situ)	30%
Skin Cancer (other than melanoma)	\$250 per lifetime
Supplemental Conditions	
AIDS	100%
Advanced ALS/Lou Gehrig's disease	25%
Advanced Alzheimer's disease	25%
Advanced Parkinson's disease	25%

Accidental Injuries Benefit

Severe burns, permanent paralysis or traumatic brain injuries	100%
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Benefits At-A-Glance

Recovery Assistance	Your Cash Benefit
Family Care Benefit	\$25 per day for up to 30 days
Lodging (when 100+ miles from home)	\$100 per night for up to 15 nights
Transportation (when 100+ miles from home)	\$200 per trip for up to 2 trips

Health Assessment	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening or immunization	\$50 in year 1, \$75 in year 2 and \$100 in years 3+

Additional Plan Feature(s)	
Health Advocate Services	Included
Portability	Included

Note: See the policy for details and specific requirements for each of these features.

Benefit Exclusions

The plan includes only covered conditions or losses that are diagnosed while this insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. committing or attempting to commit a felony;
3. war or any act of war, declared or undeclared;
4. participation in a riot, insurrection or rebellion of any kind; or
5. a covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

During the first 12 of coverage benefits will not be payable for a pre-existing condition. A "pre-existing" condition is one in which you or an insured dependent receive treatment during the 12 months prior to the effective date of coverage. Treatment means consultation, care, and services provided or prescribed by a Physician for which symptoms exist.

If you are a participant in a Critical Illness plan which this plan replaces and are diagnosed with a pre-existing condition, we will consider whether the condition was payable under the prior plan when determining if it will be payable under this plan.

A complete list of benefit exclusions is included in the policy. State variations apply.



Coffee Regional Medical Center

Benefits At-A-Glance

All Full-Time and Regular Part-Time Employees

Voluntary Short-term Disability Insurance

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 24/ 25 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for employees
- Provides a partial cash benefit if you can only do part of your job or work part time
- Offers a fast, no-hassle claims process

Voluntary Short-term Disability – Option 1

Weekly benefit amount	60% of your weekly salary, limited to \$1,200 per week
Sickness elimination period	Seven days
Accident elimination period	Seven days
Maximum coverage period	25 weeks

Voluntary Short-term Disability – Option 2

Weekly benefit amount	70% of your weekly salary, limited to \$1,200 per week
Sickness elimination period	Seven days
Accident elimination period	Seven days
Maximum coverage period	25 weeks

Voluntary Short-term Disability – Option 3

Weekly benefit amount	60% of your weekly salary, limited to \$1,200 per week
Sickness elimination period	14 days
Accident elimination period	14 days
Maximum coverage period	24 weeks

Voluntary Short-term Disability – Option 4

Weekly benefit amount	70% of your weekly salary, limited to \$1,200 per week
Sickness elimination period	14 days
Accident elimination period	14 days
Maximum coverage period	24 weeks

Sickness Elimination Period: You must be out of work for seven days due to an illness before you can collect disability benefits. You can begin collecting benefits on day eight.

Accident Elimination Period: You must be out of work for seven days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day eight.

Recurrent Disability Benefits

If you become disabled for the same condition within 14 days following your prior disability, your benefits will continue under the same claim.

Additional Plan Benefits	
Rehabilitation Assistance	Included
Family Income Benefit	Included
Portability	Included
Premium Waiver	Included

Evidence of Insurability

- When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for six months.

Benefit Exclusions & Reductions

Like any insurance, this short-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- Sick pay from your employer
- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

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What is it?

Long-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your long-term disability coverage

Eligibility description	All full-time and regular part-time employees																								
Contributions	You pay the cost of your coverage.																								
Coverage amount	60% of your monthly earnings to a maximum of \$10,000 per month																								
Maximum benefit period	<p>Social Security Normal e (SSNRA) or maximum Retirement Agbenefit whichever is period outlined below, later:</p> <table border="1"> <thead> <tr> <th>Age at disability</th> <th>Maximum benefit period</th> </tr> </thead> <tbody> <tr> <td>Under 60</td> <td>To age 65</td> </tr> <tr> <td>60</td> <td>60 months</td> </tr> <tr> <td>61</td> <td>48 months</td> </tr> <tr> <td>62</td> <td>42 months</td> </tr> <tr> <td>63</td> <td>36 months</td> </tr> <tr> <td>64</td> <td>30 months</td> </tr> <tr> <td>65</td> <td>24 months</td> </tr> <tr> <td>66</td> <td>21 months</td> </tr> <tr> <td>67</td> <td>18 months</td> </tr> <tr> <td>68</td> <td>15 months</td> </tr> <tr> <td>69+</td> <td>12 months</td> </tr> </tbody> </table>	Age at disability	Maximum benefit period	Under 60	To age 65	60	60 months	61	48 months	62	42 months	63	36 months	64	30 months	65	24 months	66	21 months	67	18 months	68	15 months	69+	12 months
Age at disability	Maximum benefit period																								
Under 60	To age 65																								
60	60 months																								
61	48 months																								
62	42 months																								
63	36 months																								
64	30 months																								
65	24 months																								
66	21 months																								
67	18 months																								
68	15 months																								
69+	12 months																								
Elimination period	180 days																								
Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions.	Health statement may be required.																								
Preexisting condition(s): Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 months lookback; 12 months after effective date of coverage																								
Premium waived if disabled: Premium won't need to be paid when you're receiving benefits.	Yes																								
Progressive income benefit	Included																								
Family care expense	Included																								
EmployeeConnectSM services: Gives you and your family confidential access to counselors, along with personal, legal, and financial assistance.	Included																								



Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot
- Your disability occurs while you're imprisoned for committing a felony
- Your disability occurs while you're residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you're eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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Coffee Regional Medical Center

Benefits At-A-Glance

All Full-Time and Regular Part-Time Employees

The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death or if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Features group rates for employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- Also includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

Employee Life	
Coverage Options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings (rounded up to the nearest \$10,000) or \$500,000
Minimum coverage amount	\$10,000
Guaranteed Life coverage amount	\$300,000
Your coverage amount will reduce by 35% when you reach age 70; and an additional 15% of the original amount when you reach age 75. Benefits end when you retire.	
Spouse Life	
Coverage Options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Minimum coverage amount	\$5,000
Guaranteed Life coverage amount	\$30,000
Coverage amounts are reduced by 35% when you reach age 70; and additional 15% of the original amount when you reach age 75. Benefits end when you retire.	
Dependent Child(ren) Life	
At least 14 days but under six months	\$1,000
At least six months but under 26 years	Increments of \$1,000 to a maximum of \$10,000

What your benefits cover

Employee Coverage

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$300,000 without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase your coverage amount by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to the lesser of five times Annual Earnings or \$500,000. Evidence of Insurability may be required for voluntary life coverage. See the Evidence of Insurability page for details.

Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

Guaranteed Life Insurance Coverage Amount

- Initial Open Enrollment: When you are first offered this coverage, you can choose a coverage amount up to \$30,000 for your spouse without providing evidence of insurability.
- Annual Limited Enrollment: If you are a continuing employee, you can increase the coverage amount for your spouse by two levels without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.
- If you decline this coverage now and wish to enroll later, evidence of insurability may be required and may be at your own expense.

Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$250,000 for your spouse. Evidence of Insurability may be required.

Dependent Child(ren) Coverage - You can secure term life insurance for your dependent children when you choose coverage for yourself.

Guaranteed Life Insurance Coverage Options:

- You can choose a coverage amount up to \$1,000 if at least 14 days but under six months, \$10,000 if at least six months but under 26 years for your child(ren).

Additional Plan Benefits Included with Life Coverage

Waiver of Premium	Included
Portability	Included
Accelerated Death Benefit	Included
Conversion	Included

Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.



Evidence of Insurability (EOI)

Instructions for online submission



What is EOI and when is it needed?

EOI is the information we use to determine your eligibility when you're purchasing insurance. We require EOI if you're:

- Buying an insurance amount higher than the guaranteed issue amount for your plan
- Already enrolled and want to increase coverage



Get started

1. Follow the link in your enrollment notification to begin.
2. Your information may pre-populate on Lincoln's portal. Review it and ensure that the portal is displaying the correct coverage type you're applying for. If you have questions, please contact your human resources representative.
3. Select **Complete Evidence of Insurability**.
4. Answer questions about you (and family members, if applicable) including:
 - General applicant information, such as birthdate, height, and weight
 - Qualifying questions, including if you or other applicants have been diagnosed with a disease or are prescribed medications for a health condition
 - Medical questions – if you or other applicants have a health condition, we may need more information, such as the name, diagnosis date, and treatments.
5. Review your responses, then electronically sign and submit your application. Save your confirmation.

Submitting EOI made easy

- Minimal questions**
Lincoln's online questionnaire adjusts to your responses so you only answer questions relevant to you.
- Guided support**
Quick tips and search-as-you-type features help you choose quick and appropriate responses.
- Instant confirmation**
You'll receive an email confirming your application and in some cases, you may be automatically approved.



What happens next?

In some cases, you may be automatically approved for coverage. Otherwise, we'll review your application and contact you if more information is required. In all cases, we'll notify you of your application outcome. **Your employer should not deduct premiums until Lincoln approves the coverage.**



Questions?

For more information, contact your Human Resources department.



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