


2024 New Hire Benefits Guide

Learn about your benefits and the resources we offer to help you know more, choose better and live well.



Know more.
Choose better.
Live well.

Ardent offers a comprehensive choice of benefits to promote well-being and financial security for you and your family. This guide provides a summary of your benefits and your choices for the 2024 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

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Welcome to Ardent Health

Caring for your own health and well-being is critical to Ardent's mission. Here at Ardent we provide premier health care services with compassion for our patients and their families, with respect for our employees, with accountability for our fiscal and ethical performance, and with responsibility to the communities we serve. To these ends, we offer you a robust benefits package and other resources that help you take care of yourself and your family.

This is your opportunity to evaluate the programs and plans available to you and to choose the coverage that's right for you and your family.

New Hire Benefits Enrollment

As a new employee, you have 31 days from your date of hire to enroll in your employee benefits. Your coverage will become effective on the first day of the month following 30 days of continuous active employment.

For example, if your first day as a new employee is February 12, your coverage will begin on April 1. Benefit elections cannot be changed during the plan year unless you experience a Qualified Life Event. We encourage you to review all your benefits choices and make your decisions wisely.



Your Enrollment Checklist

1. Review this guide to learn about your options

Visit www.getardentbenefits.com for additional information.

2. Enroll within 31 days of your hire date

Gather your dependents' information. You will need dates of birth and Social Security numbers for each of your dependents when you enroll.

3. Create your account in the Ardent enrollment portal

To provide online safety and to better protect your personal information, our enrollment tool uses two-factor authentication which provides an extra layer of security to prevent someone from logging into your account even if they have your password.

Please follow these steps to access the benefits enrollment portal and register your account:

- Visit www.getardentbenefits.com/enroll. Select "First time user? Create an account."
- Enter your Social Security number, which will link your login to your record in our enrollment tool.
- You will need to confirm your personal information and answer two out of three security questions correctly.
- You will be asked to verify both your email address and personal phone number.
 - You will receive an email with a six-digit verification code. If you don't see it in your inbox, check the spam or junk mail folders. Use the code to verify your email address.

– You can verify your phone number via text or call. If you request a text code, you will receive a six-digit code via text. If you request a call, press # when prompted on the call to finish your authentication.

- Create a password for your account. It must be at least eight characters long and include:
 - An uppercase letter
 - A lowercase letter
 - A number and/or symbol
- Accept the terms on the online authorization.
- To return to the enrollment site, enter your email address as your user ID and enter your password. Select how you want to receive the verification code (email or phone). Enter the code to verify your information.

If you have problems logging in, please call the Ardent Benefits Service Center at 855-787-0668.

4. Review and confirm your choices

- Review your benefits elections
- Make sure to submit your elections
- Print and retain a copy of your benefits summary page

5. Verify your dependents

You must verify your enrolled dependents. You will receive a communication from the Ardent Benefits Service Center about the required documentation and the steps you must take to complete the dependent verification process.



The Easy Way to Enroll

The easiest way to choose and enroll in your Ardent benefits is through our self-service website at www.getardentbenefits.com/enroll. These user-friendly tools will help you compare the available benefit plans and make educated decisions about your benefit selections. The site is customized with information about you, including plan cost information and Wellness Program rewards (depending on the timing of your screening). Our enrollment site is a one-stop shop that links to all your benefits.

For assistance creating or retrieving your username or password or if you have problems logging in, please call the Ardent Benefits Service Center at [855-787-0668](tel:855-787-0668).

Your Benefit Program

Ardent offers you and your family comprehensive and valuable benefits and resources. Some benefits are provided and paid by Ardent; optional benefits require you to enroll and make your selection.

Company Paid Benefits

- Basic Life and AD&D
- Basic Long-Term Disability (LTD)
- Employee Assistance Program (EAP)
- Personal Time Off (PTO)
- Short-Term Disability (STD)*
- Extended Illness Leave

Optional Benefits

- | | |
|------------------------------------------------------------------------------------|-------------------------------------|
| • Medical and Prescription Coverage | • Dependent Life and AD&D Insurance |
| • Dental Coverage | • Hospital Care Insurance |
| • Vision Coverage | • Short Term Disability |
| • Flexible Spending Accounts | • Long Term Disability |
| • Health Savings Accounts | • Legal Plan |
| • Employee Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance | • Critical Illness Insurance |
| | • Identity Theft Protection |
| | • Pet Insurance |
| | • 401(k) Savings Plan |

* The University of Kansas Health System St. Francis Campus team members only.

Who Is Eligible?

Full-time or regular part-time employees working at least 20 hours per week become eligible for benefits on the first of the month following 30 days of continuous active employment.

Certain employees with variable work schedules may be eligible for medical benefits only due to requirements under the Affordable Care and Accountability Act (ACA). Variable hour employees will be notified if eligible.

Dependent Coverage

You may cover your spouse or domestic partner and your eligible dependent children up to age 26.

An eligible dependent includes:

- Your legal spouse - an eligible dependent spouse does not include an individual from whom you have obtained a legal separation or divorce
- Your domestic partner - as long as he or she meets the definition of domestic partner as stated in the Domestic Partner Affidavit
- A dependent child until the child reaches his or her 26th birthday

The term "child" includes the following dependents:

- A natural biological child
- A stepchild
- A legally adopted child or a child legally placed for adoption as granted by action of a federal, state, or local governmental agency responsible for adoption administration or a court of law if the child has not attained age 26 as of the date of such placement
- A child or grandchild under your (or your spouse's or domestic partner's) legal guardianship as ordered by a court; if such child or grandchild is under your domestic partner's legal guardianship and is not also your tax dependent, your domestic partner must be properly enrolled in the Plan for such child or grandchild to be enrolled in the Plan
- A child who is considered an alternate recipient under a QMCSO
- A child of a domestic partner (provided such domestic partner is properly enrolled in the Plan)

Important: Spouses or domestic partners who have medical coverage available through their own employer must enroll in their employer's plan for primary medical coverage. If you enroll your spouse/domestic partner, coverage under the Ardent medical plan will be secondary.

If your spouse/domestic partner is not employed, is self-employed without access to coverage, or is employed but not eligible for coverage in his/her employer's medical plan, you can enroll your spouse/domestic partner, and coverage under the Ardent medical plan will be primary.

If you are enrolling your spouse or domestic partner in Ardent's medical coverage, you must answer the Spousal/Domestic Partner Employment Verification question during your benefits enrollment. If applicable, your spouse's or domestic partner's employer may be asked to verify eligibility for coverage under the employer's plan.

Keep in mind that you cannot receive coverage under **any plan** as both an employee and a dependent of an employee or as dependent of more than one employee. For more detailed information about the benefits described in this benefits booklet, refer to the Summary Plan Descriptions (SPDs) located on www.getardentbenefits.com.

Dependent Verification

You will be required to provide proof of eligibility when you first enroll your dependents for coverage. Acceptable documentation must be submitted within 30 days from the enrollment date. The Ardent Benefits Service Center will send you communication by email or regular mail about the required documentation and the steps you must take to complete the dependent verification process. You can also visit the [Ardent Benefits Portal](#) and select the alert tab on the top right of the navigation screen to review the Dependent Verification Documents information.

If you do not verify dependent eligibility within 30 days of enrollment, elected coverage for your dependent(s) will be terminated, and they will not have coverage for the plan year.

When Coverage Begins

- New hires are eligible the first of the month following 30 days of employment
- Employees who have a status change are eligible the first of the month following the status change
- Annual Enrollment - changes made during annual enrollment are effective on January 1 of each new plan year

Making Benefits Changes During the Year

In most cases, you may not make changes to your benefits choices during the year unless you have a Qualified Life Event. Examples of a Qualified Life Event are:

- Marriage, divorce or legal separation
- Birth, adoption or legal guardianship of an eligible child
- Death of a spouse/domestic partner or a child

- Changes in your spouse's/domestic partner's work status
- You or your spouse/domestic partner have changes in work hours that affect benefits eligibility (such as from full-time to part-time)
- A change in your child's eligibility for benefits
- Your or your qualified dependents' health coverage changes significantly (including loss of eligibility or loss of other coverage)

You must make benefits changes within 31 days of the date of your event by going to the [Ardent Benefits Portal](#) and selecting the *Change in your Family?* option.

All changes must be consistent with the event, and you will be required to submit proof of your life event and, if applicable, dependent verification documents. Once you've submitted your change via the Ardent Benefits Service Center, you will receive a message with instructions on what documentation is needed and how to upload or submit it.

Ardent reserves the right to deny benefits changes if you do not submit your request for changes properly and in a timely manner. Your new elections will be effective on the date your life event occurred. Retroactive payroll deductions may be due.

Leave of Absence - Continuation of Benefits

If you are on an approved unpaid leave of absence, you must continue to pay your share of the premiums for coverage to stay active. If you are on a paid leave, your premiums will be deducted through payroll.

If you are not receiving pay from us with benefits deductions, then you must pay the premiums directly to Ardent on a post-tax basis. You will receive a monthly direct bill and will be able to send a check or make payments online. Payment instructions will be provided on your monthly invoice. Payroll deductions will resume once your status is returned to active employment.

Wellness Program

The Ardent Wellness Program offers you an opportunity to learn important information about your health status and save money. If you and your spouse or domestic partner who are enrolled in the medical plan complete the health risk assessment, get a health screening, and meet specific health goals, you and your spouse/domestic partner can earn discounts toward your medical premiums.

Participation in the program is voluntary and confidential. Our wellness program will reward you for achieving health goals that directly reduce your risk for metabolic syndrome. Metabolic syndrome is a group of five conditions that can lead to heart disease, diabetes, stroke, and other health problems. Metabolic syndrome is diagnosed when someone has three or more of the following risk factors:

- High blood glucose (sugar)
- Low Levels of HDL (“good”) cholesterol
- High levels of triglycerides
- Large waist circumference or “apple -shaped” body
- High blood pressure

Although these risks are significant, there is good news. Metabolic syndrome can be treated, and the risk of cardiovascular events can be reduced. If you want to earn wellness credits, you and/or your covered spouse/domestic partner will each need to:

Complete the tobacco use attestation to earn:

\$50/month: Tobacco/Nicotine Free status

Complete your biometric screening to earn:

\$50/month: Waist Circumference:
 ≤ 35” (female), ≤ 40” (male)

\$50/month: Achieve at least 2 of the 4 following measures:

Biometric	Measure
Fasting Blood Glucose	< 100 mg/dl
Triglycerides	< 150 mg/dl
HDL Cholesterol	≥ 50 mg/dl (female); ≥ 40 mg/dl (male)
Blood Pressure	≤ 130 mmHG systolic AND ≤ 85 mmHG diastolic



Complete your Know Your Numbers Questionnaire

The Know Your Numbers Questionnaire is an optional health survey that pairs with your biometric results to provide you with an insightful health risk score and report.

Important Deadlines

New hires - To qualify for wellness credits, you and/or your covered spouse/domestic partner must register and complete the screening within 60 days of your hire date.

Qualified Life Event (QLE) - To qualify for wellness credits, you and/or your covered spouse/domestic partner must register and complete the screening within 60 days of your QLE.

Note: If you are unable to meet any goal(s) under this wellness program, you might qualify to earn rewards with an alternative goal. In addition, if it is unreasonably difficult due to a medical condition for you to meet any of the goals, or if it is medically inadvisable for you to complete the requirements for this program, there may be alternative ways to qualify. We will work with you (and, if you wish, with your doctor) to find an alternative program with the same reward that is right for you in light of your health status. Visit www.mypathwaytohealth.com or call 1-800-550-2427 to learn more.

How to Participate

Please visit www.mypathwaytohealth.com.

If you already have an account, select log in, enter your username, then enter your password.

To register as a new user, Select “Register Your Account” and enter your:

- Employer Code: Ardent
- Participant’s Last Name: For example, Smith
- Participant ID: Ardent Employee ID

Your spouse/domestic partner should enter their last name for the Participant’s Last Name (for example Roberts) and your Ardent Employee ID plus the letter **S** for the participant ID (for example: 123456**S**).

There are three screening options available for you to select:

- On-site (free) - We offer convenient on-site screenings at select locations. Check the Action list on My Pathway to Health (MPTH) to verify availability and sign up
- LabCorp Facility (free) - You must visit the location you selected from MPTH. Visiting a location other than the one you select from MPTH will delay the processing of your labs
- Provider Screening Form - Download the Provider Screening Form for your provider to complete. Please check with your health care provider and insurance carrier about the costs, if any, prior to scheduling your screening

Use the QR code below to download the mobile app.



Medical Plan Choices

Ardent offers several medical plans from which to choose, including: A Preferred Provider Organization (PPO) plan, an Exclusive Provider Organization plan (EPO)*, Open Access Plan (OAP) with value-based pricing and a High Deductible Health Plan (HDHP). UMR and HealthScope administer these plans.

The key to choosing the best plan for you and your family is to understand how plans work to make the most of your coverage and savings opportunities. Each plan covers the same services, but differs in the amount deducted per paycheck, your cost when receiving care, and how care is covered.

Ardent's medical plans offer different* network tiers:

Ardent Network - Ardent offers employees the best costs at facilities and providers that are part of our company; employees will pay the least when they see Ardent Network providers.

UHC Choice Plus Network - You may choose any provider you'd like to see in the UHC Choice Plus Network, without a referral, for a lower cost than an out-of-network provider.

Out-of-Network - You'll pay the most when seeing an out-of-network provider.

Open Access - Allows you the freedom to see any provider with a built-in price protection.

* Some network tiers might not be available based on the plan option or plan selected. As a reminder, there is no out-of-network coverage for the EPO Basic plan except for emergencies.



Your medical plan options:

High Deductible Health Plan (HDHP)

A HDHP has lower premiums and higher deductibles than traditional plans. In the HDHP, you must pay all costs from providers up to the deductible amount, then this plan begins to pay at the coinsurance level. This plan offers three network tiers: The Ardent Network, UHC Choice Plus Network, and Out-of-Network.

If you elect the HDHP, you can enroll in a Health Savings Account (HSA) to pay for eligible health care expenses with tax-free dollars. Ardent will match your HSA contribution - up to \$500 for individual coverage and up to \$1,000 for all other coverages.

Preferred Provider Organization (PPO)

PPO is a type of health plan that lets you choose where you go for care, without a referral from your primary care physician. A PPO plan is a traditional plan with copays, coinsurance, and deductibles. This plan offers three network tiers: The Ardent Network, UHC Choice Plus Network, and Out-of-Network.

If you elect a PPO plan, you can contribute to a Health Care Flexible Spending Account (FSA) to pay for eligible expenses with pre-tax dollars.

Exclusive Provider Organization (EPO) *

An EPO plan offers members in-network coverage only. EPO plans don't cover out-of-network care unless it's an emergency. The plan does not require a referrals from your primary care physician. This plan has copay, coinsurance and deductibles and offers two network tiers: The Ardent Network and UHC Choice Plus Network.

If you elect the EPO plan, you can contribute to a Health Care Flexible Spending Account (FSA) to pay for eligible expenses with pre-tax dollars.

Open Access Plan (OAP) with Value-Based Pricing

Open Access Plans offer similar benefits to PPO plans. This plan does not require a referral from your primary care physician and has copays, coinsurance, and deductibles. This plan offers two network tiers, the Ardent Network and the Open Access which allows you the freedom to see any provider with built-in price protection.

If you elect the OAP, you can contribute to a Health Care Flexible Spending Account (FSA) to pay for eligible expenses with pre-tax dollars.

*The EPO plan is only available for Nashville-based or remote employees. Refer to the [Ardent Benefits Portal](#) to determine which plans are available to you.



What is Value-Based Pricing?

Value-based pricing is a health plan strategy where the health plan sets a ceiling on the amount it will cover for a procedure rather than having the provider determine the cost. After a healthcare service, the claim is processed and providers will be sent an adjusted reimbursement with an explanation. Most of the time, providers accept the plan's payment.

How does Value-Based Pricing work?

The cost for the same procedure can vary by provider or facility. For example, the cost of an MRI might range between \$900 to \$5,000 or more. However, the quality of the procedure and care provided is basically the same. Value-based pricing eliminates the difference in pricing with a set amount and ensures that patients receive quality care at a more affordable cost, while paying the providers a fair payment for their services.

In the Open Access Plan with value-based pricing, you have access to the Ardent Network. You can also select contracted providers through Partners Direct Health (PDH) and have the freedom to see any other provider with built-in price protection. Your medical claims will be reviewed to make sure you only pay what's fair and reasonable. While some providers may receive a payment lower than what they billed, most accept the plan's payment.

Occasionally, your provider might bill you for more than the out-of-pocket responsibility listed on your Explanation of Benefits (EOB). This is called a balance bill. If you receive a balance bill, you will need to notify Quantum Health so they can work with the provider to resolve the issue on your behalf.

Here's how to identify a balance bill

After receiving medical care, you will first receive an EOB from your health plan and then a bill from your provider sent by the doctor or health facility. Compare the "amount you owe" on the EOB to the provider bill.

If the amounts listed don't match, you have a balance bill. If you receive one, call Quantum right away so they can work on your behalf to resolve it with the provider.

Quantum Health

Making sense of your benefits, costs, and claims can get complicated fast. That's where Quantum Health can help.

Think of your Quantum Health Care Coordinators as your personal team of nurses, benefits experts and claim specialist who will do all they can to support your unique healthcare needs. One place to turn when you need assistance, one number to call, one app for self-service help and one team of experts dedicated to helping you and your covered members. The Care Coordinators can help you with anything related to your healthcare and benefits. No question is too big or too small.

What a Care Coordinator can do for you:

- Verify coverage
- Obtain pre-certifications
- Help you get a new ID card
- Answer claims, billing, and benefits questions
- Find in-network providers
- Contact providers to discuss treatment
- Advocate for your care
- Help manage chronic conditions
- Help reduce unnecessary, out-of-pocket costs
- Create health improvement plans
- Provide health education resources

Set up your Quantum Member Portal to get started

Register for your Quantum Health member portal. After you register, you'll be able to access claims, search for an in-network provider, and print and save a copy of your ID card.

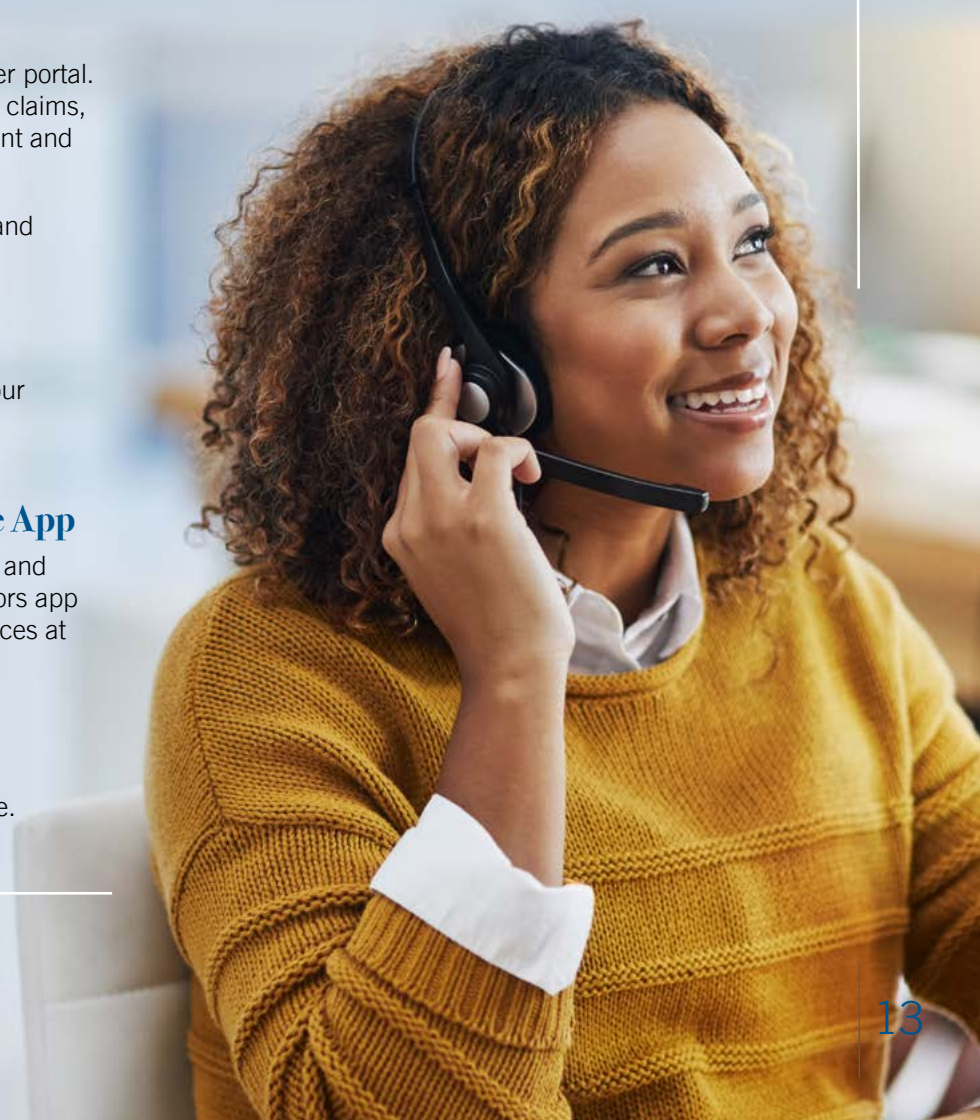
1. Go to ardentcarecoordinators.com and select Register.
2. Provide the information requested.
3. Select Next.
4. A verification code will be sent to your choice of phone or email address.
5. Enter the verification code.

Download the Quantum Mobile App

Go to the Apple App Store or Google Play and download the MyQHealth Care Coordinators app and have all your Quantum Health resources at your fingertips.

Still have questions?

Call 888-295-9299 or go to ardentcarecoordinators.com to learn more.



Prescription Coverage

All plans include prescription drug coverage, but costs differ, depending on the plan you select. OptumRX administers our prescription drug benefits. OptumRX will help you fill, refill, understand and manage your prescriptions. OptumRX offers a convenient home delivery service and in-store pickup for receiving prescription drugs that you take on an ongoing basis. You can manage your prescriptions and track orders 24/7 at the [OptumRX](https://www.optumrx.com) website.

Visit [OptumRX.com](https://www.optumrx.com) to find participating pharmacies.

Get the Most from Your Plans

Get Care at an Ardent Facility

Ardent offers employees the best costs at facilities and providers that are part of our company and at some designated partner facilities. While not all specialties and services are available in the Ardent Network, employees will pay the least when they see Ardent Network providers. You also support our company and our team members!

Participate in The Wellness Program

You're eligible to earn significant rewards toward your medical premiums and get important information about your health when you participate in our Wellness Program.

Maximize Your Preventive Care Benefits

Preventive care—including immunizations and annual physicals—can keep you from getting seriously ill. Take advantage of preventive care services to help you maintain your health and prevent disease.

All Ardent medical plans cover in-network preventive care services, such as annual check-ups, immunizations, and age-appropriate screenings at 100 percent, so you pay nothing for these services that help keep you healthy.

Teladoc

Teladoc is a telemedicine service that offers convenient and confidential access to doctors 24 hours a day, 7 days a week, and 365 days a year - from anywhere by phone or video. Our plan offers visits for mental health (psychiatry and therapy), dermatology, and general medical. The cost will vary depending on the Ardent medical plan you select.

Visit [Teladoc.com](https://www.teladoc.com) or call 1-800-TELADOC (835-2362).

Medical Plan Exclusions

No coverage will be offered at the Northwest Texas Healthcare System (TX), Presbyterian Health Services (NM), or Ascension St. John (OK) except for emergency, mental health, and alcohol/drug treatment.

No coverage will be offered at the St. Francis Health System (OK) except for emergency, mental health, alcohol/drug treatment and pediatric services (for members under age 17).

No coverage will be offered at Akumin Amarillo/Preferred Imaging (TX).

No coverage will be offered at CHRISTUS Trinity Mother Frances Health System except for emergency and NICU services for newborns under 34 weeks.

Services at Texas Spine and Joint will be covered as out of network (based on plan elected), except for emergency services and Ear, Nose & Throat (ENT) procedures.

Benefit Plan Details

For complete details of the medical plan, please refer to the [Summary Plan Description](#) or [Summary of Benefits](#).

Diabetes Management Program Living with Diabetes?



Our voluntary program makes managing your diabetes as easy as possible and at no cost to you. Enroll in Orthus Health for Diabetes today and gain access to:

- Easy-to-use technology to capture blood glucose reading from any glucometer, including non-connected or Bluetooth devices
- Timely, informed digital and telephonic coaching from Certified Diabetes Educators to help avert complications and inspire healthy living
- Individualized nutrition, exercise, and adherence alerts to improve glycemic trends

With no requirements to replace your existing glucose meter, Orthus Health for Diabetes offers a fast path to enhancing your health.

Get started today! Options to enroll:

- Visit [orthushealth.com/client-diabetes-enrollment](https://www.orthushealth.com/client-diabetes-enrollment) to complete the online form
- Call 1-800-550-2427 (option 1 English or option 2 for Spanish, then option 4)
- Email ohsecure@orthushealth.com

A smiling man with a beard, wearing a green suit jacket and trousers, is holding a white piggy bank in his hands. He is standing against a white background.

Health Savings Account (HSA)

Employees who enrolled in the High Deductible Health Plan (HDHP) can enroll in a Health Savings Account and save pre-tax money toward qualified health care expenses. Withdrawals from HSAs for qualified medical expenses are tax free. You own your HSA; interest and investment earnings grow tax-free; and the money is yours to keep, even if you change jobs or retire.

If you participate in the HDHP, Ardent will match your annual HSA contributions - up to \$500 for individual coverage and up to \$1,000 for all other coverage levels.

HSA Eligibility

- You must participate in a qualifying HDHP
- You can't participate in another medical plan that's not a qualifying HDHP, such as your spouse's plan, or a Health Care Flexible Spending Account (FSA), but you can participate in a Limited-Purpose FSA for vision and dental expenses only
- You can't be enrolled in Medicare
- You can't be eligible to be claimed as a dependent on someone else's tax return

In 2024, you can contribute up to the IRS limit of \$4,150 to an HSA if you elect individual coverage, and up to the \$8,300 limit for all other coverage levels. These limits include both your and Ardent's contributions. If you're age 55 or older, you can contribute an additional \$1,000 in catch-up contributions.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) are tax-advantaged accounts that let you use pre-tax dollars to pay for eligible expenses. Ardent's FSAs are administered by Via Benefits. Visit [Via Benefits](#) to learn about the easy and convenient tools available to help manage your accounts, find a complete list of eligible expenses, get claim forms, and much more.

Ardent offers three types of FSAs:

Health Care FSA – you may set aside up to \$3,050 per year to pay for eligible out-of-pocket medical, dental, and vision expenses for yourself and your eligible dependent(s). Not available if enrolled in an HDHP.

Limited-Purpose FSA – you may set aside up to \$3,050 per year to pay for eligible dental and vision expenses only. This is available only to employees enrolled in the HDHP.

Dependent Care FSA – you may set aside up to \$5,000 per year used to pay for eligible expenses such as daycare of a dependent child under the age of 13 so that you and your spouse (if applicable) can work. You can also use it for elderly daycare or any other dependent who is physically or mentally incapable of self-care. The adult-dependent must be your tax-qualified dependent and must live with you and require care while you work. You must claim these dependents as deductions on your federal tax return for the expenses to be eligible.

You can use a Dependent Care FSA only to cover the eligible expenses for the care of your dependents so that you and your spouse (if applicable) can work. It cannot be used for medical or other health care expenses for your dependent (these expenses may be eligible under the Health Care FSA).

Important Information

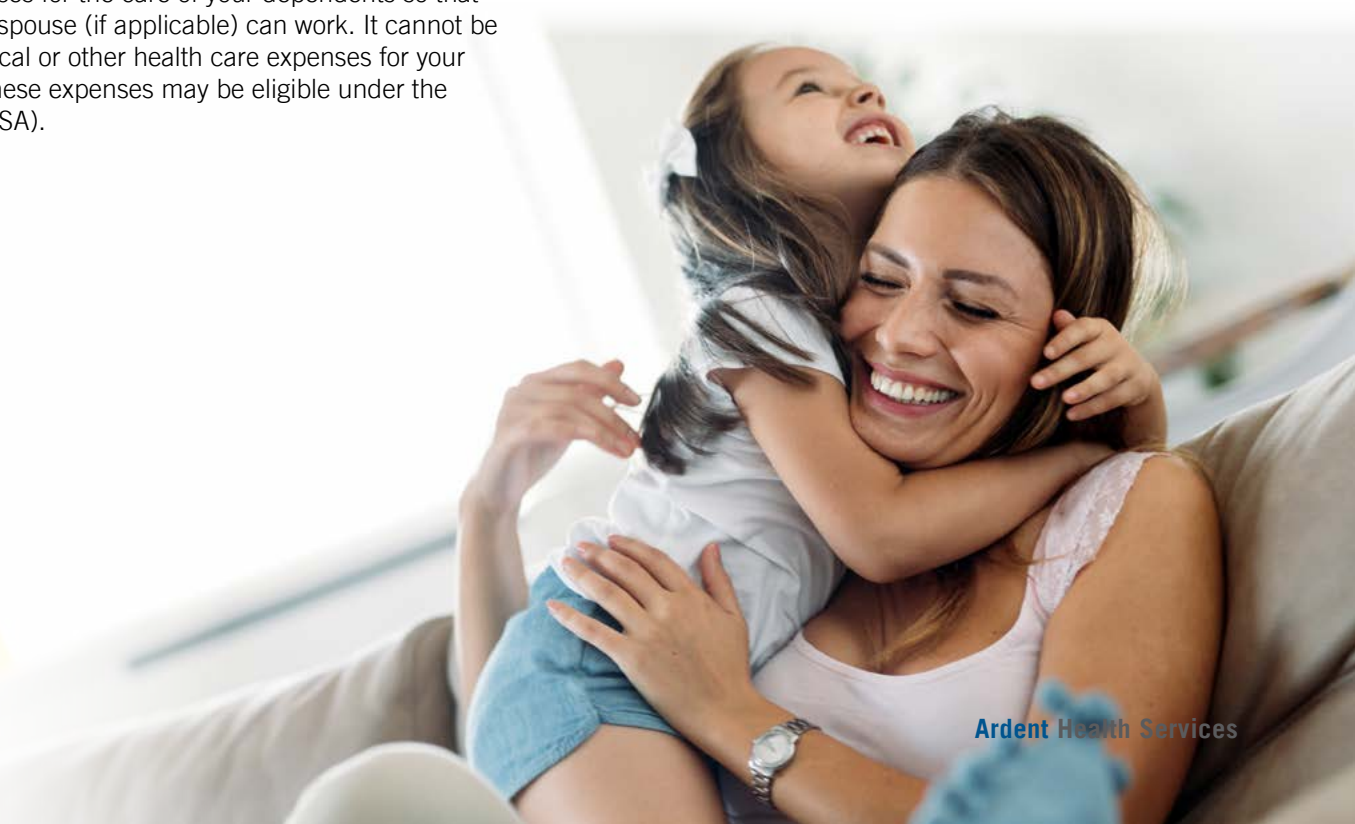
The money contributed to your FSA account does not carry over from year to year. Our plans have a grace period that allows additional time to incur in claims for reimbursement.

If you elect a Health Care or Dependent Care Flexible Spending Account for the 2024 plan year, you will have until March 15, 2025, to incur expenses against your 2024 FSA. You will have until March 31, 2025, to submit your expenses for reimbursement.

Any money that you don't use before the March 15 deadline will be forfeited, so it's important to calculate your expenses carefully!

If you enrolled for a Health Savings Account (HSA) for 2024 but still have funds in your 2023 Health Care Flexible Spending Account at the end of the plan year (12/31/2023), you will be ineligible for Health Savings Account (HSA) contributions until the first calendar month after the FSA grace period ends (04/01/2024).

For additional guidance consult a professional tax advisor.



Dental Plans

Ardent offers two dental plan choices so you can select the one that best meets your and your family’s needs. Through Ameritas, we offer two dental plans that cover routine checkups and other dental care: High and Low plans. The plans differ in how much you pay per pay period and how much you pay at the time for service.

Both dental plans provide benefits for:

- Preventive services, such as oral exams, cleanings and x-rays
- Basic services, such as fillings, extractions, root canal therapy and treatment of gum disease
- Major services, such as crowns, bridges, and dentures

The High plan also includes orthodontia coverage and provides more coverage for basic and major dental services.

Benefit tip! You can also use your Health Care Flexible Spending Account—or, if you’re enrolled in the High Deductible Health Plan, your Health Savings Account (HSA) or Limited-Purpose Flexible Spending Account—to pay for eligible dental expenses (that are not covered by another plan) on a pre-tax basis. Keep in mind that cosmetic procedures, such as teeth whitening, are not considered eligible expenses.

To locate a participating dentist in your area, call 800-487-5553 or visit ameritas.com.

For complete plan details, please refer to the [Summary Plan Description or Summary of Benefits](#).

	LOW PLAN You Pay	HIGH PLAN You Pay
Annual Deductible*		
Employee	\$50	\$50
Family	\$150	\$150
Annual Maximum Payment**		
Per Person, Per Calendar Year	\$1,000	\$1,500
Diagnostic & Preventive Services		
Exams, Cleanings, Fluoride, Sealants, X-rays	0%	0%
Basic Services Emergency Palliative Treatment, Minor Restorative Services, Periodontics, Endodontic	20%	10%
Major Services Crowns, Bridges, Implants, Dentures	50%	40%
Orthodontics (no age limit)	Not covered	50%
Orthodontic Lifetime Benefits	N/A	\$1,500

* \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services.

** Per person total per calendar year on diagnostic and preventive, basic services, and major services. Non-participating dentists are paid at the 90th percentile.



Vision Coverage

Ardent offers vision coverage through Vision Service Plan (VSP). The vision plan covers expenses for regular eye exams, lenses, frames, and contacts. You get the most out of your benefits and greater savings with a VSP network provider, including a WellVision Exam - a comprehensive exam designed to detect eye and health conditions. You can also use a non-VSP network provider and receive a reduced benefit. Simply advise your provider that you have VSP, and they will verify your eligibility.

Using your vision benefit is easy!

Create an account at vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. ID cards are not required to use your vision benefits.

Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$20 for exam and glasses	Every 12 months
Prescription Glasses			
Frames	\$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$70 Costco frame allowance	Combined with exam	Every 24 months
Lenses	Single vision, line bifocal, and line trifocal lenses Impact-resistant lenses for dependent children	Combined with exam	Every 12 months
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements	\$0 \$80-\$90 \$120-\$160	Every 12 months
Contacts (instead of glasses)	\$130 allowance for contacts, copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Diabetic Eye Care Plus Program	Retinal screening for member with diabetes Additional exams and services for members with diabetic year disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP provider for details.	\$0 \$20 per exam	As needed
Retinal Screening	Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.	\$20	Every 12 months

Extra Savings

Glasses and Sunglasses

- \$20 to spend on featured frame brands. Go to vsp.com/offers for details
- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

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

Basic Life and AD&D Insurance*

Eligible employees will be automatically covered at no cost for basic life insurance and AD&D insurance. Your benefit is equal to one time your annual base pay, up to a maximum of \$500,000.

Optional Life and AD&D Insurance

You may purchase additional coverage under the voluntary life and AD&D insurance plan for yourself, your spouse/domestic partner, and your eligible dependent children (up to age 26).

You can elect up to 5 times your annual base salary with a 1.5 million maximum.

You may also purchase dependent coverage for your spouse/domestic partner in \$5,000 increments, up to a \$250,000 maximum. Coverage is also available for your dependent children: you may elect \$5,000 or \$10,000.

If you are a new hire or newly eligible employee who is electing coverage for the first time, you will be required to complete Evidence of Insurability (EOI) if the amount requested is in excess of the guarantee issue amount (\$500,000) before the additional coverage is approved.

Increases in coverage for yourself or your spouse after you are initially eligible or during annual enrollment may require you to complete an EOI form and be approved before coverage takes effect. If you are increasing coverage, you will be enrolled in the portion of your election that does not require EOI while the rest of your election is pending approval. If approved, your coverage will be increased to the elected amount.

You can find information for completing the EOI requirement by visiting the [Ardent Benefits Portal](#).

An employee who is a spouse of another employee may not be insured for voluntary life insurance as both an employee and spouse at the same time. A dependent child of two or more employees may also only be insured once under the policy.

An age reduction schedule applies to Life and AD&D coverage. Please refer to [the summary plan description](#) for the complete schedule of benefit and policy exclusions.

* If you are an executive, please visit the enrollment site to view life coverage amounts.

Beneficiaries

You can designate or update your beneficiary information any time during the year by going to the [Ardent Benefits Portal](#) and selecting the “Your Beneficiaries” tab.



Disability Insurance

Short-Term Disability (STD) Insurance*

Short-Term Disability is a voluntary benefit that protects a portion of your income if you become partially or totally disabled for a short period of time. STD benefits replace 66.67% of your income, up to a maximum weekly benefit of \$1,500, depending on your current annual earnings. Certain exclusions, along with pre-existing conditions limitations, apply.

Plan Features	NJ Employees Only	Option 30 Days	Option 60 Days
Elimination Period	7 days	30 days	60 days
Benefits Amount	20%	66.67%	66.67%
Maximum Weekly Benefits	\$1,500	\$1,500	\$1,500
Benefits Duration	25 weeks	21 weeks	17 weeks

*Voluntary STD is not available for St Francis employees.

Long-Term Disability (LTD) Insurance*

Long-Term Disability (LTD) Insurance pays a benefit if you become ill or injured and are unable to work for an extended period of time. If you become ill or injured, the LTD plan pays benefits after you meet the waiting period and your claim is approved. You receive a percentage of your salary up to a monthly maximum. Coverage continues until you are no longer disabled, as defined by the contract, or you reach your Social Security normal retirement age. Evidence of insurability (EOI) may be required. Certain exclusions, along with pre-existing conditions limitations, apply.

Basic LTD Coverage

Eligible employees are automatically covered at no cost under the company-provided LTD plan. Payment begins on your 91st consecutive day of approved disability and provides you with 40% of your salary, up to \$4,000 monthly maximum.

Optional LTD Coverage

If you purchase optional LTD insurance, you receive an additional 20% of earnings, up to a combined maximum of \$5,000 per month (including the LTD insurance provided by the company).

Benefits Are Offset

Your STD and LTD benefit payments may be reduced by other income you receive or are eligible to receive due to your disability. See the Summary Plan Description for information on pre-existing conditions and benefit payment offsets.

* If you are an executive or a physician, you are not eligible for optional LTD. Please visit the enrollment site to view your basic LTD coverage amounts.



Voluntary Benefits

Critical Illness Insurance

Critical Illness coverage helps offer financial support if you are diagnosed with a covered critical illness, such as heart attack, stroke, invasive cancer, coma, paralysis, and more.

We offer three plan options, and you can select the benefit coverage based on your individual needs. The Critical Illness policy will pay a cash lump sum for qualified critical illnesses. The cash benefit is based on the percentage payable for the condition. The benefit is paid in addition to other insurance you may have, and benefits are paid directly to you.

Your Cigna Critical Illness insurance plan comes with a Wellness Incentive benefit. This benefit is paid for each covered person who completes at least one wellness treatment, health screening or preventive care service. The benefit is limited to one per year per covered person. Review the plan materials for information about this coverage.

Hospital Care Insurance

Cigna's Hospital Care Insurance is supplemental coverage that pays you benefits if you are hospitalized. A hospital stay can be expensive and can happen at any time. Even with medical coverage, out-of-pocket expenses such as copays, deductible costs, and rehabilitation, can add up.

We offer two plan options. You can select the benefit coverage based on your individual needs. Hospital Care benefits are paid directly to the covered person, regardless of other coverage, and can be used for any purpose.

MetLife Legal Plan

Enrolling in a MetLife Legal Plan gives you the peace of mind to know you will be covered for expected and unexpected legal events.

The MetLife Legal Plan provides you, your spouse/domestic partner, and your dependents with services from attorneys experienced in estate planning, civil suits, adoption, identity theft issues, and much more. You can access the right attorney either online or by phone.

To learn more, visit info.legalplans.com and enter code: 9902562 for the low plan or 9902560 for the high plan, or call the client service center at 800-821-6400.

Once you are enrolled, simply go to members.legalplans.com or download the mobile app. You can also call MetLife Legal Plans at 800-821-6400 Monday through Friday from 7 a.m. to 7 p.m. CST.





Pet Insurance

Nationwide pet insurance plans provide coverage for veterinary expenses related to accidents or illnesses. My Pet Protection® is a pet insurance plan that reimburses a percentage of your eligible veterinary bills. The plan offers emergency boarding, 24/7 vethelpline® access, lost pet advertising, and more.

Payment for pet insurance is not available through payroll deductions. If you elect this coverage, enrollment and payment will need to be set up directly with Nationwide. Visit the [Ardent Benefits Portal](#) for enrollment details.

Identity Theft - ID WatchDog

Fraud continues to grow more complex. And, it is becoming harder for consumers and identity theft victims to manage the intricacies on their own protection. ID WatchDog helps warn you when your personal information is stolen and helps you better protect yourself and your family from identity fraud - when stolen information is used for illicit gain. You'll have greater peace of mind knowing you don't have to face the complexities of identity theft alone.

Why choose ID WatchDog?

- **Advanced Identity Theft Detection** – ID WatchDog will scour data points, including public records, transaction records, social media, and more to search for signs of potential identity theft
- **Greater Protection & Control** – ID WatchDog has you covered with lock features for added control over your credit report to help keep identity thieves from opening new accounts in your name
- **Fully Managed Identity Restoration** – If you become a victim, you don't have to face it alone. ID WatchDog's certified resolution specialists will fully manage the case for you until your identity is restored

For more plan details and summary of benefits visit the [Ardent Benefits Portal](#).

Employee Assistance Program (EAP)

The Employee Assistance Program offers free, confidential counseling services and referrals, including eight counseling sessions per issue. The EAP is available 24/7, and you do not need to be enrolled in one of our medical plans to use it.

A confidential call to ComPsych gives you direct, 24/7 access to a GuidanceConsultant, who will answer your questions and if needed, refer you to a counselor or other resources.

With ComPsych GuidanceResources, you have access to expert content and unique tools to assist you in every aspect of your life, all in a secure, easy-to-use environment.

Confidential Emotional Support

ComPsych's highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, and stress
- Grief, loss, and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and eldercare
- Hiring movers or home repair contractors
- Planning events or locating pet care

Legal Guidance

Talk to ComPsych's attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts, and more

Financial Resources

ComPsych's financial experts can assist with a wide range of issues. Talk to them about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy, and more

Online Support

GuidanceResources online is your 24/7 link to vital information, tools, and support. Log on for:

- Articles, podcasts, videos, and slideshows
- On-demand training
- "Ask the Expert" personal responses to your questions

Visit www.guidanceresources.com; Web ID: Ardent or call 833-475-0997.



401(k) Retirement Savings Plan

Ardent offers a generous matching contribution, outstanding convenience, and a variety of investment options. You can contribute to your 401(k) in two ways:

- **Pre-tax** - Contribute pre-tax dollars through convenient paycheck deductions and reduce your taxable income today
- **Roth (after-tax)** - Contribute after-tax dollars to your 401(k) today and pay no taxes on any qualified withdrawals you make during retirement

Through automatic payroll deduction, you may contribute between 1% and 85% of your eligible earnings on a pre-tax or after-tax Roth 401(k) basis or a combination of the two, up to the annual IRS limits.

COMPANY MATCHING

Ardent matches your 401(k) contributions - 100% for the first 3% you contribute, and 50% for the next 2% you contribute. Contribute 5% of your eligible pay to get the full company match! The match is contributed to your account annually during the first quarter of the following year. You are 100% vested in the company match. You are also 100% vested in the amount you contribute to your 401(k).

INVESTMENT OPTIONS

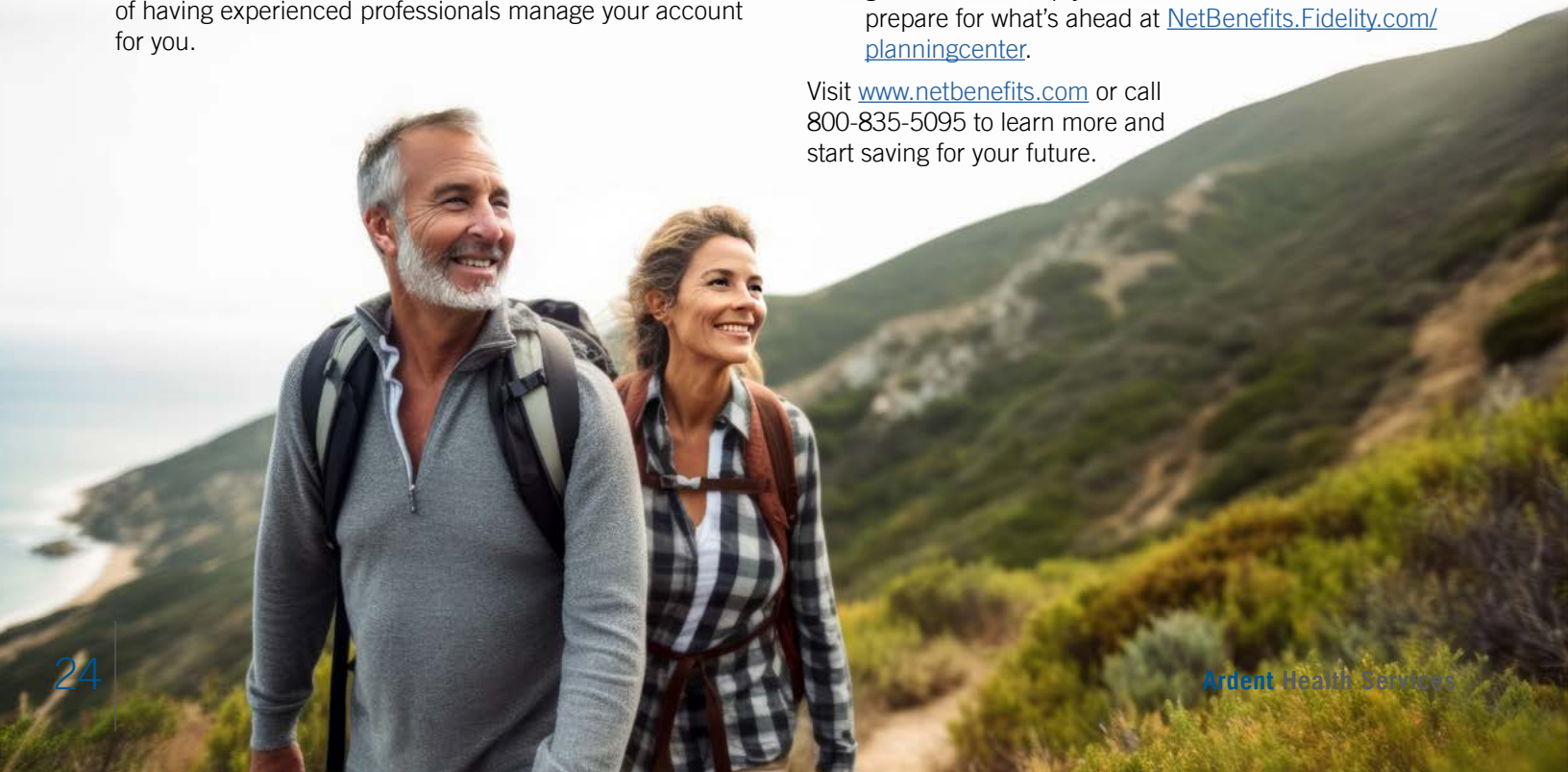
You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio. Our plan also offers you the option of having experienced professionals manage your account for you.

FINANCIAL EDUCATIONAL RESOURCES

Take advantage of educational resources and discounts available through Fidelity's NetBenefits website:

- Check out the Library - Explore a collection of financial learning resources, articles, infographics, videos, and more. Select Library from the NetBenefits home page.
- Create a plan for your future - Model and plan for your financial goals using the Planning & Guidance Center at [NetBenefits.Fidelity.com/planningcenter](https://netbenefits.fidelity.com/planningcenter).
- Visit the Help Hub - In the new help hub on [NetBenefits.com](https://netbenefits.com), you can tell Fidelity what's on your mind, and they can direct you to the right tools and resources—all in one place: check out [NetBenefits.com/gethelp](https://netbenefits.com/gethelp).
- Review the Pre-College Planning Resources - Find educational materials and tools to help families plan, save, and pay for college. Go to "Life Events" under the Menu. Then, choose "Navigating the college journey".
- Use the Student Debt Tool - To help you see all your student loans in one place and the options available for repayment, visit <https://myguidance.fidelity.com/ftgw/pna/public/pgc/debt-planning/>.
- Get ready for retirement - Fidelity's tools and guidance can help you feel more confident and prepare for what's ahead at [NetBenefits.Fidelity.com/planningcenter](https://netbenefits.fidelity.com/planningcenter).

Visit www.netbenefits.com or call 800-835-5095 to learn more and start saving for your future.



Your Benefits Resources

If you need more information or have questions, you have a variety of web and telephone resources available.

Benefit	Contact	Website	Phone Number
Enrollment	The Ardent Benefits Portal and Service Center	www.getardentbenefits.com/enroll	855-787-0668
Employee Assistance Program (EAP)	ComPysch	www.guidanceresources.com Web ID: Ardent	833-475-0997
Wellness Program	Orthus Health	www.mypathwaytohealth.com	800-550-2427
Medical	Quantum Health	ardentcarecoordinators.com	888-295-9299
Pharmacy	OptumRX	www.optumrx.com	844-83-1405
Dental	Ameritas	Ameritas.com	800-487-5553
Vision	VSP	www.vsp.com	800-877-7195
Flexible Spending & Health Savings Accounts	Via Benefits	www.viabenefitsaccounts.com	800-953-5395
FMLA	FMLASource	www.fmlasource.com	877-G02-FMLA (877-462-3652)
401(k) Retirement	Plan Fidelity	www.netbenefits.com	800-835-5095
Life, AD&D and Disability Insurance	New York Life	N/A	888-842-4462
Critical Illness and Hospital Care Insurance	Cigna	SuppHealthClaims.com	800-754-3207
Legal Plan	MetLaw Access code: Low Plan - 9902562 High Plan - 9902560	www.info.legalplans.com	800-821-6400
Diabetes Management Program	Orthus Health	www.orthushealth.com/client-diabetes-enrollment	800-550-2427
Pet Insurance	Nationwide	www.petsnationwide.com	877-738-7874
Identity Theft Protection	ID WatchDog	www.idwatchdog.com	866-513-1518

The benefits provided by Ardent Health Services, including the benefits described in this Benefits Guide, are governed solely by the official plan documents. For more detailed information about the benefits described in this Benefits Guide, refer to the [Summary Plan Description \(SPDs\)](#).

Legal notices: All required legal notices can be found [here](#). If you want a hard copy, you can print one directly from the website or request one, free of charge from your local HR representative. If your children are eligible for Medicaid or a state children's health insurance program (CHIP) and you are eligible for health coverage through Ardent Health Services, your state may have a premium assistance program that can help pay for coverage. To learn more, [click here](#).

Our Notice of Privacy Practices describes how protected health information about you may be used and disclosed by the Ardent health benefit plans, and how you can get access to this information. To learn more, [click here](#).

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.