


2026

Benefits Guide



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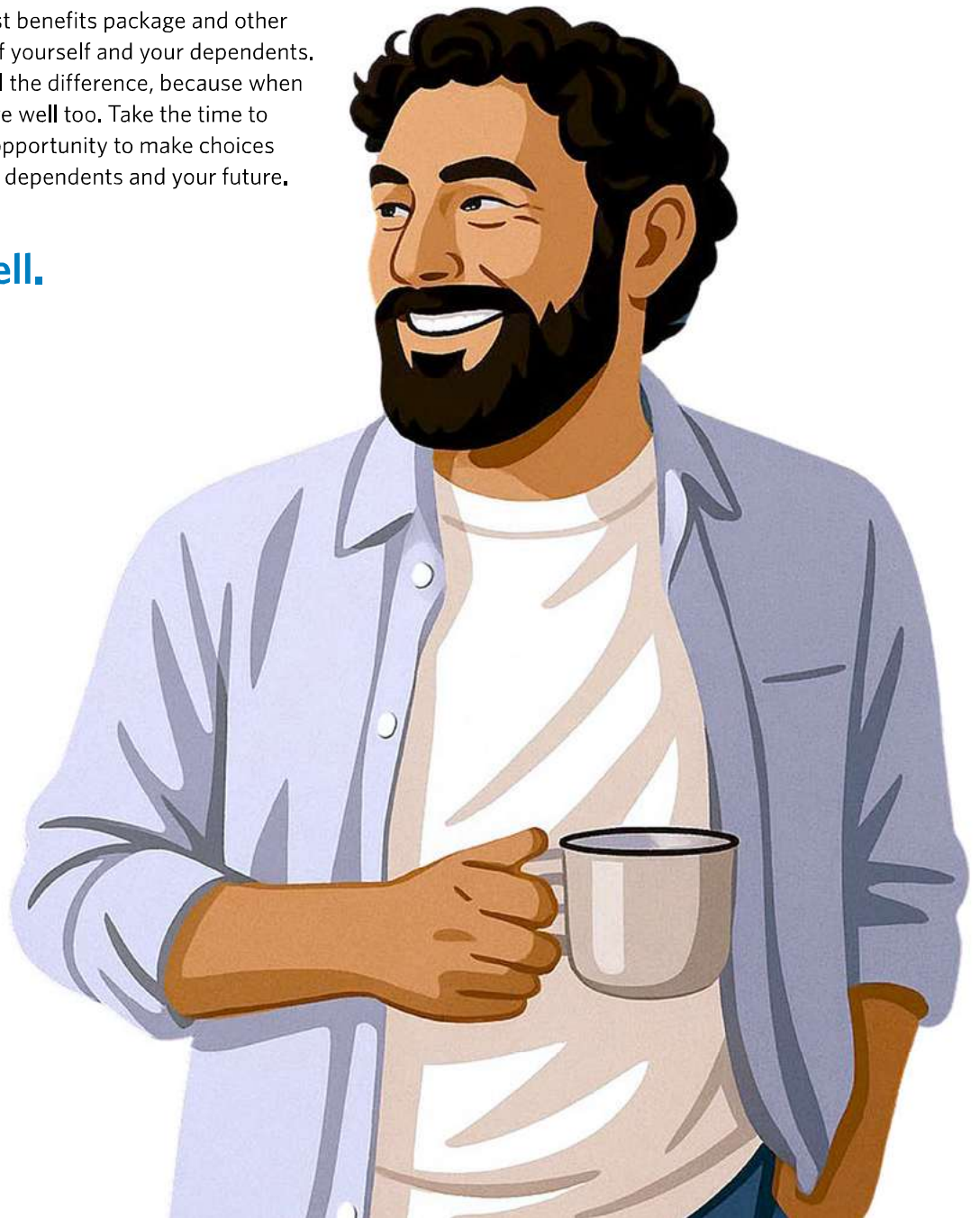
Welcome to Ardent Health

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
- Respect for our team members
- Accountability for our fiscal and ethical performance
- 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 dependents. The right benefit plans can make all the difference, because when you choose well, you're set up to live well too. Take the time to explore your options—this is your opportunity to make choices that truly support your health, your dependents and your future.

Choose well, live well.



Enroll in your Ardent benefits

Enrollment timing

As a new team member, you have 31 days from your date of hire to enroll in your Ardent 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 team member is Feb. 12, your coverage will begin on April 1.

You cannot change your benefit elections 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.

The easy way to enroll

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

Get help

For general benefits and enrollment questions, including help enrolling or creating or retrieving your username or password, call the Ardent Benefits Service Center at **855-787-0668**. The hours are Monday through Friday, 8 a.m. to 6 p.m. CT.

For questions about medical benefits, call a Quantum Health Care Coordinator at **888-295-9299** Monday through Friday, 7:30 a.m. to 9 p.m. CT.

Quantum Health: Your personal care concierge

Quantum Health is your go-to resource for all questions about your medical benefits. Supporting your unique healthcare needs every step of the way, Quantum Care Coordinators—a team of nurses, benefits experts and claims specialists—can help with anything and everything related to your medical benefits. **They should be your first point of contact anytime you have a question.** Reach a Quantum Health Care Coordinator at **888-295-9299**.

Your enrollment checklist

1. Review this guide to learn about your options

Visit getardentbenefits.com for additional information.

2. Create your account in the Ardent Benefits Portal

To provide online safety and 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 Ardent Benefits Portal and register your account:

Visit 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.
- Confirm your personal information and answer two out of three security questions correctly.
- 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 and a number and/or symbol.
- Accept the terms on the online authorization.
- 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.

Your enrollment checklist

3. 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.

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.

Your Benefit Program

Ardent offers you and your family comprehensive and valuable benefits and resources. Some benefits are provided and paid for by Ardent; optional benefits require you to enroll and pay some or all of the costs.

Company-paid benefits

- Basic Life and Accidental Death and Dismemberment (AD&D) Insurance
- 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
- Dental Coverage
- Vision Coverage
- Flexible Spending Accounts
- Health Savings Account
- Employee Optional Life and AD&D Insurance
- Dependent Life and AD&D Insurance
- Hospital Indemnity Insurance
- Short-Term Disability
- Long-Term Disability
- Legal Plan
- Critical Illness Insurance
- Accident 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 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 age 26

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 a 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 Qualified Medical Child Support Order (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 at 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 job status change are eligible the first of the month following the status change
- Annual enrollment – changes made during annual enrollment are effective on Jan. 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
- A change in your child's eligibility
- You or your spouse/domestic partner have changes in work hours that affect benefits eligibility (such as from full-time to part-time)
- You 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 and get a health screening, you and your spouse/domestic partner can earn discounts toward your medical premiums.

Participation in the program is voluntary and confidential. To qualify for wellness credits, participating members and their spouses/domestic partners must both:

1. Complete the Know Your Numbers (KYN) questionnaire
2. Complete a biometric screening

The KYN questionnaire is a health survey that pairs with the member's biometric screening results to provide them with an insightful health risk score report.

Ardent wellness credits will be earned based on the KYN risk score result.

The program is structured as follows:

Score Range	Score Category	Monthly Earned Discount
<40	Normal	\$127.50
41-60	Above Normal	\$102
61-80	Borderline High	\$76.50
81-100	High	\$51
>100	Extremely High	\$25.50

Participants who do not qualify for the full \$127.50/month premium credit incentive based on their KYN risk score can complete a Reasonable Alternative Standard (RAS) to earn the remaining incentive. Visit the [Wellworks portal](#) for more information.

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.

There are two screening options available for you to select:

Provider Screening Form – The best way to complete the biometric screening is with your primary care provider (PCP). You can use the Provider Screening Form for your healthcare provider to complete and submit the results.

If you've already had a physical this year, please ask your PCP to complete and submit the form prior to the deadline, to ensure you are eligible for any discounts earned. Results reported on the Provider Screening Form should be based on results of screenings completed between Jan. 1 and Dec. 31, 2026. Please check with your healthcare provider and insurance carrier about the costs, if any, prior to scheduling your appointment or having them complete the Provider Screening Form.

LabCorp Facility (free) – Schedule an appointment using the Wellworks portal. You must visit the location you selected in the portal, as visiting a location other than the one selected will delay the processing of results.

Get started on the Wellworks portal

Go to the [Wellworks portal](#). Select 'log in' and enter:

- **Username:** Ardent + your employee ID number. For example, Ardent123456
- **Password:** Your date of birth in MMDDYYYY format (e.g., 01011990)

Your spouse/domestic partner should enter:

- **Username:** Ardent, your employee ID plus the letter S. For example, Ardent123456S
- **Password:** your spouse/domestic partner's date of birth in MMDDYYYY format (e.g., 02021992)
- All users will be required to reset their password upon first login.

Once logged in, you can schedule your biometric screening, complete the KYN questionnaire and monitor your progress toward earning the wellness discounts.

Download the Wellworks for You mobile app by scanning the QR code below.



An important first step in getting the care you need is having a relationship with a primary care provider to promote your and your family's health and wellness throughout the year. If you have not selected a PCP, we encourage you to establish a relationship with a primary care provider. Preventive care improves health and longevity and helps you get the recommended preventive services that can detect disease and health issues early.

Medical Plans and Prescription Drug Coverage

Ardent offers several medical plans from which to choose, with certain networks available for each. The key to choosing the best plan for you and your dependents is to understand how the plans work—so you can 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.

Your Available Medical Plans

Medical plan eligibility is assigned based on the proximity of your home address to an Ardent hospital, as outlined below. Review the Medical Plan Comparison Chart for your location, available at getardentbenefits.com, for complete details on deductibles, out-of-pocket maximums and how you and the plan share the cost of services through coinsurance and/or copays.

If you live within 50 miles of an Ardent hospital and are within the UT Health East Texas Market

Three medical plans are available to you: High Deductible Health Plan (HDHP), PPO Premier Plan and OAP Open Access Plan. Under each of the three plans, you have access to three networks:

- **Ardent Network:** The Ardent Network is made up of facilities and providers that are part of our company. Your out-of-pocket costs for care are lowest when you see Ardent Network providers.
- **Access Direct Platinum Network:** The Access Direct Platinum Network offers a choice of providers and facilities and covers nine counties: Smith, Cherokee, Rush, Panola, Henderson, Van Zandt, Wood, Camp, and Gregg. Certain services not available at UT Health can be covered at Children's Medical Center or UT Southwestern.
- **Open Access Network:** The Open Access Network gives you flexibility to see any provider with built-in price protection through value-based pricing. (Read more about value-based pricing on the following pages.)

Read more about the different medical plans—High Deductible Health Plan, PPO Premier, EPO Basic and OAP Open Access Plan—on the following pages.

If you live within 50 miles of an Ardent hospital but are not in the UT Health East Texas market

Three medical plans are available to you: High Deductible Health Plan (HDHP), PPO Premier Plan and OAP Open Access Plan. Under each of the three plans, you have access to two networks:

- **Ardent Network:** The Ardent Network is made up of facilities and providers that are part of our company. Your out-of-pocket costs for care are lowest when you see Ardent Network providers.
- **Open Access Network:** The Open Access Network gives you flexibility to see any provider with built-in price protection through value-based pricing. (Read more about value-based pricing on the following pages.)

If you live 50 miles or more away from an Ardent hospital

Three medical plans are available to you: High Deductible Health Plan (HDHP), PPO Premier Plan and EPO Basic Plan. Under each of the three plans, you have access to two networks:

- **Choice Plus Network:** The Choice Plus Network is a national UnitedHealthcare network available to you because you don't have access to Ardent providers and facilities or other local networks. Your out-of-pocket costs for care are lowest when you use this network.
- **Out-of-Network:** If you enroll in the HDHP or PPO Premier Plan, you can see providers outside of the Choice Plus Network, but your out-of-pocket costs will be higher. If you enroll in the EPO Basic Plan, out-of-network care is not available, except for emergency services.

More About Each Medical Plan

High Deductible Health Plan (available to all team members, regardless of location)

The High Deductible Health Plan (HDHP) has lower premiums in exchange for higher deductibles. With the exception of certain preventive services which are covered at 100%, when you receive care, you pay all costs up to the deductible. Then you and the plan share costs through coinsurance. You have the freedom to see any provider you wish—no referral required—but you'll pay less out of pocket when you use in-network providers.

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 matches your HSA contribution—up to \$500 for individual coverage and up to \$1,000 for all other coverage levels.

PPO Premier Plan (available to all team members, regardless of location)

The PPO Premier Plan has higher premiums in exchange for lower deductibles. With the exception of certain preventive services which are covered at 100%, when you receive care, you either pay a flat copay or you pay all costs up to the deductible (depending on the type of services you receive). After you meet the deductible, you and the plan share costs through coinsurance. You have the freedom to see any provider you wish—no referral required—but you'll pay less out of pocket when you use in-network providers.

Review the Medical Plan Comparison Chart for your location, available at getardentbenefits.com for complete details on deductibles, out-of-pocket maximums and how you and the plan share the cost of services through coinsurance and/or copays.

EPO Basic Plan (available to team members who live 50 miles or more away from an Ardent hospital)

The EPO Basic Plan covers in-network services only. Out-of-network care is not covered, unless it's an emergency. With the exception of certain preventive services which are covered at 100%, when you receive care, you either pay a flat copay or you pay all costs up to the deductible (depending on the type of services you receive). After you meet the deductible, you and the plan share costs through coinsurance.

OAP Open Access Plan (available to team members who live within 50 miles of an Ardent hospital)

The OAP Open Access Plan has a similar structure to the PPO Premier Plan. With the exception of certain preventive services which are covered at 100%, when you receive care, you either pay a flat copay or you pay all costs up to the deductible (depending on the type of services you receive). After you meet the deductible, you and the plan share costs through coinsurance. The OAP Open Access Plan has higher deductibles than the PPO Premier Plan, but lower deductibles than the HDHP. You have the freedom to see any provider you wish—no referral required—but you'll pay less out of pocket when you use in-network providers.

If you elect the PPO Premier Plan, EPO Basic Plan or OAP Open Access Plan, you can contribute to a Health Care Flexible Spending Account (FSA) to pay for eligible expenses with pre-tax dollars.

More About Value-Based Pricing

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 by reimbursing a set amount. This ensures that patients receive quality care at a more affordable cost, while paying the providers a fair payment for their services.

With value-based pricing, you have the freedom to see any 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 specialists 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 dependents. 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 or 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 **Quantum Health** app to have all your Quantum Health resources at your fingertips.



Still have questions?

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

More About Prescription Drug Coverage

When you enroll for medical coverage, you automatically receive prescription drug coverage. EmpiRx Health administers Ardent's prescription drug benefits. EmpiRx will help you fill, refill, understand and manage your prescriptions. They offer 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 on the EmpiRx Health member portal or app.

EmpiRx uses several programs to help improve health outcomes and reduce out-of-pocket costs, including those listed below.

Clinical review

EmpiRx may help you and your healthcare provider identify a lower-cost, more effective treatment. They may suggest medication changes, step therapy or prior authorization, and will coordinate with your provider directly. For non-specialty medications, **your provider will always have the final say in determining your treatment plan.**

Copay assistance for certain non-specialty medications

For certain non-specialty medications, EmpiRx partners with a company called **Luna Health** to obtain optional copay assistance from drug manufacturers, helping lower your out-of-pocket costs if you choose to participate. If your medication is eligible, you'll receive a letter or call from Luna Health following your first fill.

Requirements for specialty medications

EmpiRx partners with a company called **Payer Matrix** to help members obtain [defined specialty medications](#) at little or no cost. If you or a dependent take one of these medications, (or any other specialty medication, as this list is subject to change), contact Payer Matrix at **877-305-6202** as soon as possible—*before* your next fill—to understand more about the program. Payer Matrix will request certain financial information, such as a W-2 or paystub, so it can work with the drug manufacturer to access the maximum subsidy available for your prescription. Because this could save you thousands of dollars or decrease your cost to \$0, your participation is required.

Important: If you or a dependent take a specialty medication, contact Payer Matrix at **877-305-6202** as soon as possible to avoid coverage disruptions.

Learn more

Visit the EmpiRx Health [member portal](#) or download the EmpiRx Health app to:

- Access your digital ID card
- Find in-network pharmacies
- Review covered and preferred medications
- Compare drug pricing and find lower-cost alternatives
- Check prescription coverage and costs
- Check the status of a clinical review
- Update your shipping address for medications you receive by mail
- Request refills for mail-order prescriptions

Get the Most from Your Medical Plans

Get care at an Ardent facility

For team members who live within 50 miles of an Ardent hospital, Ardent offers 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, you will pay the least when you 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.

Use Teladoc

Teladoc is a telemedicine service that offers convenient and confidential access to doctors 24 hours a day, 7 days a week, 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 **800-TELADOC (835-2362)**.

Know which facilities and providers are excluded

- No coverage will be offered at the Northwest Texas Healthcare System (TX) or Presbyterian Health Services (NM), except for emergency, mental health and alcohol/drug treatment.
- No coverage will be offered at the Ascension St. John (OK) except for emergency, mental health, alcohol/drug treatment and colorectal services.
- 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 the plan selected), except for emergency services and ear, nose & throat (ENT) procedures.

Get benefit plan details

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

Diabetes Management Program

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

- Easy-to-use technology to capture blood glucose readings 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 trend.

With no requirements to replace your existing glucose meter, the Diabetes Program offers a fast path to enhancing your health.

How to enroll:

Download the Wellworks for You mobile app.

Use the information below to sign into the Wellworks for You Mobile App.

Team Members:

- **Username:** Ardent + your employee ID number. For example, Ardent123456
- **Password:** Your date of birth in MMDDYYYY format (e.g., 01011990)

Spouses/domestic partners:

- **Username:** Ardent, your employee ID number, plus the letter S. For example, Ardent123456S
- **Password:** Their date of birth in MMDDYYYY format (e.g., 02021992)

All users will be required to reset their password upon first login.

After you complete your login, follow the steps below to begin the program enrollment:

- **Step 1:** Tap on “Menu” in the upper right corner
- **Step 2:** Tap on “Diabetes”

Follow the prompts to complete enrollment.

Download the Wellworks for You mobile app by scanning the QR code below. You can also visit wellworksforyoulogin.com.



Health Savings Account

Employees who enrolled in the High-Deductible Health Plan (HDHP) can enroll in a Health Savings Account (HSA) 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. You also can't participate in 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 2026, you can contribute up to the IRS limit of \$4,400 to an HSA if you elect individual coverage, and up to the \$8,750 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

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 \$3,300 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 \$3,300 per year to pay for eligible dental and vision expenses only. This is available only to team members enrolled in the HDHP.

Dependent Care FSA – You may set aside up to \$7,500 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. You cannot use it for medical or other health care expenses for your dependent (these expenses may be eligible under the Health Care FSA).



Notice for highly compensated employees

The Dependent Care Flexible Spending Account (DCFSA) offered to team members by Ardent is subject to requirements imposed by §129 of the Internal Revenue Code.

For Ardent to provide our team members with the tax-advantaged benefits offered under the program, the DCFSA must not discriminate in favor of “Highly Compensated Employees” (as defined under the Code), either in terms of eligibility to participate, contributions or benefits under the program. You are classified as a Highly Compensated Employee for the 2026 plan year if your total compensation was at least \$160,000 in 2025.

We have determined that a cap limiting the maximum election amount for Highly Compensated Employees is required in 2026 for the plan to continue to qualify to provide tax-advantaged benefits. Therefore, Highly Compensated Employees’ DCFSA elections will be capped at \$1,800 for the 2026 plan year.

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 claims for reimbursement.

If you elect a Health Care or Dependent Care Flexible Spending Account for the 2026 plan year, you will have until March 15, 2027, to incur expenses against your 2026 FSA. You will have until March 31, 2027, 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!

For additional guidance consult a professional tax advisor.



Dental Plans

Ardent offers two dental plan choices through Delta Dental—Delta Dental Silver and Delta Dental Gold—so you can select the one that best meets your and your dependent's needs. Both plans cover routine checkups and other dental care. They differ in how much you pay per pay period and how much you pay at the time of 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 Gold Plan also includes orthodontia coverage and provides more coverage for basic and major dental services.



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

To locate a participating dentist in your area, call **800-223-3104** or visit deltadental.com.

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

	Silver Plan — You Pay	Gold Plan — You Pay
Annual Deductible*		
Employee	\$50	\$50
Family	\$150	\$150
Annual Maximum Payment** (per Person, per Calendar Year)	\$1,000	\$1,500
Diagnostic and 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 (including a WellVision Exam—a comprehensive exam designed to detect eye and health conditions) and greater savings when you visit a VSP network provider. However, you can also see a non-VSP network provider and receive a reduced benefit. 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 tip! Use your spending or savings accounts (Health Care Flexible Spending Account—or, if you're enrolled in the High Deductible Health Plan, your Health Savings Account or Limited-Purpose Flexible Spending Account) to pay for eligible vision expenses, on a pre-tax basis, that are not covered by another plan.

Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$20 for exam and glasses	Every 12 months
Prescription Glasses			
Frames	<ul style="list-style-type: none"> \$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	<ul style="list-style-type: none"> Single vision, line bifocal and line trifocal lenses Impact-resistant lenses for dependent children 	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses <p>Average savings of 40% on other lens enhancements</p>	<ul style="list-style-type: none"> \$0 \$80-\$90 \$120-\$160 	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$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	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic disease, glaucoma, or age-related macular degeneration <p>Limitations and coordination with your medical coverage may apply; ask your VSP provider for details</p>	<ul style="list-style-type: none"> \$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 and Dismemberment (AD&D) Insurance

Basic Life and AD&D Insurance^{*}

Eligible team members are 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, for yourself. You may 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 guaranteed 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.

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.

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.

Through your optional life and AD&D coverage, you have access to Securian Financial's Empathy program, which offers compassionate, on-demand support when preparing for or after experiencing a loss—to help you and/or your loved ones navigate emotional and practical challenges.

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

^{*} If you are an executive, please visit the [enrollment portal](#) to view life insurance coverage amounts.

Disability Insurance

Short-Term Disability (STD) Insurance*

Short-Term Disability is a voluntary benefit that replaces 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
<i>Elimination Period</i>	7 days	30 days	60 days
<i>Benefits Amount</i>	20%	66.67%	66.67%
<i>Maximum Weekly Benefits</i>	\$1,500	\$1,500	\$1,500
<i>Benefits Duration</i>	25 weeks	21 weeks	17 weeks

*Voluntary STD is not available for employees at the health system's St. Francis Campus.

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 coverage provides you with 40% of your salary, up to a \$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 insurance provides a benefit payment after diagnosis of a covered condition. Examples of critical illness include infertility, cancer, heart attack, stroke, COVID-19 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.

Hospital Indemnity Insurance

Hospital indemnity insurance provides a payout for planned or unplanned hospital stays. This includes newborn routine stay, inpatient mental health disorder stays, or outpatient mental health/substance use diagnostic screening.

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

Support for your parenthood journey

Adding to your family is joyful and exciting. It can also be challenging to navigate. BenefitBump is here to support you along your parenthood journey. Services through BenefitBump are available when you enrolled in hospital indemnity insurance.

This service provides holistic support to help you navigate your benefits and time-off programs as you grow your family. It provides support at every step—from pregnancy or adoption to delivery or placement, parental leave, childcare, return to work and more.

Here's how BenefitBump works

- **Registration** – You can sign up with BenefitBump by visiting mybenefitbump.com, and get started with the program.
- **Your own Care Navigator** – Your main contact is an emotional health professional trained in employer benefits. Think of your Care Navigator as one-part project manager, one-part confidant. Your Care Navigator will be with you through every step of your parenthood journey, prioritizing your well-being along the way.
- **24/7 digital tools** – BenefitBump's website and mobile app help you stay on top of the important to-dos of your parenthood journey with timely reminders and a helpful checklist designed for your path to parenthood. More than that, BenefitBump's digital tools house a whole library of educational resources.

Accident Insurance

Accident insurance covers accidental injuries and resulting treatments. Examples of covered accidents include burns, organized sports injuries, fractures and more.

Accident insurance provides a lump-sum cash payment after an accident to help you with expenses such as copays, deductible or everyday living expenses.

You will also receive an additional 25% benefit if the treatment for the accident is received at an Ardent facility.

With accident insurance you can also take advantage of Securian's health and wellness benefit. Get \$50 for several types of wellness screenings, including an annual physical exam, cancer screening and mammogram.

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.

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. CT.

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**.

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.

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

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.



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 and family law
- Adoption
- Wills and trusts
- And more

Financial resources

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

- Retirement planning and taxes
- Relocation, mortgages and 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 guidanceresources.com; Web ID: Ardent or call **833-475-0997**.

401(k) Retirement Savings Plan

401(k) Retirement Savings Plan

Ardent offers a generous matching contribution, outstanding convenience and a variety of investment options. You're eligible to participate on the first day of the month following 60 days of service, as long as you are age 21 or older.

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 Roth (after-tax) 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 deposited 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.

401(k) Catch-Up Contributions

Beginning January 1, 2026, a new IRS rule under the SECURE 2.0 Act impacts how certain team members can make catch-up contributions to their retirement plans. If you're turning age 50 or older in 2026 and your total FICA wages (Box 3 on your 2025 Form W-2) are \$145,000 or more, any catch-up contributions you make in 2026 must be made as after-tax Roth contributions. This change only applies to the catch-up portion—you can still make regular contributions as Pre-tax or Roth.

Talk to a financial advisor to understand how this may impact your retirement strategy.

Visit [NetBenefits.com](https://www.NetBenefits.com) to review your current contributions and plan options, and watch for additional information.

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.
- **Visit the Help Hub** - In the new help hub on 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.
- **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 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.

Visit 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	Contact	Phone Number
Enrollment	The Ardent Benefits Portal and Service Center	getardentbenefits.com/enroll	855-787-0668
Employee Assistance Program (EAP)	ComPsych	guidanceresources.com Web ID: Ardent	833-475-0997
Wellness Program	Wellworks for You	wellworksforyoulogin.com	800-425-4657 or email info@wellworksforyou.com
Medical – All Plans	Quantum Health	ardentcarecoordinators.com	888-295-9299
Pharmacy	EmpiRx Health	myempirxhealth.com	877-814-2303
Dental	Delta Dental	deltadentaltn.com	800-223-3104
Vision	VSP	vsp.com	800-877-7195
Flexible Spending and Health Savings Accounts	Via Benefits	viabenefitsaccounts.com	800-953-5395
401(k) Retirement Plan	Fidelity	netbenefits.com	800-835-5095
Life and AD&D Insurance	Securian Financial	securian.com/enrollment	855-750-1906
Short-Term Disability and Long-Term Disability	New York Life	Claims Filing: mynylgbs.com/	888-842-4462
Critical Illness, Accident and Hospital Indemnity Insurance	Securian Financial	securian.com/enrollment	855-750-1906
Legal Plan	MetLaw Access code: Low Plan: 9902562 High Plan: 9902560	info.legalplans.com	800-821-6400
Diabetes Management Program	Wellworks for You	wellworksforyoulogin.com	800-425-4657
Pet Insurance	Nationwide	petsnationwide.com	877-738-7874
Identity Theft Protection	ID WatchDog	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 Descriptions \(SPDs\)](#).

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](#).

