

Lake Charles Memorial Health System

2027 BENEFIT GUIDE

Your guide to Medical, Prescription, Dental, Vision, Financial and Wellness benefits.

January 1st – December 31st

Lake Charles Memorial Health System

A MESSAGE FROM HUMAN RESOURCES

Experience Memorial

Here at Lake Charles Memorial Health System, we know that our people are the heart and soul of everything we do. That's why we are committed to offering a total rewards package designed to support your well-being, help you achieve your holistic goals, and recognize the value you bring to this community each day. From comprehensive health benefits to both financial and physical wellness tools, we've carefully curated programs that not only meet your needs but also propel your success in the future. Whether it's time away to recharge, access to resources for you and your family, or celebrating your achievements, our Total Rewards offerings reflect our appreciation for the unique contributions you make.

This guide is your go-to resource for understanding the benefits available to you. Take some time to explore the options, and don't hesitate to reach out to our Human Resources team with any questions or for personalized support. You can always access this guide and other pertinent information on Memorial HQ, our primary way to communicate to our team members.

Thank you for being part of Lake Charles Memorial Health System. Together, we're building a culture where every individual feels valued, empowered, and equipped to thrive. That's what "Experience Memorial" is all about.



Shana Scales

Chief Human Resources Officer

WELCOME

Your 2027 Benefits at a Glance

Lake Charles Memorial Health System

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

INSIDE THIS GUIDE

- Medical
- Dental
- Health Savings Accounts (HSAs)
- Vision
- Flexible Spending Accounts (FSAs)
- Cost of Benefits
- Retirement Planning
- Life and AD&D
- Disability
- Voluntary Benefits
- WellSteps Wellness Program
- Employee Assistance Program (EAP)
- Paid Time Off Benefits
- Valuable Extras
- Contact Information

ENROLLMENT

Go to **https://benefits.plansource.com**. There, you will find detailed information about the plans available to you and instructions for enrolling.

Required Information — You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. . If it is a newborn and you do not have a social security number yet, you may enter a false SSN until the official SSN is received. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Lake Charles Memorial Health System

Eligibility & When Coverage Begins

Eligibility

You are eligible for benefits if you are considered Full-Time or Part-Time. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.
- Eligible dependent children of two covered employees may not be enrolled as dependents of both Employees, whether the employees are married or not married.

Coverage Begins

New Hires: You must complete enrollment within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. If hired on the first day of the month, you are eligible that day.

Late Enrollment: If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

Open Enrollment: Changes made during Open Enrollment are effective the first day of the following plan year.

Lake Charles Memorial Health System

Qualifying Life Events

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- **Marriage or divorce**
- Birth or adoption of a child — please log into PlanSource to add your new bundle of joy even if you don't have the SSN yet
- **Child reaching the maximum age limit**
- **Death of a spouse or child**
- **Lost coverage under your spouse's plan**
- You gain or lose access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

30

days to log into PlanSource after a qualifying life event

To change your benefit elections, you must log into PlanSource within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

**Medicaid recipients have a 60-day window to make changes.*

Lake Charles Memorial Health System

Enrolling Through PlanSource

PlanSource is our online enrollment tool. PlanSource allows you to elect your benefits online, view summary plan descriptions, view contact information for providers, make changes if you have a qualifying event during the plan year and access your benefit information when you need it.

Open Enrollment

- To access your PlanSource account go to https://benefits.plansource.com/. Enter your User Name and Password.
- Your username will be LCMH + the first five digits of your employee number (Example: LCMH12345).
- Your passwords will be reset for open enrollment. The password will be your birthdate in the format YYYYMMDD (Example: date of birth December 20, 1980 = 19801220).
- Once logged in select “Get Started.”
- Once you have completed the enrollment, it is your responsibility to review your benefits for confirmation.
- Print or email a copy of your enrollment for your records.
- Complete your enrollment prior to the end of the Open Enrollment period.
- Review the “Documents” tab for any documentation necessary to complete your enrollment.

First-Time Users (New Hires & Status Changes)

- To access your PlanSource account go to https://benefits.plansource.com/
- Your username will be LCMH + the first five digits of your employee number (Example: LCMH12345). Your password will be your birthdate in the format YYYYMMDD (Example: December 20th, 1980 = 19801220). You will then be prompted to change your password.
- You must make your election or decline within 30 days of your hire date. If you do not make elections within 30 days, you will be considered to have waived coverage.
- Once logged in select “Get Started.”
- Once you have completed the enrollment, it is your responsibility to review your benefits for confirmation.
- Print or email a copy of your enrollment for your records.
- Review the “Documents” tab for any documentation necessary to complete your enrollment.
- Any and all correspondence from PlanSource will be sent to the email address provided to HR during your new hire orientation. To update it, please contact HR.

Enrollment must be completed on a computer, as smart phones are not compatible.
Questions? Contact HR at 337.494.3255 or benefits@lcmh.com | benefits.plansource.com

Lake Charles Memorial Health System

Meritain 4-Tier Network

Our plans are comprised of 4 Tiers, or levels of benefits which determine how much you pay out of pocket and depending on the providers you choose to see. The plan, provided through Meritain, consists of four benefit tiers:

TIER 1 **LCMH Premium**	The highest level of benefits and the most cost-effective for members. LCMH Premium providers are designated Tier 1 providers.
TIER 2 **LCMH PPO**	Members can select a provider from the broader network of contracted PPO providers, but at a higher out-of-pocket expense. LCMH PPO providers are designated Tier 2 providers.
TIER 3 (w/ approval) **Verity Healthnet /Aetna Open Choice PPO**	Members can select a provider from the broader network of contracted PPO providers, but at a higher out-of-pocket expense and must be Committee Approved. Verity/Aetna PPO providers are designated Tier 3 providers.
TIER 4 (w/out approval) **Out-of-Network**	The member may select a non-participating provider. However, this option will result in incurring the highest out-of-pocket costs for covered services, as members are responsible for any difference between the covered expense and actual charges, as well as any deductible and percentage copay. Out-of-Network providers are designated Tier 4 providers.

**Any services which LCMHS does not provide will be paid at Tier 1 level with committee approval.*

Locate a Provider:
www.goperspecta.com/PDN/lakecharles/public/ProviderSearch/Main

Scan this code to watch a video about comparing medical plan types.

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Meritain HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through Meritain, is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit IRS Publication 502.

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying.

HOW YOU PAY FOR SERVICES

1 Deductible

You pay the full cost of prescription drugs and non-preventive medical services until you meet the annual deductible.

2 Coinsurance

Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.

3 Out-of-Pocket Max

Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.

Pre-Certification Applies to Both Plans

Pre-Certification is required for all in-patient medical, surgical and mental health services, skilled nursing facilities, home health care, private duty nursing, out-patient surgical procedures (excluding surgery rendered in a physician's office), MRI, PET scans, CT scans, chemo, radiation, physical and occupational therapy, initial visit dialysis, transplants, transplant second opinions, and prescribed injectables and infusions with a cost over $2,000.

Lake Charles Memorial Health System

Using Providers Outside the LCMH Networks

Services rendered outside the Lake Charles Memorial Premium or LCMH PPO Network will require prior approval from the Medical Committee of Lake Charles Memorial Health System. Coverage is contingent upon the provider(s) participating in the Verity/Aetna network. If the service is available within the Premium or LCMH PPO network, approval WILL NOT be granted to go outside of the networks.

THE APPROVAL PROCESS

Confirm the provider

Before submitting your referral to the Medical Committee, you are responsible for making sure the provider you choose is in the Verity/Aetna PPO network. Claims will be considered out of network if your provider is not a Verity/Aetna provider. Visit the provider website below or contact Meritain Health if you need help finding a provider.

www.goperspecta.com/PDN/lakecharles/public/ProviderSearch/Main

Get a referral letter

If you need treatment that cannot be provided inside of the LCMH Premium or LCMH PPO network, you must first get a referral letter from your doctor to submit to the LCMHS Medical Committee. The letter needs to provide background information on your condition, what treatment is needed and to which provider(s) and facilities you are being referred.

Submit to HR

Referral letters should be sent to Human Resources via Fax # 337-494-6424 or email benefits@lcmh.com.

Please note: You will no longer be required to obtain prior approval to see a Verity/Aetna mental health provider for office visits. Claims will be covered at the Verity/Aetna tier level (3) of benefits.

Lake Charles Memorial Health System

Out-of-Area Members & Finding a Provider

Out of LCMH Premium and LCMH PPO Network Service Area Employees and Dependents

If you or your dependent live primarily outside of the Lake Charles Memorial service area, which is a 100-mile radius from the hospital located at 1701 Oak Park Blvd., Lake Charles, LA 70601, we understand that your residence may not be within reach of the LCMH networks. However, there are Aetna providers available to you.

If you register yourself or your dependent on PlanSource as out of area, your claims for services rendered by an Aetna provider will be covered at the LCMH Premium level of benefits. You must provide proof of residency to Human Resources. Services rendered by a provider that is not in the Aetna network will be covered as out of network, 10% coverage after the out of network deductible is met. Please visit the Go Perspecta website to locate Aetna providers.

LOCATING A VERITY/AETNA PROVIDER

If there is not a Lake Charles Memorial Premium or LCMH PPO provider that provides the services you are seeking, you can locate a Verity/Aetna provider in your area by visiting:

www.goperspecta.com/PDN/lakecharles/public/ProviderSearch/Main

1. Key in the provider name, specialty or location in the search field. Click the Search button.
2. The search results will be displayed. You will see a Network Affiliation box that will show which tier of benefits the provider or facility is part of. You can click the blue arrow to have this information sent to your mobile device.

Tier 1	**LCMH Premium PPO**
Tier 2	**LCMH PPO**
Tier 3	**Verity/Aetna Open Choice® PPO *requires committee approval**

Please remember, if the service is available within the Lake Charles Memorial Premium or LCMH PPO network, the services will be considered out of network elsewhere.

Lake Charles Memorial Health System

Meritain PPO Plan Summary

Key Benefits	Tier 1: LCMH Premier	Tier 2: LCMH PPO	Tier 3: (w/ approval) Verity Healthnet /Aetna Open Choice PPO	Tier 4: (w/out approval) Out of Network
Deductible (Individual/Family)	$1,000 / $3,000	$1,000 / $3,000	$2,500 / $7,500	$10,000 / $30,000
Out-of-Pocket Max (Individual/Family)	$8,700 / $17,400	$8,700 / $17,400	$8,700 / $17,400	Unlimited / Unlimited
Office Visits (physician/specialist)	$30 / $45 Copay	$75 / $90 Copay	$75 / $90 Copay	90%*
Routine Preventive Care	No Charge	No Charge	No Charge	90%*
Outpatient Diagnostics Lab	No Charge at LCMH; 20%* at other approved labs	No Charge at LCMH; 20%* other approved labs	20%*	90%*
Outpatient Diagnostics Xray	20%*	20%*	20%*	90%*
Complex Imaging (MRI, MRA, CR, PET scans, Bone Density tests, etc.)	$100 Copay	20%*	20%*	90%*
Chiropractic	20%* (25 visit limit)	20%* (25 visit limit)	20%* (25 visit limit)	90%*
Durable Medical Equipment	20%*	20%*	20%*	90%*
Emergency Room	$250 Copay ($100 penalty for non-emergency)	$250 Copay ($100 penalty for non-emergency)	$250 Copay ($100 penalty for non-emergency)	$250 Copay ($100 penalty for non-emergency)
Urgent Care Facility	$75 Copay	N/A	N/A	N/A
Inpatient Hospital Stay	$500 Copay per day, $1,500 max per admit	N/A	20%*	90%*
Outpatient Surgery	$1,000 Copay	N/A	20%*	90%*

Coinsurance percentages and copay amounts shown represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay. Deductibles and out-of-pocket maximums are per calendar year. For complete coverage details, please refer to the Summary Plan Description (SPD).

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Hospital Expense deductible, coinsurance and co-pay charges are eligible under the LCMH Employee Discount Program. (Physician charges are not eligible for Discount Program)
3. Complex Imaging (Outpatient Diagnostic Advanced Imaging) includes MRI, MRA, CR, and PET Scans, Bone Density tests, etc.

Lake Charles Memorial Health System

Prescription Drugs: PPO Plan

Meritain Medical Plan — Option 1 PPO Plan		
Key Benefits	**Medical Plaza & Moss Memorial Pharmacy (No Prescription Drug Deductible)**	**All Other Express Scripts Pharmacies ($400 Individual / $800 Family Rx Deductibles apply)**
Retail 30 Day Supply Generic	$15 Copay	$37.50 Copay
Retail 30 Day Supply Preferred	$60 Copay	$150 Copay
Retail 30 Day Supply Non-Preferred	$100 Copay	$250 Copay
90 Day Supply Generic	$37.50 Copay	N/A
90 Day Supply Preferred	$150 Copay	N/A
90 Day Supply Non-Preferred	$250 Copay	N/A
Retail 30 Day Specialty Medication	Available at Moss Memorial Pharmacy ONLY	N/A
Retail 30 Day Specialty Medication Generic	Greater of $200 Copay or 20% of drug cost, up to a max of $500 per script	N/A
Retail 30 Day Specialty Medication Brand	Greater of $300 Copay or 20% of drug cost, up to a max of $600 per script	N/A



Drugs Requiring Prior Authorization

Certain prescriptions require a Prior Authorization or a review before they can be filled and covered by your prescription plan. Ask your doctor to call Rx Benefits Member Services at 1-800-334-8134 to arrange for a review when you are prescribed new medications. If your doctor doesn't call and get approval, you'll be responsible for the full cost.

Lake Charles Memorial Health System

Meritain HDHP Plan Summary

Key Benefits	Tier 1: LCMH Premier	Tier 2: LCMH PPO	Tier 3: (w/ approval) Verity Healthnet /Aetna Open Choice PPO	Tier 4: (w/out approval) Out of Network
Deductible (Individual/Family)	$1,750 / $3,500	$1,750 / $3,500	$2,500 / $5,000	$10,000 / $30,000
Out-of-Pocket Max (Individual/Family)	$7,050 / $14,100	$7,050 / $14,100	$7,050 / $14,100	Unlimited / Unlimited
Office Visits (physician/specialist)	20%*	20%*	20%*	90%*
Routine Preventive Care	No Charge	No Charge	No Charge	90%*
Outpatient Diagnostics Lab	Subject to deductible, then 100% at LCMH; 20%* at other approved labs	Subject to deductible, then 100% at LCMH; 20%* at other approved labs	20%* other approved labs	90%*
Outpatient Diagnostics Xray	20%*	20%*	20%*	90%*
Complex Imaging (MRI, MRA, CR, PET scans, Bone Density tests, etc.)	20%*	20%*	20%*	90%*
Chiropractic	20%* (25 visit limit)	20%* (25 visit limit)	20%* (25 visit limit)	90%*
Durable Medical Equipment	20%*	20%*	20%*	90%*
Emergency Room	20%* ($100 penalty for non-emergency)	20%* ($100 penalty for non-emergency)	20%* ($100 penalty for non-emergency)	20%* ($100 penalty for non-emergency)
Urgent Care Facility	20%*	N/A	N/A	N/A
Inpatient Hospital Stay	20%*	N/A	20%*	90%*
Outpatient Surgery	20%*	20%*	20%*	90%*

Coinsurance percentages and copay amounts shown represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay. To be eligible for the HSA, you cannot be covered under any other medical plan that is not a qualified high-deductible plan, including Medicare Part A or Part B or TRICARE programs. Deductibles and out-of-pocket maximums are per calendar year; see the SPD for complete details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Hospital Expense deductible, coinsurance, and co-pay charges are eligible under the LCMH Employee Discount Program. (Physician charges are not eligible for Discount Program)
3. Complex Imaging (Outpatient Diagnostic Advanced Imaging) includes MRI, MRA, CR, and PET Scans, Bone Density tests, etc.

Lake Charles Memorial Health System

Prescription Drugs: HDHP w/ HSA Plan

Meritain Medical Plan — Option 2 HDHP w/ HSA Plan		
Key Benefits	**Medical Plaza & Moss Memorial Pharmacy (Annual HDHP Deductible applies to all Medical & Rx expenses)**	**All Other Express Scripts Pharmacies (Annual HDHP Deductible applies to all Medical & Rx expenses)**
Retail 30 Day Supply Generic	10%*	30%*
Retail 30 Day Supply Preferred	20%*	40%*
Retail 30 Day Supply Non-Preferred	30%*	50%*
90 Day Supply Generic	10%*	N/A
90 Day Supply Preferred	20%*	N/A
90 Day Supply Non-Preferred	30%*	N/A
Retail 30 Day Specialty Medication	Available at Moss Memorial Pharmacy ONLY	N/A
Retail 30 Day Specialty Medication Generic	20%	N/A
Retail 30 Day Specialty Medication Brand	20%	N/A



Drugs Requiring Prior Authorization

Certain prescriptions require a Prior Authorization or a review before they can be filled and covered by your prescription plan. Ask your doctor to call Rx Benefits Member Services at 1-800-334-8134 to arrange for a review when you are prescribed new medications. If your doctor doesn't call and get approval, you'll be responsible for the full cost.

Meritain Flexible Spending Account (FSA)

Lake Charles Memorial Health System

Available only with Medical PPO Plan Option. The flexible spending accounts (FSAs), provided through Meritain, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA (HCFSA)

$3,400

Annual contribution limit

Eligibility: You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions.

Examples of Qualified Expenses

- Coinsurance
- Copayments
- Deductibles
- Dental treatment
- Eye exams/eyeglasses
- LASIK eye surgery
- Orthodontia
- Prescriptions
- Menstrual Care Products

Dependent Care FSA (DCFSA)

$7,500

Annual limit per family (or $3,750 each if you are married and file separate tax returns)

Eligibility: Available to all benefit eligible employees.

Examples of Qualified Expenses

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent

Important FSA Rules

- **You must enroll each year to participate.**
- HCFSA: Unused funds will not be returned to you or carried over to the following year.
- DCFSA: Unused funds will NOT be returned to you or carried over to the following year.
- **You can incur expenses through March 15, 2028, and must file claims by April 15, 2028.**

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules.

Scan to watch a video about how an FSA works.

For a complete list of eligible expenses, visit www.irs.gov.

Inspira Health Savings Account (HSA)

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Available only with HDHP Plan Option. The HDHP features a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

2027 CONTRIBUTION LIMITS

$4,500	$9,000	$1,000
Individual	Family	Catch-up contributions (age 55+)

KEY FEATURES OF THE HSA

Triple-Tax Advantage

You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated, so you get to keep a bigger portion of your paycheck. HSA funds grow tax free, and unused funds roll over year to year—so the more you save, the more your account will grow, just like a bank savings account. If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a "health care 401(k)." There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans, retire or leave the organization.

Scan this code to watch a video about HSA limits.

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HSA Qualified Expenses & Eligibility

Qualified Health Care Expenses

Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502 (https://www.irs.gov/forms-pubs/about-publication-502), including:

- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

Important Notes

You must meet certain eligibility requirements to have an HSA. You:

- a) must be at least 18 years old
- b) must be covered under a qualified HDHP
- c) must not be enrolled in Medicare
- d) cannot be claimed as a dependent on another person's tax return

For more information, please refer to IRS Publication 969 (https://www.irs.gov/forms-pubs/about-publication-969). Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

***When you sign up for an HSA, you have 90 days to complete the vetting process. The vetting process includes but is not limited to verification of identity, address, social security number, etc. If you do not pass the vetting process, your account will not be opened and funded. Be sure to look for & respond promptly to email correspondence from Inspira (or regular mail upon 3rd attempt).**

Lake Charles Memorial Health System

Cigna Dental PPO

The dental Preferred Provider Organization (PPO) plan, provided through CIGNA, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the CIGNA network.

Key Benefits	DPPO In-Network	DPPO Out-of-Network
Deductible (Individual/Family)	$50 / $150	$50 / $150
Annual Benefit Maximum (per person)	$1,500	$1,500
Preventive Services	No charge, Deductible Waived	No charge, Deductible Waived
Basic Services	20%*	20%*
Major Services	50%*	50%*
Orthodontic Services (Child & Adult)	50%*	50%*

Coinsurance percentages and copay amounts shown represent what the member is responsible for paying. *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. For complete coverage details, please refer to the Summary Plan Description (SPD).

Find Out More About Your Dental Plan

Find a network dentist by visiting cigna.com and clicking on the Find a Doctor link. Choose Employer coverage, then input your location and choose the type of dentist you are looking for. Even if you don't have an account, you can continue as a guest and search in the Cigna DPPO network.

Although it is not required, you can print a dental ID card online at mycigna.com, or a generic card is also available on the PlanSource Portal.

Lake Charles Memorial Health System

UnitedHealthcare Vision Plan

Key Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10	Up to $45 reimbursement
Materials Copay*	$25	Reimbursed as described below
Lenses (once every 12 months): Single Vision	No Charge after materials copay	Up to $40
Lenses: Bifocal		Up to $60
Lenses: Trifocal		Up to $80
Frames (once every 12 months)	Covered up to $150, 30% discount off the average	Up to $76 retail reimbursement
Contact Lenses (in lieu of glasses; once every 12 months): Medically Necessary	Covered in full	Up to $210 reimbursement
Contact Lenses: Elective	Covered up to $150 on lenses; $30 exam allowance	Up to $125 reimbursement

Good to Know

- Out-of-Network services must be paid and an itemized bill submitted for reimbursement.
- A generic ID card can be located on the PlanSource portal.
- For complete coverage details, please refer to the Summary Plan Description (SPD).

Lake Charles Memorial Health System

Medical Plan Option 1 (PPO) Rates

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members. Rates shown are per pay period.

Full-Time Employee Rates — Per Pay Period Contributions						
Coverage	**Bronze**	**Non-Nicotine Bronze**	**Silver**	**Non-Nicotine Silver**	**Gold**	**Non-Nicotine Gold**
Employee Only	$158.88	$91.00	$106.52	$38.64	$94.05	$26.16
Employee + Spouse	$556.41	$488.52	$373.52	$305.64	$327.60	$259.72
Employee + Child(ren)	$518.71	$450.83	$348.28	$280.40	$305.31	$237.42
Employee + Family	$753.61	$685.72	$507.95	$440.07	$447.41	$379.53

Part-Time Employee Rates — Per Pay Period Contributions						
Coverage	**Bronze**	**Non-Nicotine Bronze**	**Silver**	**Non-Nicotine Silver**	**Gold**	**Non-Nicotine Gold**
Employee Only	$247.24	$179.36	$167.44	$99.56	$148.32	$80.44
Employee + Spouse	$642.38	$574.49	$432.13	$364.24	$379.83	$311.94
Employee + Child(ren)	$603.14	$535.26	$405.84	$337.95	$356.58	$288.70
Employee + Family	$814.97	$882.86	$596.06	$528.18	$525.91	$458.03

Earn a lower rate. Bronze is the regular medical rate. Silver and Gold discounts are earned by completing activities in the WellSteps Wellness Program—see the WellSteps page for details. Non-Nicotine rates are shown alongside each level.

Lake Charles Memorial Health System

Medical Plan Option 2 (HDHP) Rates

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members. Rates shown are per pay period.

Full-Time Employee Rates — Per Pay Period Contributions						
Coverage	**Bronze**	**Non-Nicotine Bronze**	**Silver**	**Non-Nicotine Silver**	**Gold**	**Non-Nicotine Gold**
Employee Only	$113.38	$45.50	$87.19	$19.31	$80.96	$13.08
Employee + Spouse	$312.14	$244.27	$220.70	$152.82	$197.73	$129.85
Employee + Child(ren)	$293.30	$225.41	$208.07	$140.20	$186.59	$118.71
Employee + Family	$410.74	$342.85	$287.93	$220.05	$257.64	$189.75

Part-Time Employee Rates — Per Pay Period Contributions						
Coverage	**Bronze**	**Non-Nicotine Bronze**	**Silver**	**Non-Nicotine Silver**	**Gold**	**Non-Nicotine Gold**
Employee Only	$157.56	$89.68	$117.66	$49.77	$108.11	$40.22
Employee + Spouse	$355.12	$287.24	$250.00	$182.11	$223.85	$155.97
Employee + Child(ren)	$335.52	$267.64	$236.87	$168.98	$212.23	$144.35
Employee + Family	$475.37	$407.49	$331.98	$264.09	$296.90	$229.01

Earn a lower rate. Bronze is the regular medical rate. Silver and Gold discounts are earned by completing activities in the WellSteps Wellness Program—see the WellSteps page for details. Non-Nicotine rates are shown alongside each level.

Lake Charles Memorial Health System

Dental & Vision Rates

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Dental

Coverage	Per Pay Period Full-Time & Part-Time Employees
Employee Only	$8.64
Employee + Spouse	$16.50
Employee + Child(ren)	$18.87
Employee + Family	$27.54

Vision

Coverage	Per Pay Period Full-Time & Part-Time Employees
Employee Only	$4.08
Employee + Spouse	$7.73
Employee + Child(ren)	$8.79
Employee + Family	$14.01

Lake Charles Memorial Health System

Lincoln Financial Group 403(b) & 401(a) Retirement Accounts

403(b) Tax-Deferred Contribution Account

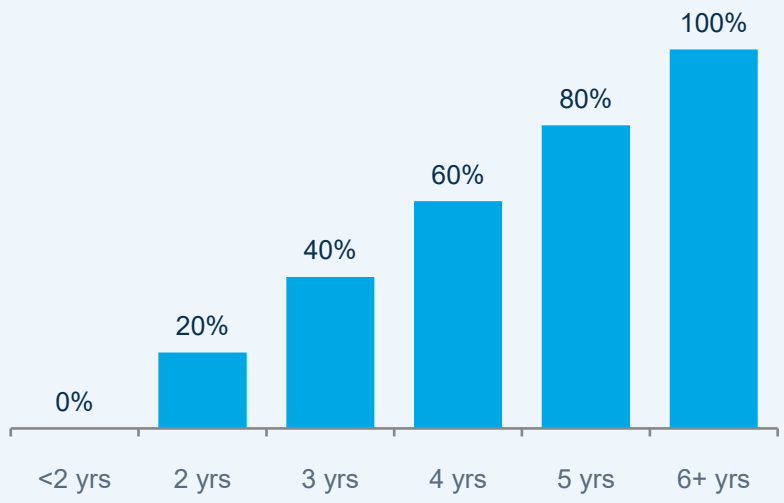
All employees, including PRNs and in-house contractors, are eligible to participate in the LCMH 403(b) Tax-Deferred Contribution Account upon date of hire. Lake Charles Memorial Health System has made a conscientious decision to assist employees in saving for their future by enforcing an automatic enrollment in the 403(b) retirement plan at a 3% contribution level. If a new employee does not personally enroll or decline participation, he or she will be automatically enrolled and have 3% of his or her compensation for hours paid deferred into their individual account. Employees are immediately 100% vested in these contributions. Newly eligible employees will have 90 days to opt out of participation in the plan and request reimbursement of their contributions.

Since inception, our enrollment in the retirement plan has increased significantly, which is our goal. If you were automatically enrolled and did not touch your plan by allocating funds or increasing/decreasing your contribution level, you will see an automatic increase of 1% to your contribution annually, up to a maximum of 10%.

401(a) Account

Employees who participate in the 403(b) automatically participate in the LCMH 401(a) Retirement Planning Account quarterly, coinciding with or immediately following the date on which all eligibility requirements are met: (1) completion of one (1) year of eligibility service, to include 1,000 working hours by the anniversary of your hire date; (2) attain age 21; (3) employed in a job classification covered by the Plan as an “eligible class” (employed by LCMH in any capacity and not a leased employee). As a Defined Contribution Plan, LCMH will make a matching contribution to your 401(a) Account equal to 100% of the first 4% of your 403(b) contribution, based on your hours worked and subject to Federal Matching Contribution limits.

401(a) Graded Vesting Schedule



Contact Human Resources or refer to the LCMH Retirement Summary Plan Description, located on PlanSource, the intranet (MemorialHQ – Home) and the retirement website.

Lincoln Financial Client Care Center:
www.LincolnFinancial.com/retirement
1-877-562-4738

FINANCIAL WELLNESS

Lincoln Financial Group
Financial Wellness



When we think about saving for retirement or addressing our financial situations, it's easy to say, "I'll get to it later." But did you know improving your financial wellness can have a real effect on your well-being? Not only can it help you manage your money better, but you feel better—physically and mentally. Research shows more than half (53%) of employees report they are stressed when dealing with their financial situation.*

LCMH is committed to helping you improve your financial well-being. We want you to feel confident making a plan and sticking to it throughout your financial journey; stress free and feeling confident about your finances begins with education. That's why we've partnered with Lincoln Financial Retirement Services to provide you opportunities to increase your financial knowledge and well-being.

NEED ADVICE?

For help with retirement planning needs, such as funds allocation, projecting your retirement income requirements, and more, you can contact:

John Desselle, RPS, CET
Lincoln Retirement Consultant
John.Desselle@lfg.com
504-884-8308

Ryan Jones, CRPC, CRPS
Lincoln Retirement Consultant
Ryan.Jones@lfg.com
225.303.8539

Jayme Schwartzenburg, CRPC, CRPS
Lincoln Retirement Consultant
Jayme.Schwartzenburg@lfg.com
225.363.8767

Matt McGuire
Parallel Advisors
matt.mcguire@paralleladvisors.com
405-510-0593

Lake Charles Memorial Health System

Lincoln Financial Group Life and AD&D Insurance

Life insurance, provided through Lincoln Financial, provides your named beneficiary(ies) with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

BASIC LIFE AND AD&D (EMPLOYER-PAID)

1.5x Employee coverage: 1.5 x your annual salary, up to a maximum of $500,000

SUPPLEMENTAL LIFE AND AD&D (EMPLOYEE-PAID)

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	$10,000 increments; minimum $10,000, up to a $500,000 maximum	$500,000
Spouse	$5,000 increments; minimum of $5,000, up to a $100,000 maximum (cannot exceed 50% of employee amount)	$50,000
Child(ren)*	$10,000	$10,000

Note: **January 2027 Open Enrollment** will provide a guaranteed issue up to the above listed amounts for all existing employees.

During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

**Eligible dependent children of two covered employees may not be enrolled as dependents of both Employees, whether the employees are married or not married.*

Lincoln Financial Group Disability Insurance

Lake Charles Memorial Health System

Disability insurance, provided through Lincoln Financial, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury. *Pre-existing conditions may apply.

Short-Term Disability

Provided at an affordable group rate

60%

of base salary

Maximum weekly benefit	$1,250
When benefit begins	Plan A: After 30th day of disability Plan B: After 14th day of disability
When benefit ends	Plan A: 9 weeks Plan B: 11 weeks

Long-Term Disability (with buy-up option)

Provided at NO COST to you for Base Plan. Employee-paid buy-up option available.

50% / 60%

of base salary (Base / Buy-Up)

Maximum monthly benefit	Base: $6,000 Buy-Up: $7,500
When benefit begins	After 90th day of disability
When benefit ends	Social Security Normal Retirement Age

Scan this code to watch a video about how disability insurance works.

Lake Charles Memorial Health System

Voluntary Benefits



Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates (via payroll deduction). Please remember to verify and update your beneficiary designations each year.

UNUM Whole Life Insurance

You have the option of purchasing whole life insurance to help your family prepare for the unexpected. In the event of your death, this benefit can help replace your family's loss of income, help with mortgage costs or educational needs—or leave a legacy for the next generation. Whole life offers level premiums and insurance protection for as long as you live. Whole life policies also build cash value over time that grows tax-deferred and can be used as savings or borrowed against if you need the money while you are alive.

Lincoln Financial Group Critical Illness

Most of us don't have an extra $7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: $7,000. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for treatments, prescriptions, travel, increased living expenses and more.

Lincoln Financial Group Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. Treating a broken leg can cost up to $7,500. And it's not only broken limbs—an average non-fatal injury could cost you $6,620 in medical bills. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Lincoln Financial Group Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you $30,000. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

Lake Charles Memorial Health System

WellSteps Program

WHERE WELLNESS MEETS WORK

Employee Assistance • Employee Health • Employee Wellness

Lake Charles Memorial Health System offers a voluntary comprehensive wellness program for all employees enrolled in the medical insurance. We are dedicated to supporting you and your family members throughout your journey to improved health and wellness. By choosing to participate, you can earn a discount on your medical insurance by completing wellness activities. If you choose not to participate in the program, you will pay the regular (Bronze Level) insurance rate for your medical insurance.

How It Works

Each year, starting in January, a list of wellness activities will be posted on your WellSteps account. Simply log on to your account at www.wellsteps.com/lcmh. There are two discount levels: Silver (lower) discount and Gold (higher) discount. All of the activities to earn a Silver discount are required. To go above & beyond, earning a Gold discount, you can choose from a menu of items listed on your WellSteps account. New activities will appear each month throughout the year. It is important to log on once a month and not wait until the last minute.

All wellness rewards activities are due the **last Friday of October**, no exceptions.

New hire or never participated? Register your WellSteps account now:

1. Go to www.wellsteps.com/lcmh and click “REGISTER”
2. Enter your email address
3. Complete the registration instructions
4. Complete the Personal Health Assessment (PHA)
5. Your username: LCMH + employee ID number (ex: LCMH12345)

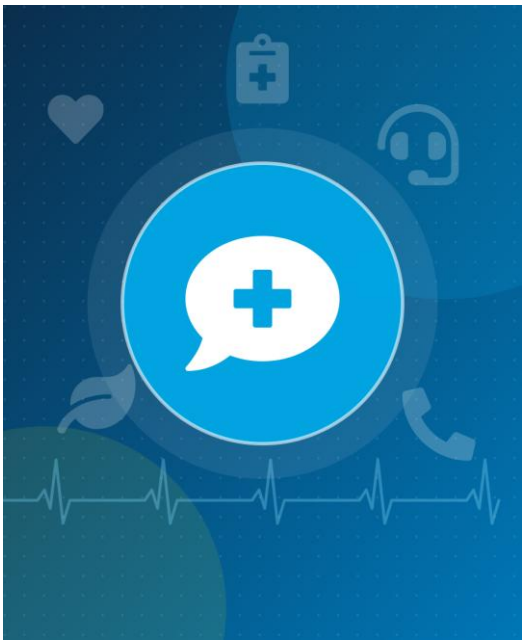
NEW HIRES: You are a bronze level upon enrollment. If you complete the PHA within 30 days of the enrollment date of your medical insurance, you will receive the Silver discount for the remainder of the current year. Don’t stop there! Inquire about what you can do to reach gold status for the following year.

Questions? Call the wellness department at 337-494-2882 or 377-494-2771 or view the wellness jumpstart video at www.wellsteps.com/lcmh.

Lake Charles Memorial Health System

Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through **SupportLinc**.



The EAP can help with the following issues, among many others:

- Mental health
- Relationship
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to 10 sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

QUESTIONS? www.supportlinc.com | Use code: **LCMH** | Call 888.881.5462

Scan this code to watch a video about how an EAP works.

Lake Charles Memorial Health System

Paid Time Off (PTO) & Extended Leave Bank

It is the policy of Lake Charles Memorial Health System to provide compensated leave time to all eligible employees based on employment status and length of service. All full-time and part-time employees (excluding those classified as temporary, contract, or PRN) are eligible for paid leave benefits. Hours begin accruing effective with the date of hire or the effective date of a status change but are not eligible to use until the pay period following satisfactory completion of the ninety (90) day introductory period. This time can be used in increments of one (1) hour or more for planned and unplanned time off in accordance with departmental policy.

Full-Time Employee PTO Accrual Schedule

Years of Service	Hours Accrued Per Pay Period	PTO Hours Per Year
1 to 5 full years	6.46 Hours	168 Hours
5 to 15 full years	8.00 Hours	208 Hours
More than 15 years	9.54 Hours	248 Hours

**PTO hours will carry over to the next year. The maximum accrual for each level is the equivalent of two years of an annual accrual, unless otherwise specified in a contract.*



Option to Redeem PTO Hours for Cash

Lake Charles Memorial will now allow employees that meet the established criteria to "sell" up to 80 hours of PTO once a year. You must leave a minimum of 80 hours in your bank for future needs. Example: if you have 145 hours of PTO, you can redeem 65 hours for cash, which will leave 80 hours in your bank. **The hours you elect to be paid for will be compensated at 75% of their value.** Please reference the LCMH PTO Policy for details.

Extended Leave Bank (ELB)

Available to full-time and part-time employees. ELB hours cannot be utilized until 24 hours of PTO have been used, unless you are hospitalized or have a procedure requiring moderate (conscious) sedation. Full-time employees accrue 9 days/72 hours per year or 2.77 hours per pay period with a maximum accrual of 320 hours. Part-time employees accrue PTO and ELB based on hours paid in the pay period. *ELB hours will carry over to the next year. The maximum accrual for ELB is the equivalent of two years of annual accrual. Unlike PTO, ELB is NOT paid out upon termination of employment.

Valuable Extras

Childcare Benefit

- $30 per week reimbursement for full-time employees / $20 per week reimbursement for part-time employees for children ages 6 weeks to 5 years or until they enter a Pre-K program. (After School Care or Academy Programs do not qualify)
- Receipts must be submitted to benefits@lcmh.com or faxed to 337.494.6424 Attn: Benefits.
- Receipts are due the 1st Monday of the month for the month prior. (For example, receipts for August must be submitted by the 1st Monday in September.)
- Coverage for emergent situations such as inclement weather may be compensated as approved by Administration.
- ***Must be a state licensed daycare**

LCMH Employee Health Clinic at LSU Family Practice Clinic

Norton LifeLock Identity Theft Protection

Credit4Work
Loans and Credit Building Service

Nationwide Pet Insurance

Experience Memorial Perks

- Cardiac Rehab Gym: Join the newly renovated Cardiac Rehab Gym for only $5 per pay period (payroll deduction only). For questions, contact the Cardiac Rehab Gym at 337.494.2166.
- Lake Area Adventures Memorial Package
- Encore Properties
- Volunteer Time Off
- Discount Marketplace: https://lakecharlesmemorial.sharepoint.com/SitePages/Memorial-Benefits.aspx (access from LCMH device)

Lake Charles Memorial Health System

Important Contacts

Coverage	Carrier	Phone Number	Website / Email
Medical	Meritain Health (Group #: 14938)	866-760-9569	www.meritain.com
Prescription Drug Coverage	RxBenefits	800-334-8134	www.rxbenefits.com
Whole Life	Unum Whole Life	800-752-7432	www.unum.com
Dental	Cigna	800-564-7642	www.mycigna.com
Vision	UnitedHealthcare	800-638-3120	www.myuhcvision.com
Flexible Spending Accounts (FSAs)	Meritain Health	800-566-9305	www.meritain.com
Life/AD&D	Lincoln Financial	800-790-7790	www.lincolnfinancial.com
Disability	Lincoln Financial	800-790-7790	www.lincolnfinancial.com
Voluntary Benefits	Lincoln Financial	800-790-7790	www.lincolnfinancial.com
Employee Assistance Program (EAP)	SupportLinc	888.881.5462	www.supportlinc.com
FMLA	Lincoln Financial	800-790-7790	www.lincolnfinancial.com
COBRA	PlanSource	888-266-1732	cobra@plansource.com
In-Network Pharmacy	Medical Plaza Pharmacy Moss Memorial Pharmacy	337-494-2990 337-480-8273	
Health Savings Account (HSA)	Inspira	888-678-8242	www.inspirafinancial.com
Retirement Center	Lincoln Financial	877-562-4738	www.lincolnfinancial.com/retirement
Investment Guidance	Parallel Advisors	405-510-0593	matt.mcguire@paralleladvisors.com
Online Benefits Management	PlanSource		https://benefits.plansource.com
Wellness Program	WellSteps	337-494-2882 337-494-2771	www.wellsteps.com/lcmh
Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com/lcmh
Credit 4 Work	Credit 4 Work	800-409-3765	www.credit4work.com
Identity Theft Protection	Norton LifeLock	800-607-9174	www.my.Norton.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage nor medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

Lake Charles Memorial Health System

2027 Payroll Schedule

Month	Pay Period	Begin	End	Pay Date
January	PP#1	12/20/2026	1/2/2027	1/7/2027
	PP#2	1/3/2027	1/16/2027	1/21/2027
	PP#3 ***	1/17/2027	1/30/2027	2/4/2027
February	PP#4	1/31/2027	2/13/2027	2/18/2027
	PP#5	2/14/2027	2/27/2027	3/4/2027
March	PP#6	2/28/2027	3/13/2027	3/18/2027
	PP#7	3/14/2027	3/27/2027	4/1/2027
1st Quarter End				
April	PP#8	3/28/2027	4/10/2027	4/15/2027
	PP#9	4/11/2027	4/24/2027	4/29/2027
May	PP#10	4/25/2027	5/8/2027	5/13/2027
	PP#11	5/9/2027	5/22/2027	5/27/2027
June	PP#12	5/23/2027	6/5/2027	6/10/2027
	PP#13	6/6/2027	6/19/2027	6/24/2027
2nd Quarter End				
July	PP#14	6/20/2027	7/3/2027	7/8/2027
	PP#15	7/4/2027	7/17/2027	7/22/2027
	PP#16 ***	7/18/2027	7/31/2027	8/5/2027
August	PP#17	8/1/2027	8/14/2027	8/19/2027
	PP#18	8/15/2027	8/28/2027	9/2/2027
September	PP#19	8/29/2027	9/11/2027	9/16/2027
	PP#20	9/12/2027	9/25/2027	9/30/2027
3rd Quarter End				
October	PP#21	9/26/2027	10/9/2027	10/14/2027
	PP#22	10/10/2027	10/23/2027	10/28/2027
November	PP#23	10/24/2027	11/6/2027	11/11/2027
	PP#24	11/7/2027	11/20/2027	11/25/2027
December	PP#25	11/21/2027	12/4/2027	12/9/2027
	PP#26	12/5/2027	12/18/2027	12/23/2027
4th Quarter End				

*** Denotes free pay period

2027 Holiday Schedule

Friday	1/1/27	New Year's Day
Monday	1/18/27	Martin Luther King Jr. Day
Friday	3/26/27	Good Friday
Monday	5/31/27	Memorial Day
Monday	7/5/27	Independence Day
Monday	9/6/27	Labor Day
Thursday	11/25/27	Thanksgiving Day
Friday	12/24/27	Christmas Eve (Christmas Day observed only; for normal office closures)
Saturday	12/25/27	Christmas Day (Paid holiday for worked hours)

Lake Charles Memorial Health System

Questions about your benefits?

Contact HR at 337.494.3255 or benefits@lcmh.com
benefits.plansource.com

Experience Memorial