



Your 2024 Mercy Benefits Guide

for Benefit-Eligible Co-workers



Eligibility and
Enrollment



My Health



My Savings



My Security

ENTER >



Welcome!

Because you, our valued co-workers, are the heart of Mercy, we want to ensure that our benefits make it easy for you and your family to get the best and most cost-effective care possible. We're pleased to offer you a suite of benefits that support you through all stages of life.

Take some time to review the 2024 benefits available to you.



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Who's Eligible for Benefits?

You're eligible for benefits if you're a full-time co-worker who regularly works at least 72 hours per pay period or a part-time co-worker who regularly works at least 32 hours per pay period. (**Note:** Program eligibility differs. Please see the MyRetirement Program section on [page 52](#) for additional information.)

Who Can I Cover?



Co-worker only



Co-worker plus children

- Your children, married or unmarried, up to age 26, including:
 - Biological child(ren)
 - Legally adopted child(ren)
 - Stepchild(ren)
 - A child who has been legally placed with you by an authorized placement agency or by judgment, decree or other order by any court of competent jurisdiction, including a foster child
- A child age 26 or older who is certified as permanently and totally disabled, as permitted by the plan



Co-worker plus one adult

An adult with whom you are entitled to file a joint federal income tax return or an adult who meets all other criteria listed below:

- Resides in your home but not as an employee (e.g., *nanny*) **and**
- Receives more than 50% in support for the calendar year **and**
- Has a gross income of less than \$4,050 for the calendar year (excluding Social Security benefits) **and**
- Does not meet the definition of a qualified dependent **and**
- Is age 19 or older



Co-worker plus family

You may choose different levels of coverage for each benefit.

For example, you may select family coverage for medical and co-worker plus children for dental and vision. However, you may only enroll one type of adult in benefits. You can't split your elections between the two.

Dependents and spouses can only be covered under one Mercy plan.

For example, if you and your spouse are both Mercy co-workers, your children can't be covered under both medical plans.



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Newly enrolled dependents will be verified through Alight's Dependent Verification process. [See the next page for details.](#)

What Do I Need to Provide to Validate Coverage for My Dependents?

Mercy has partnered with Alight to conduct a dependent verification audit. Alight will mail detailed instructions to your home for newly enrolled or previously unverified dependents enrolled in the medical, dental and vision plans. You will need to provide legal documents including:

- Marriage certificate
- Birth certificate
- Adoption certificate or legal adoption placement
- Other documents as required

The required documents must be submitted to Alight by the deadline in order to cover your dependents.

Birthday Rule

When both you and your spouse have coverage for your dependents, only one parent's insurance will pay as the primary insurance. This is determined by the "birthday rule." The parent with the first birthday of the year is the primary insurance carrier.

How Co-workers and Mercy Share Costs

While Mercy pays the majority of the total cost of coverage, you pay a portion of the cost through premiums that are deducted from your paycheck. Your cost depends on the plan and coverage you choose, as well as on your employment status. Keep in mind that your portion of the cost for most benefits will be paid with pre-tax dollars, which lowers your taxable income.

Payroll Deductions

Premiums will be deducted based on 24 pay periods in the calendar year for co-workers who are paid on a bi-weekly or semi-monthly basis, unless otherwise noted.



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Vendor Contact Information

Benefits	Contact Information	Contact for Answers to Questions Like:
Medical Anthem	anthem.com/mercy 844.437.0494	<ul style="list-style-type: none"> I have questions about my medical claims and benefits. Does this service require preauthorization?
Pharmacy Mercy Pharmacy – AR, MO, KS, OK, IL Carelton Pharmacy - All other states	anthem.com/mercy Mercy Pharmacy: 833.729.8796 Rx Customer Service: 844.783.0928 CareltonRx Mail: 833.236.6196	<ul style="list-style-type: none"> What medications are covered by my plan? What do I need to do to set up mail order?
Health Reimbursement Arrangement Garner	getgarner.com 866.761.9586	<ul style="list-style-type: none"> I need help locating an Anthem Top Provider. I have a question about a reimbursement from my HRA.
Dental MetLife	mybenefits.MetLife.com 855.637.2903	<ul style="list-style-type: none"> Can I get a pre-determination of benefits for a service? How can I find a MetLife dentist
Vision VSP	vsp.com 800.877.7195	<ul style="list-style-type: none"> How can I find a VSP provider?
FSA WEX	wexinc.com 866.451.3399	<ul style="list-style-type: none"> What is my FSA account balance? How can I pay my provider with my FSA?
Life and AD&D Securian	lifebenefits.com 877.494.1754	<ul style="list-style-type: none"> How do I change my beneficiary? Can I increase my coverage?
Long- & Short-Term Disability New York Life	800.558.4342	<ul style="list-style-type: none"> How do I apply for LTD? Does my condition qualify for benefits?
Accident, Critical Illness & Hospital Care Cigna	view.ceros.com/cigna/mercyhealth-1/p/1 800.558.4342	<ul style="list-style-type: none"> What do I need to submit to receive my wellness benefit? How do I file a claim?
Legal Assistance MetLife Legal Plans	members.legalplans.com 800.821.6400	<ul style="list-style-type: none"> What legal services are covered? How can I find a local attorney?
Identity Theft Protection Norton LifeLock	my.norton.com 800.607.9174	<ul style="list-style-type: none"> How often can I receive an alert?
MyRetirement Program Fidelity	myretirementprogram.com 800.343.0860	<ul style="list-style-type: none"> How much will I need for retirement? What investment options do I have?
Student Loan Refinancing Sofi	SoFi.com/mercy 855.456.7634 / ask@sofi.com	<ul style="list-style-type: none"> How can I reduce my outstanding loan debt?
Tuition Reimbursement EdAssist	mercy.edassist.com 855.511.8101	<ul style="list-style-type: none"> How do I submit expenses for Tuition Reimbursement?



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Before, During & After Enrollment Checklist

Before Enrollment:



Know Your Options

- ☐ Review the Benefits Guide, FAQs, presentation and more in the Benefits Section of [Workday](#), to learn about Mercy's benefit offerings for you and your family.
- ☐ Be sure you understand the benefits terminology. You can review this in the Benefits section of [Workday](#).
- ☐ Visit [Workday](#) to ensure your home address, personal email address and phone number are up-to-date.
- ☐ Determine who you can and will cover on your benefits. [See page 3](#) for details.

During Enrollment:



Getting Started

- ☐ To get started from a Mercy device: Search for Workday in the computer search bar. You won't be required to login.
 - ☐ From a non-Mercy device, visit: <https://www.myworkday.com/mercy/login.html> and use your Mercy network ID/password to login.
 - ☐ Ensure you have your dependent(s) date of birth and Social Security Number. These are required for enrollment.
 - ☐ Chat with [Workday](#) assistant 24/7.
 - ☐ Use the [Find a Provider](#) tool to ensure your provider is in-network with your medical plan.
 - ☐ If you're adding a spouse to your benefits, you'll be required to answer the spousal surcharge and spouse tobacco surcharge questions within your benefits enrollment in [Workday](#).
- If you're adding a covered adult to your benefits, you'll be required to answer the covered adult tobacco surcharge question within your benefits enrollment in [Workday](#).

After Enrollment:



Next Steps

- ☐ If you elected life insurance with Securian for yourself or your spouse that requires Evidence of Insurability (EOI), complete it as soon as possible.
- ☐ Be sure to designate beneficiaries for your life insurance and MyRetirement plans.
- ☐ If you're adding a dependent for the first time, or a previously unverified dependent, you'll receive a letter at your home address from Alight requesting that you verify your dependent for them to remain covered on the plan.
- ☐ If you or your covered adult are tobacco users and agreed to participate in the Tobacco Cessation courses, be sure to contact Marquee Health by the deadline to complete your tobacco cessation courses to avoid the tobacco surcharge.
- ☐ Download the Garner Health app from getgarner.com, Google Play or the App Store and set up a Garner Health Account. For more information about Garner, see [page 17](#).

Note: If you enroll in dental and/or vision, you will not receive ID cards for these benefits.



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Connect With Us via Workday Help Center

Help Case Overview

Co-workers can use the self-service feature to create cases, check case statuses and send real-time messages to HR. Leaders are also able to create help cases on behalf of their co-workers.

Create A Help Case

From the main page:

1. Open **Apps** by clicking **View All Apps**.
2. Select **Help**.
3. From the Help Center, click on **Create Case**.
4. The **Create For** person will default to you as you create a case. The person indicated in this field will receive all notifications and responses regarding this case.
5. Select the reason you are reaching out in the **Case Type** field (example: *Open Enrollment*). There are specific case types that help drive your case to the appropriate person in HR to best answer your question.

Be sure to select the most appropriate reason.

6. Add a **Case Title** to provide a brief summary on your case.
7. Add a **Detailed Description** as appropriate.
8. Upload additional documentation if needed.
9. Click **Add Required Details**.
10. If applicable, answer the series of questions, provide any additional details, and click **OK**.
11. Select **Create Case** to complete submission.

Your case is now created.

Note: You can also view articles within the Help Center prior to creating your case. In addition, as you create a case, top articles will be suggested based on the case type selected.

The screenshot shows the 'Create Case' form in Workday. It is divided into two main sections. The top section contains three fields: 'Create For*' (with a search bar and a note 'This person will get all notifications about this case'), 'Create About' (with a search bar and a note 'This person won't get any notifications about this case'), and 'Case Type*' (with a dropdown menu and a note 'This helps us route your case'). The bottom section contains a 'Case Title*' field (with a note 'Provide a short title for your case') and a 'Detailed Description' field (with a note 'Provide as much detail as possible to help speed up resolution'). Below the description field is a red circle with the number 8, indicating where to upload documentation. At the bottom of the form is a blue button labeled 'Add Required Details' with a red circle and the number 9 next to it. A yellow warning icon and text 'You must add required details before creating your case' are also visible.

Note: Leaders can create a case on behalf of another co-worker. By using the **Create About** field, a leader can create a case on behalf of someone; however, that person will not receive any notifications. Non-leaders are not able to create a case on behalf of someone else



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How Do I Enroll in Benefits?

You'll enroll online through Workday

If you're on a Mercy device:

In your computer search bar, type in 'Workday' and the application will appear. Click on the application to open it.

TIP: Your computer search bar is in the bottom left of your computer screen. This is not in an internet browser.

If you're NOT on a Mercy network:

Visit <https://www.myworkday.com/mercy/d/home.html> and use your Mercy network ID/password to log in or download the Workday app.

Follow these steps to enroll:

1. Once you're logged into Workday, from the Home page, click on your **Open Enrollment** task within your **Inbox/Awaiting Your Action**.
2. Click on **Let's Get Started**.
3. Under each benefit listed, click **Enroll** and make your election for each benefit.
4. After completing elections for *all* benefits, click **Review and Sign**.
5. Review your elections in your Benefits Summary.
6. Once reviewed, check the **I Accept** box at the bottom of your screen and click **Submit**.
7. Print or save your enrollment confirmation statement.

Additional enrollment resources can be found on [Workday](#).

You can also contact Talent Relations at **888.599.3737**, option #5, (7 a.m. – 5 p.m., M-F) or by [submitting a case in Workday](#).

Take Action!

Be sure to print or save your enrollment confirmation statement for your files after you enroll in 2024 benefits. **This is proof of your elections and enrollment in Mercy benefits.**



As a new hire, you have **31 days** from your date of hire to enroll in your benefits.



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How Can I Make a Change if I Have a Life Event?

To make a benefit change related to a life event, go to [Workday](#), navigate to the benefits section and select **Change Benefits**. Documentation will be required to validate your life event. Please submit only one Life Event at a time.

Documentation Required for Life Events

Event	Documentation
Marriage	Marriage certificate
Divorce	Divorce decree
Birth, adoption or placement for adoption of child	Enroll dependent in a timely manner and provide birth certificate, certificate of adoption papers and copy of Social Security card when received
Loss or gain of coverage as the result of an open enrollment with your spouse's employer (or covered adult)	A letter from their employer indicating the date of loss or gain of benefit coverage and the type of coverage (Medical, Dental, Vision, etc.)
Change of your employment status from benefits eligible to ineligible or vice versa	No documentation needed
Your dependent's loss of eligibility at the age of 26	No documentation needed
Any other qualifying event permissible under IRS regulations and rulings as determined by Mercy	Based upon qualifying event



If you have experienced a life event, you have **31 days** from the date of your qualifying life event to make a change to your benefits.



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Healthification

Eat for Life	Move for Life
Focuses on healthy eating through education and improved outcomes	Promotes increased physical activity through movement and exercise
Balance for Life	Breathe for Life
Encourages emotional health, spiritual well-being and work/life balance	Advocates for a tobacco-free life through cessation programs and support

Healthification Portal

Our comprehensive portal can help you create and maintain a healthier lifestyle. We want to reward co-workers who are already healthy, as well as those who need help making improvements. Every aspect of the program will be designed to make well-being a lasting habit and includes a variety of opportunities for you to choose your own personal wellness journey. You can earn and accumulate points all year long and redeem points for monetary rewards. The maximum amount you can earn in a calendar year is \$400. You can enjoy the flexibility of redeeming rewards when you're ready for extra money on your paycheck.

You can access the Healthification portal anywhere by visiting healthification.wellright.com from any mobile device or PC or by downloading the WellRight app from your app store. If registering through the app for the first time, use registration code HEALTHIFICATION to get started.

Health Evaluation

Mercy offers annual health evaluations to co-workers covered under the Mercy medical plan to identify potential risk for heart disease, diabetes and stroke. Plus, you'll earn the opportunity to earn a reduced medical plan premium for the following year. A health evaluation consists of three parts: a yearly physical, biometrics and a health risk assessment.

Visit the [Healthification Hub](#) on Baggot Street for more information.

You can also reach out to your local [Wellness Coordinator](#). They're your Healthification experts.

WeightWatchers

Mercy partners with WeightWatchers to make it easier for co-workers to join by paying 50% of monthly online and meetings membership fees.

Active&Fit Direct

Mercy partners with Active&Fit Direct to offer co-workers and covered adult dependents access to a broad network of participating fitness centers and online tools for \$28 per month.

I'll Listen

The [I'll Listen](#) initiative focuses on creating an environment where conversations about mental health are as every day as those about physical health.

Healthification offers resources to help you get the conversation started, become a better listener, respond in effective ways and manage your own emotional health.

DollarSense

DollarSense is powered by Healthification and brings the key areas of financial wellness together in one place.

The [DollarSense](#) hub on Baggot Street makes it easier for co-workers to find and access the information, tools and resources they need to get started or grow in their financial wellness journey.

Health Coaching

Mercy's health coaching program is a FREE service offered in the Healthification portal at no cost to co-workers. It connects you with a qualified coach who helps you find the motivation and tools to achieve your wellness goals. A health coach will work with you on a lifestyle behavior change that interests you, including physical activity, weight management, tobacco cessation, stress management, healthy eating, financial wellness and prenatal care. Coaches will check in with you regularly to provide ongoing education and accountability.

When you're ready to get started, simply call **800.822.2109** or reach out via email to coaching@mywellportal.com to get connected to a coach.



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Mercy Medical Plan

To ensure that our benefits make it easy for you and your family to get the best and most cost-effective care possible, we offer a comprehensive medical plan. Most co-workers (*those who live or work in Missouri, Arkansas, Kansas or Oklahoma*) will have access to the Anthem Alliance Options PPO. Co-workers who live and work in a state other than Missouri, Arkansas, Kansas or Oklahoma will have access to the Blue Access Out-of-Area Plan.

Anthem Alliance Options PPO

This three-tier plan, which is the plan available to most Mercy co-workers, offers an easy-to-understand copay structure with no deductibles and no coinsurance. This structure makes it easier to plan for any medical costs you and your family may have because you know the copays in advance. Additionally, the plan provides a Mercy-funded Health Reimbursement Arrangement (HRA), described in more detail below.

How the Plan Works

When you receive care from a Tier One Mercy provider or Tier Two Anthem network provider, you simply pay the appropriate copay at the time you receive care. It's that simple.

Tier One: Tier One consists of the high-quality Mercy providers and facilities that you're likely already using. When you get care from your Mercy doctor or use Mercy providers and facilities for other medical care, you'll only pay the copay noted under Tier One on the table beginning on [page 12](#). And because you're never required to meet a deductible or pay coinsurance, you'll always know exactly how much you'll pay for care before you receive it.

Additionally, when you use Mercy providers and facilities, you can be confident that you're receiving the highest-quality and lowest-cost care available. Tier One should always be your first choice when considering care.

Tier Two: Tier Two consists of Anthem network providers and facilities who are not Mercy providers. Like Tier One, you'll pay a copay for care and you'll never be required to meet a deductible or pay coinsurance. When using Tier Two, you'll pay a higher copay than Tier One, but you may be reimbursed for your copay through a Mercy-funded Health Reimbursement Arrangement (HRA) administered by our partner Garner. You can learn more about our relationship with Garner and how to take advantage of the HRA on [page 17](#).

Consider Tier Two when a Mercy provider or facility isn't available for your specific situation, for example, when your covered dependent child attends college in a state other than Missouri, Arkansas, Kansas or Oklahoma.

Tier Three: Tier Three consists of out-of-network providers and provides coverage at 50% coinsurance. This means that you'll pay 50% and the plan will pay 50% (*up to the plan's allowed amount*) for the care or service you receive. You won't always know how much you'll be required to pay ahead of the service and you may be "balance billed" for the difference between the plan's allowed amount and what the provider charges.



When you choose **Tier One**, you:

- Receive high-quality care and services from Mercy providers and facilities.
- Pay the lowest copays of all three tiers.

When you choose **Tier Two**, you:

- Pay a higher copay than when you use Mercy providers and facilities.
- May be reimbursed for the higher copays through a Mercy-funded HRA.*

When you choose **Tier Three**, you:

- Access out-of-network providers.
- Pay the highest cost when you receive care (*generally 50% coinsurance*).
- Will not have access to the Mercy-funded HRA.

*Up to the HRA amounts described on [page 17](#).



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Anthem Alliance Options PPO Highlights

Anthem Alliance Options PPO (If you live or work in MO, AR, KS or OK)			
	Mercy Tier One	Anthem Tier Two	Out of Network Tier Three
Deductible	\$0 Individual \$0 Family		
Health Reimbursement Arrangement (HRA)	N/A	\$1,000 Individual \$2,000 Family	N/A
Coinsurance	N/A	N/A	50%
Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family (\$5,000 Per Individual)	\$8,000 Individual \$15,000 Family (\$8,000 per Individual)	Unlimited
Office Visits			
	You Pay	You Pay	You Pay
Preventive Care	\$0	\$0	50%
Primary Care Physician (PCP)	\$20 copay	\$80 copay	50%
Mental Health	\$10 copay	\$10 copay	50%
Specialist	\$60 copay	\$150	50%
Video Visits			
	You Pay	You Pay	You Pay
Mercy Express Care	\$5 copay	N/A	N/A
Primary Care Physician (PCP)	\$15 copay	\$55 copay	50%
Mental Health	\$10 copay	\$10 copay	50%
Specialist	\$55 copay	\$105 copay	50%



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Anthem Alliance Options PPO Highlights *(continued)*

Other Services and Facilities			
Emergency Room	\$500 copay	\$500 copay	\$500 copay
Urgent Care Visit	\$50 copay	\$100 copay	\$100 copay
Hospital/Acute Care Facility	\$300 copay per day, \$900 max	\$900 copay per day, \$2,700 max	50%
Inpatient Surgery	\$900 copay	\$2,000 copay	50%
Basic Diagnostic Testing X-ray, non-maternity related ultrasound, EKG, EEG, echo, hearing tests	\$90 copay	\$150 copay	50%
Advanced Diagnostic Testing MRA, MRI, PET, CAT, nuclear cardiology	\$300 copay	\$750 copay	50%
Dialysis (<i>All Settings</i>)	\$30 copay	\$100 copay	50%
DME other than diabetic equipment	\$150 copay	\$500 copay	50%
Orthotics	\$150 copay	\$500 copay	50%
Prosthetics	\$150 copay	\$500 copay	50%
Medical and surgical supplies (<i>other than diabetic equipment</i>)	\$150 copay	\$500 copay	50%
Visits from Home Health Agency (<i>limited to 60 visits</i>)	\$38 copay	\$60 copay	50%
Chiropractic (<i>limited to 24 services</i>)	\$60 copay	\$90 copay	Not Covered
Physical Therapy and spinal manipulation (<i>60 visit limit combined with speech and occupational therapy</i>)	\$60 copay	\$90 copay	50%
Ambulance (<i>ground, air, water</i>) emergency	\$1,000 copay	\$1,000 copay	\$1,000 copay



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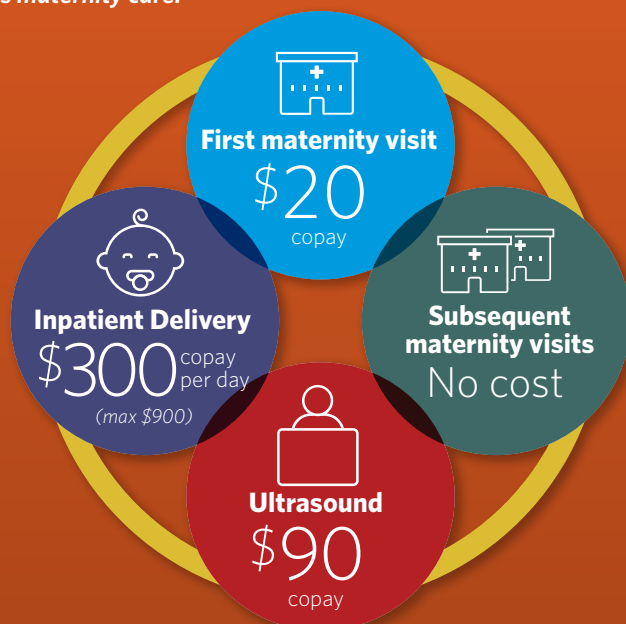
 People like Me

Meet Marcus

Marcus and his wife, Grace, are planning to start their family this year. They are enrolled in the Alliance Options PPO and they know that by using Tier One providers they'll be paying the lowest cost for Grace's maternity care.

And, because of the plan's copay structure, they'll know exactly how much they'll be paying when Grace receives care, which is reassuring to the young couple. But most importantly, they know that Grace's care will be provided by a highly-rated Mercy obstetrician.

Here's an example of the copays Marcus and Grace can expect to pay for Grace's maternity care:



TOTAL = \$410 - \$1010



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Blue Access Out-of-Area PPO

The Out-of-Area Plan is available to you if you live and work in a state other than Missouri, Arkansas, Kansas or Oklahoma.

This plan includes traditional deductibles, coinsurance, and copays for in-network care; however, as with the new Anthem Alliance Options PPO, you'll have access to the Garner tool and the new Mercy-funded HRA that may help offset the higher costs associated with this plan.

Blue Access Out-of-Area PPO Highlights

	Blue Access Out-of-Area Plan ¹ (If you live and work in a state other than MO, AR, KS or OK)	
	In Network	Out of Network
Health Reimbursement Arrangement (HRA)	\$3,000 Individual / \$6,000 Family	N/A
	You Pay	You Pay
Deductible	\$900 Individual / \$2,700 Family (\$900 Per Individual)	\$3,800 Individual / \$11,400 Family (\$3,800 Per Individual)
Coinsurance	30%	50%
Out-of-Pocket Maximum	\$5,000 Individual/ \$10,000 Family (\$5,000 Per Individual)	Unlimited
Office Visits		
Preventive Care	\$0	50% after deductible
Primary Care Physician (PCP)	\$80 copay	50% after deductible
Mental Health	\$10 copay	50% after deductible
Specialist	\$150 copay	50% after deductible



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Blue Access Out-of-Area PPO Highlights *(continued)*

Video Visits		
Primary Care Physician (PCP)	\$55 copay Anthem Live Health Online	50% after deductible
Mental Health Visit	\$10 copay Anthem Live Health Online	50% after deductible
Other Services and Facilities		
Emergency Room	\$500 copay	\$500 copay
Urgent Care	\$50 copay	\$100 copay
Chiropractic, Physical Therapy, Occupational Therapy and Speech Therapy	\$90 copay	50% after deductible
Lab and X-Ray	30% after deductible	50% after deductible
High-Cost Diagnostic (MRI, PET Scans)	30% after deductible	50% after deductible

Coverage Details

Access to: Blue Access network

Advantages

- Access to Anthem's national network with a wide range of doctors and facilities to fit your needs
- You can visit any doctor or facility you prefer, but your benefits will be higher and out-of-pocket costs lower when you stay in-network
- Includes non-network benefits
- Includes doctors and facilities for every essential service

Considerations

- Verify your doctors are in-network by using the [Find a Doctor](#) tool
- Be sure to search for and use Garner Top Rated providers to ensure your deductibles, coinsurance and copays are eligible for reimbursement from the Mercy-funded HRA. See [page 17](#) for more information.



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Mercy Health Reimbursement Arrangement

To help offset the cost of Tier Two care in Anthem Alliance Options PPO and in-network care in the Blue Access Out-of-Area Plan, you may have access to a Mercy-funded Health Reimbursement Arrangement (HRA) in the amounts shown below.

	Anthem Alliance Options PPO Tier One	Anthem Alliance Options PPO Tier Two	Anthem Alliance Options PPO Tier Three	Blue Access Out-of-Area PPO In-network	Blue Access Out-of-Area PPO Out-of-network
Health Reimbursement Arrangement (HRA)	N/A	\$1,000 Individual \$2,000 Family	N/A	\$3,000 Individual \$6,000 Family	N/A

We encourage you to use Mercy providers whenever possible, but we know that’s not always an option.

To ensure you’re getting the best care possible when you must use non-Mercy providers, we’re partnering with an organization called Garner.

You must use Garner if you’d like assistance offsetting the higher expenses associated with receiving care from non-Mercy providers who are in Anthem’s network. When you use Garner, you can be reimbursed for a portion of your expenses through the new Mercy-funded Health Reimbursement Arrangement, also known as an HRA.

Garner uses innovative data science to identify and rank high-quality doctors who have a proven track record of accurate diagnoses and successful treatments. These providers are identified as Top Providers.

Garner makes it easy for you to find their top providers using the following steps:

1. Set up a Garner account by visiting getgarner.com or downloading the Garner Health app from Google Play or the App Store.
2. While logged in to your account, search for Garner recommended Top Providers in your area. Top Providers are identified with a green top-provider badge. Once you have completed a search for a Top Provider, each provider in the search results will be tagged to your account.
4. Receive care from your preferred Top Provider.
5. Pay your copay (or other eligible expense) at the time of service and you’ll be reimbursed through your HRA (up to the amount available in your HRA).

Important Information About the HRA

- The HRA is only available for the reimbursement of copays related to care received from Tier Two providers and facilities in the Alliance Options PPO or deductibles, coinsurance and copays related to care received from Anthem network providers in the Out-of-Area plan.

Because you’ll always receive the lowest-cost care when you visit Mercy providers and facilities, the HRA is not available for use with Mercy providers and facilities.

- Reimbursements from the HRA are not retroactive. You must search for a Top Provider before you receive care from that provider in order to receive your reimbursement.
- You cannot use the HRA for the reimbursement of prescription drug expenses.
- The HRA is owned and funded by Mercy. If you do not fully use the funds in the HRA in a given year, or if you leave employment with Mercy, you are not entitled to the balance in the HRA.
- Although the HRA is available to offset the higher copays (and other eligible expenses) associated with Anthem Top Providers, the HRA may not reimburse your entire copay. For example, if you have individual coverage in the Anthem Alliance Options PPO plan and elect to have outpatient surgery using a Tier Two provider, the copay for your surgery is \$1,050. However, your HRA is only funded to \$1,000. You would be responsible for the remaining \$50. If other copays had been submitted for reimbursement prior to your surgery, your surgery copay reimbursement amount would be further reduced.
- You can search for Top Providers for yourself and for your covered dependents on your Garner account. Your covered dependents who are age 18 or older may also set up their own Garner account to search for Top Providers. As long as you have searched for a Top Provider before care is received, an HRA reimbursement will be authorized (up to the amount available).

Finally, the HRA is a tax-advantaged account similar to your Health Care Flexible Spending Account (FSA). If you contribute to a health care FSA, you cannot use your FSA dollars to pay for services that are reimbursed through your HRA. Be sure to carefully consider your FSA contributions to ensure you don’t forfeit any money at the end of the year. For more information about how to use your HRA and FSA together, see [page 42](#).



Eligibility and Enrollment



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 People like Me

Meet Cynthia

Cynthia is enrolled in the Alliance Options PPO and uses **Tier One** providers and facilities almost exclusively for her medical care. She knows she's getting the highest-quality care and paying the lowest cost possible when she uses Mercy's highly-rated providers. However, this year her daughter, Elise, will be attending college in Florida and won't have access to Mercy providers.

Fortunately, Cynthia knows that she can use the Garner Health app to find a high-quality Anthem network provider for Elise. And although the copays are higher, she knows that by selecting a Garner Top Provider, she will be reimbursed from her Mercy-funded HRA (*up to the amounts described on [page 17](#)*) to help offset the costs associated with Elise's out-of-state care. That's peace of mind for Cynthia as she sends her daughter off to school.

Take Action!

To receive HRA reimbursements for the cost of care from non-Mercy Anthem providers, you **must**:

- Set up an account with Garner by visiting getgarner.com or downloading the Garner Health app.
- Search for Garner Top Providers before you receive care.
- Receive your care from any of the Top Providers returned in your Garner provider search.

If you receive care from a provider who does not have a Top Provider badge, your copay will not be eligible for reimbursement from your HRA.



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Meet Carrie

Carrie is a Mercy co-worker who lives and works in Louisiana. Because Carrie lives and works outside of Mercy service area, she has access to the Blue Access Out-of-Area PPO.

Although Carrie doesn't have access to Mercy providers in Louisiana, she knows that she can use the Garner Health app to find high quality Anthem network providers for her family's medical care. She'll have to meet a deductible and pay coinsurance as well as higher copays in the Out-of-Area Plan, but she knows that by selecting a Garner Top Provider, she'll be reimbursed from her Mercy-funded HRA (*up to the amounts described on [page 16](#)*) to help offset the higher costs associated with the Out-of-Area Plan.



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Medical Premiums

Anthem Alliance Options PPO

(If you live or work in MO, AR, KS or OK)

	Health Eval Per-Pay Period Premium	Standard Per-Pay Period Premium
Full-time Co-worker Only	\$56.79	\$81.79
Full-time Co-worker + 1 Adult	\$169.80	\$194.80
Full-time Co-worker + Children	\$125.54	\$150.54
Full-time Co-worker + Family	\$229.30	\$254.30
Part-time Co-worker Only	\$118.28	\$143.28
Part-time Co-worker + 1 Adult	\$296.02	\$321.02
Part-time Co-worker + Children	\$219.04	\$244.04
Part-time Co-worker + Family	\$399.58	\$424.58

Blue Access Out-Of-Area PPO

(If you live and work in a state other than MO, AR, KS or OK)

	Health Eval Per-Pay Period Premium	Standard Per-Pay Period Premium
Full-time Co-worker Only	\$56.79	\$81.79
Full-time Co-worker + 1 Adult	\$185.68	\$210.68
Full-time Co-worker + Children	\$137.70	\$162.70
Full-time Co-worker + Family	\$250.18	\$275.18
Part-time Co-worker Only	\$129.72	\$154.72
Part-time Co-worker + 1 Adult	\$322.38	\$347.38
Part-time Co-worker + Children	\$238.94	\$263.94
Part-time Co-worker + Family	\$434.62	\$459.62



Medical Premium Assistance Program

The Medical Premium Assistance program helps Mercy co-workers who are experiencing a financial hardship by providing those who qualify with a 40%, 45% or 50% savings on Mercy medical plan premiums.

The Medical Premium Assistance application is available to new hires and co-workers at any time during the year if they experience a life event. It's also available to all co-workers during annual Open Enrollment. Co-workers can access the enrollment application in [Workday](#). For more information on the Medical Premium Assistance program, visit the [Medical Premium Assistance Hub](#) on Baggot Street.



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Tobacco Surcharge

According to the CDC, tobacco use is the single most preventable cause of disease and death. Mercy is committed to promoting good health and managing health care costs for our co-workers and the ministry.

If you and/or your covered adult have used tobacco in the previous six months and enroll in the 2024 medical plan, you may be subject to a tobacco surcharge. The tobacco surcharge is \$75 per pay period for the co-worker and/or \$75 per pay period for the covered adult. If both of you are tobacco users, the surcharge is \$150 per pay period.

This surcharge is in addition to the medical plan premiums.

You and/or your covered adult have 90 days from your benefit start date to complete the required course. It is the co-worker’s and/or covered adult’s responsibility to contact Marquee Health by phone at **800.882.2109** to schedule sessions.

Tobacco User	Per-Pay Period Surcharge
Co-worker only	\$75
Covered adult only	\$75
Co-worker and covered adult	\$150

Spouse Surcharge

If you enroll your spouse in medical plan coverage and they are eligible to enroll in another employer’s medical plan, you will be charged a Spouse Surcharge of \$50 per pay period.

The Spouse Surcharge will not apply if your spouse is not eligible for another employer’s medical plan due to any of the following reasons: unemployed/self-employed, retired, has Medicaid or Medicare, is employed but is not eligible for benefits, a veteran and receives VA medical benefits or if your spouse is a Mercy co-worker.

Medical Plan Terms

Coinsurance: A percentage of fees paid for services. For example, in the Blue Access Out-of-Area PPO, after your annual deductible is met, you’ll pay 30% and the plan pays 70% of your claim costs up to the out-of-pocket maximum.

Coordination of Benefits: This is the method Mercy uses to coordinate our medical, dental and vision benefits with other coverage. This means when another plan pays first, Mercy’s plan pays the difference between the first plan’s benefit and the total incurred allowable expenses up to the Mercy plan’s benefit level.

Copay: The set amount you pay directly to the provider when you receive certain services. For example, the copay you pay each time you visit a Mercy PCP or the \$15 you pay for generic drugs at a Mercy preferred pharmacy.

Deductible: The amount you pay each year in the Blue Access Out-of-Area PPO before the plan begins to pay for expenses.

Out-of-Pocket Maximum: This protects you financially. The out-of-pocket maximum limits the amount you have to pay (*out of your own pocket*) each year for covered medical expenses the out-of-pocket maximum includes your prescription drug costs, but it doesn’t include your premiums.

Primary Care Physician (PCP): This is your main doctor. They are your first point of contact when you need care. Your PCP also coordinates other care as needed (*for example, if you need a specialist*).

Usual and Customary Fees: The amount the plan will pay for a covered medical service based upon what providers in the same geographic area will usually pay for the same or similar medical service.



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How to Find a Mercy or Anthem Provider

Use Find a Provider located in the Medical/Pharmacy section in **Mercy/Anthem**. The Find a Provider tool will help you find providers and services that are in network for your plan.

Selecting a Primary Care Provider (PCP)

A Primary Care Provider (PCP) is a crucial part of any care team. Make sure each member of your family has a PCP to coordinate:

- Preventive care
- Information about healthy living
- Diagnosis and treatment of common medical conditions
- Assessment of medical problems and direction of appropriate care

Ask your Mercy PCP about online scheduling and "Come On In" care.



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Mercy on Call

24/7 health answers

"I think I need to get this checked out, but where should I go?"

When you're unsure, call the experts at Mercy on Call. You'll speak directly to Mercy nurses and providers who can answer your questions and connect you to your best care options, saving you time and preventing unnecessary medical expenses.

Choose the correct level of care for your situation and get the answers you need, day or night, with Mercy on Call.

844.521.2414



Learn more at
mercy.net/OnCallNow



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Health Care Resources

Mercy Express Care

Mercy Express Care makes care for minor conditions quick and easy.

When you experience minor, non-urgent medical conditions such as sinus issues or a sore throat, you can be treated online through Mercy Express Care. Simply start a digital interview in MyMercy by answering a few simple questions and a treatment plan will be delivered to your email. Treatment may include connecting with a Mercy Clinic provider at the Virtual Care Center for follow-up or referral to another method of treatment. Medications may also be prescribed via Express Care.

Mercy Express Care is available to co-workers and dependents age 18 or older, who are covered by a Mercy medical plan.



Experience a better urgent care and a lower copay—visit a Mercy Urgent Care or Mercy-GoHealth Urgent Care near you.

Convenient Care

Your life is busy. You want walk-in convenience when your family needs care unexpectedly. Mercy makes it easy in a growing number of locations.

Visit mercy.net/locations to find a convenient care location by community.

Nurse practitioners (NPs) or physician assistants (PAs) are a key part of your Mercy care team. These care providers work in partnership with Mercy doctors to provide quality service at convenient hours.

Urgent Care

Accidents and serious illnesses can happen anytime. Urgent Care Centers can provide the medical attention you need at a lower cost and typically a shorter waiting time than your local Emergency Room (ER). Please note that urgent care isn't a substitute for the ER. If your symptoms are life-threatening, call 911 immediately.

Case Management

Our case managers help you receive the best medical care to meet your needs when you're dealing with a serious health issue. They provide patient and caregiver support, help patients avoid preventable hospital admissions and medical complications, provide diagnosis-related education and community resources, and work with your doctor to make certain you receive appropriate, affordable care. You can reach them at **866.222.6655**.

Laboratory, X-ray and Other Diagnostic Services

Please note that when you receive laboratory, X-ray or other diagnostic services (e.g., EKG, MRI, ultrasound, etc.) as part of a physician visit in the Anthem Alliance Options PPO plan, the diagnostic service copay for the test applies in addition to your physician office copay. In the Blue Access Choice PPO plan, the deductible and coinsurance for the test applies in addition to your physician office copay.

Appeals

If your request for medical service is denied in whole or in part, or you're otherwise dissatisfied with the decision, you or someone you authorize can appeal the decision. For further assistance and information regarding the appeals process, contact the Anthem member services number on the back of your medical ID card.



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Mercy Pharmacy Plan - Anthem

Your Mercy medical plan covers prescription drugs.

The plan makes it easy for you to receive low-cost prescriptions no matter where you live.

Mercy Pharmacy

If you live in Missouri, Arkansas, Kansas, Oklahoma or Illinois, you should have your prescriptions filled at a Mercy Pharmacy to ensure you're paying the lowest copay.

Although you have the option of using higher-cost non-Mercy pharmacies for one-time prescriptions you **must** use a Mercy Pharmacy to fill prescriptions for maintenance drugs.

If you attempt to refill a maintenance medication at a pharmacy other than a Mercy Pharmacy, the plan will not cover the cost of your medication.

Carelon Pharmacy Network

If you live outside of Missouri, Arkansas, Kansas, Oklahoma or Illinois, the CarelonRx National Network is your preferred pharmacy network. The Carelon network includes nearly 99% of all pharmacies in the US (including all major chains).

To find a Carelon network pharmacy or to manage your Carelon prescriptions, log in to your [anthem.com](https://www.anthem.com) account and click on **Prescriptions**.

You may also call Carelon customer service for assistance at **844.783.0928**.

	If you live in MO, AR, KS, OK or IL	If you live in MO, AR, KS, OK or IL	If you live in any state other than MO, AR, KS, OK or IL
	Mercy Pharmacy	Non-Mercy Pharmacy	Carelon Pharmacy Network ¹
30-Day First Fills			
Tier One	\$15	\$15	\$15
Tier Two	\$60	\$60	\$60
Tier Three	\$125	\$125	\$125
30-Day Refills			
Tier One	\$15	\$30 ²	\$15 ³
Tier Two	\$60	\$120 ²	\$60 ³
Tier Three	\$125	\$250 ^{2,3}	\$125 ³
90-Day Refills (maintenance drugs)			
Tier One	\$37.50	Not covered ⁴	\$37.50
Tier Two	\$180	Not covered ⁴	\$180
Out-of-Pocket Maximum	Co-worker: \$5,000 combined with your medical plan Family: \$10,000 combined with your medical plan	Co-worker: \$8,000 combined with your medical plan Family: \$15,000 combined with your medical plan	Not applicable

¹ If you live in Hot Springs, AR, you may use the Carelon Pharmacy Network (which includes most retail pharmacies) to fill your prescriptions. ² After second fill of maintenance medications, future refills must be filled at a Mercy Pharmacy. ³ Specialty drugs are limited to a 30-day supply. ⁴ 90-day supplies of maintenance medications are only covered at a Mercy Pharmacy.



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Mail Order

If you take maintenance medications, mail order may be the right solution to fill your prescriptions.

Mail order combines the convenience of having prescriptions delivered to your home or office with lower cost. You can receive a 90-day prescription of Tier One (*mostly generic*) medications at 2.5 times the cost of a 30-day prescription.

Mercy Pharmacy Mail Order

If you live in Missouri, Arkansas, Kansas, Oklahoma or Illinois, you'll use Mercy Pharmacy mail order.

You can reach Mercy Pharmacy mail order at **833.729.8796**.



If you need assistance transferring your maintenance prescriptions to a Mercy Pharmacy, please call 833.729.8796.

CarelonRx Mail

If you live in a state other than Missouri, Arkansas, Kansas, Oklahoma or Illinois, you'll use CarelonRx Mail. To request mail order:

1. Log in to your anthem.com account
2. Click on **Prescriptions**
3. Click on **Prescriptions Home**
4. Select **Request a New Home Delivery Prescription**

You can reach CarelonRx Mail at **833.236.6196**.

Pharmacy Out-of-Pocket Maximums

Prescription drug copays are applied toward the medical plan out-of-pocket maximum amounts as described on [pages 12 and 15](#). Once you've met your out-of-pocket maximum for the calendar year, all future network costs are covered at 100%.

Talk With Your Provider

Pharmacy is in constant change, so it's always best to talk to your provider about what medication is best for you clinically and the most cost effective. Depending on what type of prescription you choose (*generic or brand*), you could pay a lot less or a lot more, for essentially the same thing. Tier One medications are drugs that are the most cost effective and typically include mainly generics and a small number of brand name medications. Tier Two medications are more costly and typically include brand name medications and a few high-cost generics.

Mercy uses a closed formulary structure based on recommendations from our clinicians. Medications are reviewed by the Pharmacy Committee for clinical appropriateness and cost-effectiveness.

By closing the formulary, it helps protect Mercy and you from brand drug marketing that leads to the use of more expensive medications that aren't clinically more effective. If you or your physician choose a brand name drug when a suitable generic drug is available, you'll pay the appropriate generic copay plus the difference in the calculated cost between the generic and brand name drug.

Please visit [Workday](#) to review the formulary to determine which drugs are Tier One, Tier Two and Tier Three.

What are Maintenance Medications?

Maintenance medications are prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular use of medicines that might be needed for months, years, or even a lifetime. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma, arthritis, and diabetes.



Eligibility and Enrollment



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Mercy Pharmacy - Services by Location

CENTRAL					
Mercy Pharmacy Fort Smith (Co-workers only)		7301 Rogers Ave.	<i>Ft. Smith</i>	AR 72903	479.314.6142
Mercy Pharmacy Evans Road		3050 E River Bluff Blvd.	<i>Ozark</i>	MO 65721	417.885.3357
Mercy Pharmacy Fremont		1965 S. Fremont Ave Ste. 140	<i>Springfield</i>	MO 65804	417-820-3577
Mercy Pharmacy Lebanon	DT	200 Hospital Dr.	<i>Lebanon</i>	MO 65536	417.533.6770
Mercy Pharmacy Nixa	DT	940 W Mount Vernon St. Ste. 130	<i>Nixa</i>	MO 65714	417.724.5350
Mercy Pharmacy Rolla	DT	1605 Martin Springs Dr. Ste. 220	<i>Rolla</i>	MO 65401	573.458.6433
Mercy Pharmacy Rogers (Co-workers only)		2708 S Rife Medical Ln. Ste. 110	<i>Rogers</i>	AR 72758	479.338.2300
Mercy Pharmacy SGC		3231 S National Ave. Ste. 110	<i>Springfield</i>	MO 65807	417.841.0116
Mercy Pharmacy Springfield		1235 E Cherokee St.	<i>Springfield</i>	MO 65804	417.820.2752
Mercy Pharmacy St. Robert	DT	586 Old Route 66	<i>St. Robert</i>	MO 65584	573.336.2180
Mercy Specialty And Home Infusion Springfield		2115 S Fremont Ave. Ste. 5200	<i>Springfield</i>	MO 65804	417.820.2575
Mercy Pharmacy Joplin		100 Mercy Way	<i>Joplin</i>	MO 64804	417.556.8930
EAST					
Mercy Pharmacy 79 Crossing at Dierbergs	DT	217 Salt Lick Rd.	<i>St. Peters</i>	MO 63376	636.970.3510

DT=Drive-thru



Eligibility and Enrollment



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Mercy Pharmacy - Services by Location *(continued)*

Mercy Pharmacy 94 Crossing at Dierbergs		6211 Mid Rivers Mall Dr.	St. Peters	MO	63304	636.936.3020
Mercy Pharmacy Arnold Commons at Dierbergs	DT	860 Arnold Commons Dr.	Arnold	MO	63010	636.282.4817
Mercy Pharmacy Bogey Hills at Dierbergs		2021 Zumbuhl Rd.	St. Charles	MO	63301	636.947.0929
Mercy Pharmacy Brentwood Pointe at Dierbergs		8450 Eager Rd.	St. Louis	MO	63144	314.962.9036
Mercy Pharmacy Chesterfield at Dierbergs	DT	1730 Clarkson Rd.	Chesterfield	MO	63017	636.537.9408
Mercy Pharmacy Clayton-Clarkson		15945 Clayton Rd. Ste. 140	Ballwin	MO	63011	636.256.5111
Mercy Pharmacy Crestwood Crossing at Dierbergs		9555 Watson Rd.	Crestwood	MO	63126	314.527.6675
Mercy Pharmacy Deer Creek Crossing at Dierbergs		2979 Hwy. K	O'Fallon	MO	63368	636.379.8910
Mercy Pharmacy Des Peres at Dierbergs	DT	1080 Lindemann Rd.	Des Peres	MO	63131	314.238.0444
Mercy Pharmacy Edwardsville Crossing at Dierbergs	DT	6671 Edwardsville Crossing Dr.	Edwardsville	IL	62025	618.307.3817
Mercy Pharmacy Fenton Crossing at Dierbergs		450 Old Smizer Mill Rd.	Fenton	MO	63026	636.349.2666
Mercy Pharmacy Florissant at Dierbergs		222 North Highway 67	Florissant	MO	63031	314.831.0990
Mercy Pharmacy Green Mount Crossing at Dierbergs	DT	4000 Green Mount Crossing Dr.	Shiloh	IL	62269	618.628.8085
Mercy Pharmacy Heritage Place at Dierbergs		12595 Olive Street Rd.	St. Louis	MO	63141	314.542.2194
Mercy Pharmacy Jefferson		1400 Hwy 61 S Ste. S1100	Festus	MO	63028	636.933.1600

DT=Drive-thru



Eligibility and Enrollment



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Mercy Pharmacy - Services by Location *(continued)*

Mercy Pharmacy Kennerly	10010 Kennerly Rd.	St. Louis	MO	63128	314.525.1633
Mercy Pharmacy Lake Saint Louis at Dierbergs	6450 Ronald Reagan Dr.	Lake St. Louis	MO	63367	636.755.4571
Mercy Pharmacy Lemay Plaza at Dierbergs	2516 Lemay Ferry Rd.	St. Louis	MO	63125	314.894.7755
Mercy Pharmacy Mackenzie Pointe at Dierbergs	7233 Watson Rd.	St. Louis	MO	63119	314.752.7881
Mercy Pharmacy Manchester at Dierbergs	421 Lafayette Ctr	Manchester	MO	63011	636.591.0600
Mercy Pharmacy Medical Tower A/B	621 S New Ballas Rd. Ste. 20A	St. Louis	MO	63141	314.251.7444
Mercy Pharmacy New Ballas	701 South New Ballas Rd.	Creve Coeur	MO	63141	314.251.7570
Mercy Pharmacy Olive-Mason	12680 Olive Blvd. Ste. 150	St. Louis	MO	63141	314.251.8989
Mercy Pharmacy Patients First	901 Patients First Dr.	Washington	MO	63090	636.266.7090
Mercy Pharmacy Perryville	212 Hospital Ln. Ste 102	Perryville	MO	63775	573.547.4960
Mercy Pharmacy Southfork	12700 Southfork Rd. Ste. 110	St. Louis	MO	63128	314.525.4488
Mercy Pharmacy Southroads at Dierbergs	12420 Tesson Ferry Rd	St. Louis	MO	63128	314.849.3880
Mercy Pharmacy St. Louis Lobby	615 S New Ballas Rd.	St. Louis	MO	63141	314.251.6900
Mercy Pharmacy Telegraph at Dierbergs	5640 Telegraph Rd.	St. Louis	MO	63129	314.846.5778
Mercy Pharmacy Troy	890 East Cherry St.	Troy	MO	63379	636.528.3330



Eligibility and Enrollment



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Mercy Pharmacy - Services by Location *(continued)*

Mercy Pharmacy Warson Woods at Dierbergs		9901 Manchester Rd.	St. Louis	MO	63122	314.919.0611
Mercy Pharmacy Washington		851 E 5th St. Ste. 104	Washington	MO	63090	636.390.7333
Mercy Pharmacy Wentzville at Dierbergs		1820 Wentzville Pkwy.	Wentzville	MO	63385	636.887.3317
Mercy Pharmacy West Oak at Dierbergs		11481 Olive Street Rd.	St. Louis	MO	63141	314.432.5708
Mercy Pharmacy Wildwood Town Center at Dierbergs	DT	2460 Taylor Rd.	Wildwood	MO	63040	636.458.7450
Mercy Specialty And Infusion		3183 Riverport Tech Center Dr.	Maryland Heights	MO	63045	314.506.6163
Mercy Specialty Pharmacy St. Louis		607 S New Ballas Rd. Ste. 1415	St. Louis	MO	63141	314.251.5478
WEST						
Mercy Hospital Ada Pharmacy		430 N Monte Vista St.	Ada	OK	74820	580.421.1500
Mercy Pharmacy Ardmore		1011 14th Ave. NW	Ardmore	OK	73401	580.220.6250
Mercy Pharmacy Crimson Spire		Open Summer/Fall 2023		OK		
Mercy Pharmacy I-35		2017 W I 35 Frontage Rd. Ste 120	Edmond	OK	73013	405.757.3395
Mercy Pharmacy - Mercy Tower OKC		4200 W Memorial Rd. Ste. 106	Oklahoma City	OK	73120	405.752.3590
Mercy Specialty Pharmacy Oklahoma City		4401 McAuley Blvd.	Oklahoma City	OK	73120	405.486.8727

DT=Drive-thru



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Mercy Dental Plans – MetLife

Mercy offers two dental plan options to help you manage your dental care. Basic dental and premium dental are designed to encourage good oral hygiene by emphasizing preventive care.

MetLife offers a network of dentists but you can use any dentist you wish. However, when you choose a MetLife dentist, you'll generally pay less. There are no claim forms or paperwork to complete. Just tell your dentist you have MetLife.



MetLife does not issue ID Cards. The MetLife network provider may request your name and SSN to verify your benefits and submit claims.

Considerations

- Do you or your dependents have access to other dental coverage under another plan? Keep in mind, you may not receive extra benefits if you're covered under two dental plans.
- Would your health care flexible spending account cover your dental care needs?



To locate a MetLife network dentist, go to mybenefits.MetLife.com. You may also call **855.MERCY.03** (855.637.2903).



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Dental Plan Highlights

Service	Basic In Network	Basic Out of Network	Premium In Network	Premium Out of Network
Deductible (<i>single/family</i>)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Preventive Care	100%	90%	100%	90%
Basic Restorative	70% after deductible	60% after deductible	80% after deductible	70% after deductible
Major Restorative	40% after deductible	40% after deductible	60% after deductible	60% after deductible
Orthodontia	No Coverage	No Coverage	50% to \$2,000 lifetime per person	50% to \$2,000 lifetime per person
Annual Benefit Maximum	\$1,000 per participant	\$1,000 per participant	\$2,500 per participant	\$2,000 per participant



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Dental Plan Premiums

	Basic Dental Plan Per-Pay Period Premium	Premium Dental Plan Per-Pay Period Premium
Full-time Co-worker Only	\$10.40	\$16.66
Full-time Co-worker + 1 Adult	\$21.08	\$33.88
Full-time Co-worker + Children	\$20.98	\$38.98
Full-time Co-worker + Family	\$34.18	\$56.56
Part-time Co-worker Only	\$12.92	\$20.86
Part-time Co-worker + 1 Adult	\$26.20	\$42.56
Part-time Co-worker + Children	\$26.08	\$49.86
Part-time Co-worker + Family	\$42.98	\$72.04

Mercy Vision Plan – VSP

Mercy’s vision plan helps you manage the cost of vision care for you and your family. Mercy encourages you to have regular eye exams so any vision problems can be detected early and corrected.

Vision Plan Highlights

VSP Choice	Description	Copay	Notes
Well Vision Exam	Eye and overall wellness exam	\$10	Every calendar year
Glasses or contacts every calendar year			
Prescription Glasses		\$25	If I stay in network, lenses are included in the \$25 copay for frames (not including add-ons, such as tinting)
Standard Frame	\$175 allowance	Included in prescription glasses	I can purchase either glasses or contacts every calendar year
Featured Frame	\$180 allowance		
	20% off amount over your allowance		
Lenses	Single vision, lined bifocal, lined trifocal polycarbonate lenses for dependent children		
Progressive Lenses		\$40	
Anti-Reflective Lens		\$25	
Other Lens Options	Average 20 – 25% off other lens options	\$0	
Contacts	\$150 allowance	\$0	There’s a separate exam cost for contacts
Contact Lens Exam*	Fitting and evaluation	Up to \$60	

Coverage with Out-of-Network Providers		
Visit vsp.com for details if you plan to see a provider other than a VSP network provider.		
Exam: up to \$45 allowance	Single vision lenses up to \$30 allowance Lined bifocal lenses up to \$50 allowance	Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.
Frame: up to \$70 allowance	Progressive lenses up to \$50 allowance Lined trifocal lenses up to \$65 allowance	
	Contacts.....up to \$105 allowance	

* Contact lens exam (fitting and evaluation) is separate from the materials coverage. A note about “allowance:” The allowance is the amount you’re “allowed” to spend on the particular product or service. Amounts that exceed the allowance are your responsibility.



Eligibility and Enrollment



My Health



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Vision Plan Premiums

Vision Plan	Per-Pay Period Premium
Full-time Co-worker Only	\$4.70
Full-time Co-worker + 1 Adult	\$8.90
Full-time Co-worker + Children	\$9.86
Full-time Co-worker + Family	\$14.16
Part-time Co-worker Only	\$4.70
Part-time Co-worker + 1 Adult	\$8.90
Part-time Co-worker + Children	\$9.86
Part-time Co-worker + Family	\$14.16



You can use any provider, but when you choose a VSP Choice provider, your cost is lower. You won't receive an ID card and there are no claim forms or paperwork to complete. Just let your doctor know you have VSP.

To find a provider, visit vsp.com or call 800.877.7195.



Eligibility and Enrollment



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 People like Me

Meet Dave

If a family could ever be described as active and athletic, it's his. His kids are in dance, soccer and basketball. He and his spouse are weekend warriors who run, bicycle and are avid rock climbers.

He chose to take advantage of Mercy's Accident Coverage through Cigna because any of them could get injured at any time. This plan helps cover costs that insurance doesn't, like copays and deductibles. Plus, he receives a \$125 wellness reward for each enrolled dependent when they get their annual medical, dental or vision exams.

Accident Coverage – Cigna

Coverage Details

Accident Coverage pays you cash in the event of an accidental injury not related to work. It helps cover the costs your insurance doesn't pay, such as medical copays and deductibles, as well as daily living expenses such as house payments, car payments and other bills.

\$125 Wellness Benefit

Your Accident coverage includes a \$125 wellness reward when you complete your annual health screenings including your medical, dental or vision exams. The plan pays \$125 for each enrolled dependent who completes a qualified health screening. A list of all approved health screenings can be found on the [Cigna website](#).

If you're enrolled in Accident, Critical Illness and Hospital Care, you may use the same health screening to receive your wellness benefit from all plans.

Considerations

- Do I or my dependents participate in sports or other activities posing a higher risk for injury?
- Do I have enough available cash to cover extra expenses related to an accidental injury?



Eligibility and Enrollment



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Accident Premiums

Coverage Option Description	Per-Pay Period Premium
Co-worker Only	\$4.34
Co-worker + Spouse	\$7.59
Co-worker + Children	\$9.15
Co-worker + Family	\$12.42



Eligibility and Enrollment



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 People like Me

Meet Lee

She just found out she is pregnant with her second child. Her first was high-risk and required a lengthy hospital stay, so she chose to use Hospital Care coverage through Cigna. If she needs to be hospitalized again, she'll receive a lump-sum benefit to help cover the costs.

Plus, if anyone else in her family has an unexpected hospitalization—like if her little one gets RSV or her spouse's asthma flares up—they don't have to worry about finances and can focus on getting well.

Because this isn't a substitute for medical coverage, Lee has also chosen a Mercy medical plan.

Hospital Care - *Cigna*

Coverage Details

When you have an unexpected hospitalization, keep your focus on getting better and not on the financial situation. Cigna's Hospital Care pays a lump-sum benefit after a qualified inpatient hospitalization that is the result of a covered injury or illness. You can use your benefit to help with the cost of travel, transportation, treatment options and more. Hospital Care is not a substitution for a medical plan and should only be used for supplemental income. For additional information on coverage, visit the [Cigna](#) website.

\$75 Wellness Benefit

Your Hospital Care coverage includes a \$75 wellness benefit when you complete your annual health screenings including your medical, dental or vision exams. The plan pays \$75 for each enrolled dependent who completes a qualified health screening. A list of all approved health screenings can be found on the Cigna website.

If you're enrolled in Accident, Critical Illness and Hospital Care, you may use the same health screening to receive your wellness benefit from all plans.



Eligibility and Enrollment



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Hospitalization Benefit

(One benefit every 365 days)

	Benefit Amount
Hospital admission	\$1,000 per day - Limited to one day.
Hospital stay	\$200 per day - Limited to 10 days.
Hospital Intensive Care Unit (ICU) stay	\$400 per day - Limited to 10 days.

See [Cigna](#) for definitions.

Hospital Care Premiums

Coverage Option Description	Per-Pay Period Contribution
Co-worker Only	\$10.55
Co-worker + Spouse	\$19.03
Co-worker + Children	\$18.44
Co-worker + Family	\$26.91



Eligibility and Enrollment



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 People like Me

Meet Hannah

She is being treated for breast cancer. Because she has Critical Illness coverage, she can focus on getting well, rather than worrying about the cost of treatment.

Because Critical Illness coverage isn't a substitute for medical coverage, Hannah has also chosen a Mercy medical plan.

Critical Illness - Cigna

Coverage Details

Critical Illness coverage pays you \$10,000 or \$20,000 cash upon the diagnosis of a critical illness including heart attack, stroke, cancer, occupational HIV, kidney failure, benign brain tumor and coma. It's offered on a guaranteed issue basis regardless of your medical history.

\$125 Wellness Benefit

Critical Illness coverage includes a wellness benefit which pays \$125 for you and your covered dependents who complete an annual health screening. Covered screenings include mammogram, pap-smear, cholesterol check, stress test and PSA screening as well as dental and vision screenings. If you're enrolled in Accident, Critical Illness and Hospital Care, you may use the same health screening to receive your wellness benefit from all three plans.

Considerations

- Am I at risk (*by age, genetics or lifestyle*) for serious illnesses like heart attack, stroke, cancer or others listed above?
- Do I have enough available cash to cover extra expenses related to an unexpected critical illness?



Eligibility and Enrollment



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Critical Illness Premiums

\$10,000 Basic Benefit - Pay Period Rates

Age Band	Coverage Option Description	Per-Pay Period Contribution
0-24	CW Only	\$2.19
0-24	CW + Spouse	\$4.79
0-24	CW + Children	\$4.98
0-24	CW + Family	\$7.56
25-29	CW Only	\$2.28
25-29	CW + Spouse	\$4.94
25-29	CW + Children	\$5.14
25-29	CW + Family	\$7.82
30-34	CW Only	\$2.45
30-34	CW + Spouse	\$5.33
30-34	CW + Children	\$5.24
30-34	CW + Family	\$8.08
35-39	CW Only	\$2.54
35-39	CW + Spouse	\$5.48
35-39	CW + Children	\$5.42
35-39	CW + Family	\$8.34
40-44	CW Only	\$4.14
40-44	CW + Spouse	\$8.86
40-44	CW + Children	\$6.93
40-44	CW + Family	\$11.61
45-49	CW Only	\$4.29
45-49	CW + Spouse	\$9.12
45-49	CW + Children	\$7.15
45-49	CW + Family	\$11.98
50-54	CW Only	\$8.26
50-54	CW + Spouse	\$18.57
50-54	CW + Children	\$11.01
50-54	CW + Family	\$21.34

CW = Co-worker

Your 2024 Mercy Benefits Guide

Age Band	Coverage Option Description	Per-Pay Period Contribution
55-59	CW Only	\$8.52
55-59	CW + Spouse	\$19.15
55-59	CW + Children	\$11.35
55-59	CW + Family	\$22.01
60-64	CW Only	\$12.20
60-64	CW + Spouse	\$28.04
60-64	CW + Children	\$14.97
60-64	CW + Family	\$30.81
65-69	CW Only	\$15.75
65-69	CW + Spouse	\$35.30
65-69	CW + Children	\$18.53
65-69	CW + Family	\$38.07
70-74	CW Only	\$21.58
70-74	CW + Spouse	\$47.65
70-74	CW + Children	\$24.35
70-74	CW + Family	\$50.44
75-79	CW Only	\$21.80
75-79	CW + Spouse	\$48.17
75-79	CW + Children	\$24.61
75-79	CW + Family	\$50.96
80-84	CW Only	\$22.01
80-84	CW + Spouse	\$48.64
80-84	CW + Children	\$24.85
80-84	CW + Family	\$51.50
85+	CW Only	\$22.25
85+	CW + Spouse	\$49.14
85+	CW + Children	\$25.11
85+	CW + Family	\$52.02



Eligibility and Enrollment



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Critical Illness Premiums *(continued)*

\$20,000 Basic Benefit - Pay Period Rates

Age Band	Coverage Option Description	Per-Pay Period Contribution
0-24	CW Only	\$4.38
0-24	CW + Spouse	\$9.58
0-24	CW + Children	\$9.97
0-24	CW + Family	\$15.12
25-29	CW Only	\$4.55
25-29	CW + Spouse	\$9.88
25-29	CW + Children	\$10.27
25-29	CW + Family	\$15.64
30-34	CW Only	\$4.90
30-34	CW + Spouse	\$10.66
30-34	CW + Children	\$10.49
30-34	CW + Family	\$16.16
35-39	CW Only	\$5.07
35-39	CW + Spouse	\$10.96
35-39	CW + Children	\$10.83
35-39	CW + Family	\$16.68
40-44	CW Only	\$8.28
40-44	CW + Spouse	\$17.72
40-44	CW + Children	\$13.87
40-44	CW + Family	\$23.23
45-49	CW Only	\$8.58
45-49	CW + Spouse	\$18.24
45-49	CW + Children	\$14.30
45-49	CW + Family	\$23.96
50-54	CW Only	\$16.51
50-54	CW + Spouse	\$37.14
50-54	CW + Children	\$22.01
50-54	CW + Family	\$42.68

CW = Co-worker

Age Band	Coverage Option Description	Per-Pay Period Contribution
55-59	CW Only	\$17.03
55-59	CW + Spouse	\$38.31
55-59	CW + Children	\$22.71
55-59	CW + Family	\$44.03
60-64	CW Only	\$24.40
60-64	CW + Spouse	\$56.07
60-64	CW + Children	\$29.94
60-64	CW + Family	\$61.62
65-69	CW Only	\$31.50
65-69	CW + Spouse	\$70.59
65-69	CW + Children	\$37.05
65-69	CW + Family	\$76.14
70-74	CW Only	\$43.16
70-74	CW + Spouse	\$95.29
70-74	CW + Children	\$48.71
70-74	CW + Family	\$100.88
75-79	CW Only	\$43.59
75-79	CW + Spouse	\$96.33
75-79	CW + Children	\$49.23
75-79	CW + Family	\$101.92
80-84	CW Only	\$44.03
80-84	CW + Spouse	\$97.28
80-84	CW + Children	\$49.70
80-84	CW + Family	\$103.00
85+	CW Only	\$44.50
85+	CW + Spouse	\$98.28
85+	CW + Children	\$50.22
85+	CW + Family	\$50.22



Eligibility and Enrollment



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Flexible Spending Accounts (FSA)

WEX

If you're looking for a way to keep more money in your pocket, you may want to contribute to an FSA. It allows you to pay for certain health and dependent care expenses on a tax-free basis.

What is a Health Care FSA?

A Health Care FSA allows you to put aside pre-tax dollars which can be used for a wide variety of medical, pharmacy, dental and vision care products and services for you, your spouse and your dependents.

2024 Health Care FSA Annual Limits

Annual Minimum	Annual Maximum
\$120	\$3,050*

*Mercy is required to conduct a non-discrimination test annually. Results may require an adjustment to annual contributions for highly-compensated (\$120,000+ annually) co-workers.

Additional Information About Your Health Care FSA and HRA

	Mercy Health Care FSA	Mercy-funded HRA	
Who May Fund Account	Mercy Co-worker	Mercy Only	
Who Owns the Account	Mercy	Mercy	
Maximum Annual Contribution	Up to \$3,050	Anthem Alliance Options PPO	\$1,000 individual or \$2,000 family
		Blue Access Out-of-Area Plan	\$3,000 individual or \$6,000 family
Can Unused Funds Be Rolled Over	No, but Mercy allows a two-and-a-half-month grace period	No	
What Expenses Are Eligible for Reimbursement	Medical, dental and vision expenses as defined by the IRS (but not health insurance premiums)	<ul style="list-style-type: none">Copays for care received from Garner-recommended Tier Two Top Providers in the Anthem Alliance Options PPODeductibles, coinsurance, and copays for care received from Garner-recommended Anthem network Top Providers in the Blue Access Out-of-Area Plan	
Tax Treatment	Tax-free	Tax-free	
Administrator	WEX	Garner	
Portable After Termination	No	No	

Using Your Health Care FSA and Mercy-funded HRA Together

The Health Care FSA and the Mercy-funded HRA are both considered tax advantaged accounts. **For this reason, you cannot use your Health Care FSA dollars to pay for eligible expenses that have been reimbursed by the HRA.**

When you participate in a Mercy Medical Plan and receive care from a Garner-recommended Tier Two (non-Mercy) provider in the Anthem Alliance Options PPO or an Anthem network provider in the Blue Access Out-of-Area Plan, a reimbursement from the HRA for your eligible expenses is automatically triggered. Therefore, you cannot submit eligible expenses for reimbursement from your Health Care FSA.

Because of this automatic reimbursement trigger from your HRA for eligible expenses, you should carefully consider your Health Care FSA elections to ensure you don't contribute too much and forfeit money at the end of the year.

For more information on the Mercy HRA, see [page 17](#).



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What is a Dependent Care FSA?

A Dependent Care FSA allows you to put aside pre-tax dollars which can be used to pay for child and elder care services.

Mercy Contribution toward Dependent Care FSA

Mercy will add \$1,200 to your Dependent Care Flexible Spending Account (FSA) election. If you elect the Dependent Care FSA, Mercy will contribute with you each pay period. Mercy's contribution of \$1,200 will be divided by the remaining pay periods in the calendar year and will be added to your WEX account for use toward your Dependent Care needs.

Physicians, directors and above are not eligible. Before electing Dependent Care FSA, make sure you know the rules and regulations around its use.

Must be actively enrolled in plan to receive per pay period contribution.

When you enroll in the FSA benefit, WEX will send you information about filing claims, eligible expenses, customer service, online support and how to access your account. You'll also receive your FSA Visa debit card from WEX to pay for eligible expenses. You can use your debit card through the expiration date, as long as you are enrolled in the plan.

Your annual contribution is made on a before-tax basis in 24 equal payroll deductions.

For new co-workers hired in the middle of the year, your annual contribution amount will be divided among the remaining pay periods in the calendar year.



David is a single father with two children who is thinking about enrolling in the Mercy Dependent Care FSA to help save money on his daycare expenses. Here are two examples of how Mercy can help him save.

David's gross bi-weekly pay is \$1,200 and his bi-weekly daycare expenses are \$208. (based on an annual estimated average of \$5,000/year)

	David's Bi-Weekly Contribution	Mercy's Bi-Weekly Contribution	Adjusted Bi-Weekly Pay	Tax Rate (estimated 18%)	Final Bi-Weekly Take-Home Pay
David Doesn't Enroll in Dependent Care FSA	N/A	N/A	\$984 (Net)	\$216	\$776
David Enrolls in Dependent Care FSA with Mercy Contribution	\$158.33 (\$3,800 annually)	\$50 (\$1,200 annually) contributed directly into FSA account	\$1,041.67 (Gross)	\$184	\$857.67

All figures in the above examples are estimates. Your salary, tax rate, health care expenses and tax savings may be different and may impact your salary differently.

To learn more, see the Dependent Care FAQs at mercy.net/dependentFSA



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2024 Dependent Care FSA Annual Limits

Annual Minimum	Annual Maximum
\$480	<ul style="list-style-type: none">\$5,000 (total combined limit if married or if single with eligible dependent)\$5,000 (if you and your spouse file separate income tax returns)

Dependent Care FSA helps you pay for daycare expenses for your children under age 13 and qualifying older dependents, including dependent parents.



Receipts: Save all receipts for expenses you incur as you may be required to substantiate your expenses.

Eligible Dependents	Guidelines
Your children under age 13	<ul style="list-style-type: none">Child must be dependent on you for over 50% of his or her financial support.Care may be provided inside or outside your home, but not by anyone considered your dependent for income tax purposes, such as one of your older children.If care is provided by a facility that cares for more than six children, the facility must be licensed.

Special Note About the Federal Dependent Care Tax Credit

In some cases, the federal dependent care tax credit may provide greater tax savings than the dependent care spending account. Since the IRS allows deductions of expenses only once, you can't apply the same expenses to both the tax credit and the dependent care account. You need to decide which method—the dependent care account or the tax credit—is better for you, based on your individual situation.

IRS Guidelines for Dependent Care

- You're not eligible for reimbursement if your spouse has no earned income, unless your spouse is a full-time student or is disabled.
- If both you and your spouse have dependent care spending accounts, your total combined reimbursement limit is \$5,000. Likewise, if you and your spouse file separate income tax returns, your individual dependent care spending account limit is \$2,500. If you're single with an eligible dependent, however, you can elect up to \$5,000.
- You must provide the IRS with the name, address and Social Security number or taxpayer identification of the caregiver.

Grace Period

Mercy offers an FSA grace period through **March 15, 2025**. Any unused balance in your Health Care or Dependent Care FSA at the end of the 2024 calendar year may be used to reimburse expenses incurred up to **March 15, 2025**.

Here's an example:

You elect \$500 for your Health Care FSA for 2024. You incur \$300 in expenses by **Dec. 31, 2024**, and receive reimbursement, leaving \$200 in your account. You can use the \$200 from your 2024 FSA to pay for qualified expenses from **Jan. 1 to March 15, 2025**.

Keep in mind, you may not transfer money from one account to the other. In addition, you may only make changes to or cancel your election amount during open enrollment unless you have a qualifying change in status event.

Important Dates to Keep in Mind

- Eligible expenses you incur between **Jan. 1, 2024**, and **March 15, 2025**, must be submitted for reimbursement by **June 15, 2025**, or you'll lose any remaining dollars in your 2024 FSA account.
- Upon termination or loss of eligibility, you have 90 days to submit claims to WEX. You may only be reimbursed for expenses incurred during your eligibility period.



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Long-Term Disability (LTD) – New York Life

Basic LTD

Mercy provides basic LTD coverage at no cost to co-workers, physicians and executives with at least one year of continuous full-time service.

Full-time co-workers

- 50% income replacement up to \$7,500 per month
- Salary limit is \$15,000 per month

Full-time physicians and executives

- 50% income replacement up to \$12,500 per month
- Salary limit is \$25,000 per month

Basic Voluntary LTD

Full-time co-workers, physicians and executives with less than one year of service may purchase basic LTD coverage equal to the amounts listed above. If you're part-time, you may purchase basic LTD.

Part-time co-workers, physicians and executives

- 50% income replacement up to \$7,500 per month
- Salary limit is \$15,000 per month

If you're interested in purchasing LTD coverage, you must make your election during your initial enrollment period (first 31 days as a new hire or change in status). No Evidence of Insurability (EOI) is required. This means you can purchase LTD coverage without providing medical information at the time of enrollment. Pre-existing condition limitations will apply.

Buy-up LTD

Full-time co-workers, physicians and executives with basic LTD coverage may purchase buy-up LTD for additional protection.

Full-time co-workers

- 16.67% additional income replacement up to \$10,000 per month
- Salary limit is \$15,000 per month

Full-time physicians and executives

- 16.67% additional income replacement up to \$15,000 per month
- Salary limit is \$22,500 per month

At your one-year anniversary of continuous full-time service with Mercy, you may elect to continue or discontinue the 16.67% buy-up LTD coverage.

If you aren't actively at work on the date you become eligible for coverage, you won't become a participant in the LTD plan until you return to work.



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Pre-existing Conditions

Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your coverage, you'll be covered for a disability due to that condition only if:

- You haven't received treatment for your condition for 12 months on or after the effective date of your insurance coverage, or
- You've been insured under this coverage for at least 24 months after your most recent effective date of insurance
- You've already satisfied the pre-existing condition requirement of your previous insurer.
- If you have not fully satisfied the pre-existing condition limitation of that plan, credit will be given for any time that you did satisfy.

When Benefits Begin

Benefits begin when you've been totally disabled for 90 continuous days (*referred to as the waiting period*). Your Extended Sick Bank (ESB) hours will be used to compensate you during the waiting period.

If you still have a remaining balance of ESB or PTO when you've fulfilled your 90-day waiting period, your monthly LTD benefit amount will be offset by the amount of paid time you receive.

Limited interruptions up to 30 days of active work won't prevent a determination of 90 days of continuous disability if your absence both before and after return to active work is for the same disability. However, such interruptions won't count toward satisfaction of the waiting period.

If you're able to return to full-time work after receiving benefits and become totally disabled within six months due to the original illness or injury, you won't have to satisfy the 90-day waiting period again.



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 People like Me

Meet Michael

He is concerned about what would happen if he was injured, sick or otherwise couldn't work for a short period beyond what his Paid Time Off and Extended Sick Bank would cover.

He chose to use Mercy's Short-Term Disability coverage offered through New York Life to provide up to 60% of his weekly salary up to \$1,500 per week for a maximum of 13 weeks.

He has two choices of coverage: he can wait seven days until the short-term disability kicks in and be covered for 12 weeks or wait 14 days and be covered for 11 weeks.

Short-Term Disability – New York Life

Short-Term Disability coverage can help provide a percentage of your income if you're ill or hurt and can't work.

There are two options to choose from:

- Seven-day waiting period followed by 12 weeks of coverage
- Fourteen-day waiting period followed by 11 weeks of coverage

The period for Short-Term Disability begins on the qualifying event date. Benefits begin once the waiting period is fulfilled or Paid Time Off and Extended Sickness Bank balances are exhausted (*or salary continuation, if a physician*), whichever is later.

Maternity benefits are covered up to six weeks. Bonding time is not included in Short-Term Disability. Only a medical condition qualifies for

benefits. If you've been treated for any medical condition (*including maternity*) six months prior to your effective date of coverage, the condition won't be covered until you've been insured for 12 months.

For example:

Maternity is covered up to a six-week period which means six weeks from the qualifying event date. If the available PTO/ESB balance is greater than six weeks, no Short-Term Disability benefits will be available.

You may receive a benefit of 60% of your weekly earnings – up to a maximum of \$1,500 per week for co-workers or \$3,000 per week for physicians and executives for up to 13 weeks – including the waiting period.

If you aren't actively at work on the date you become eligible for coverage, you won't become a participant in the Short-Term Disability plan until you return to work.



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Paid Parental Leave

Mercy offers Paid Parental Leave, which is up to two weeks of paid time-off that allows new (*birth, adoptive, foster*) parents the flexibility and peace of mind to bond with their child and adjust to a new family situation.

You qualify if:

Co-workers

- You have been employed by Mercy for at least 12 months when the Paid Parental Leave period begins; and are a co-worker in a benefit eligible part-time or full-time position.
- You are the birth mother/father of a child or you have adopted a child or had a foster child placed in your care.

The benefit will be based on your regular hourly rate and determined by standard hours/full time equivalent (FTE) of your position (max FTE of 1.0).

Physicians

- You have been employed by Mercy for at least 12 months when the Paid Parental Leave period begins; and a physician in a non-PRN position (*part-time or full-time position*).
- You are the birth mother/father of a child or you have adopted a child or had a foster child placed in your care.
- The benefit will be paid at 100% salary continuation of your base pay.
- Mercy will impute average daily RVU credit to physicians who are on the VSP for the 14-day paid parental leave period.

How Benefits are Paid

Paid Parental Leave begins when you start your bonding time and must be taken within the first 12 weeks after the birth, adoption or placement of a child. Any medical portion of your leave (*bed rest, as an example*) would not be covered under Paid Parental Leave.

It must also be taken on a continuous basis and you can't use more than two weeks of Paid Parental Leave within a rolling 12-month time frame.

Paid Parental Leave will run concurrent with a Mercy-approved FMLA or non-FMLA bonding leave of absence. If you take Paid Parental Leave but don't qualify for FMLA leave, you'll have the same level of job protection during the Paid Parental Leave period as if you were on FMLA qualifying leave.

If a company holiday occurs during your Paid Parental Leave period, the day will be charged as Paid Parental Leave. For more information, please visit Baggot Street to review the Paid Parental Leave and Physician Leave of Absence policies.



Eligibility and Enrollment



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Life and Accidental Death and Dismemberment (AD&D) – Securian

Term Life Insurance and AD&D can provide security and protection for you and your family.

Full-time co-workers

- Basic Term Life: Mercy automatically pays for one times your annual salary with a minimum of \$50,000 up to a maximum of \$500,000. Coverage is rounded up to the nearest \$1,000.
- Basic AD&D: You automatically receive basic AD&D coverage paid by Mercy equal to your basic life insurance amount.
- **Note:** Basic Life paid by Mercy over \$50,000 is considered a taxable benefit and will be reported as taxable income on your annual W-2.

Full-time and part-time co-workers

- Voluntary Term Life: You may purchase insurance for yourself or your spouse and increase or decrease your election during annual open enrollment. If part-time, you must first elect voluntary life for yourself to purchase spouse or dependent life. Increases are subject to Evidence of Insurability.
- Voluntary Dependent Term Life: You may purchase dependent life insurance to provide financial assistance if one of your dependents dies. You may cover your dependent child until age 26, at which time coverage ends. If your child is disabled, then coverage will continue.

If your spouse or child is hospitalized or medically confined on the last day that insurance would be effective, insurance will not go into effect until the dependent is no longer hospitalized or medically confined.

You pay the cost of this coverage.

Voluntary AD&D: You may choose to purchase additional AD&D insurance for yourself and your eligible dependents to provide extra financial assistance for your family in case of accident or death. In order to elect dependent AD&D, you must first elect voluntary AD&D for yourself.

You pay the cost of this coverage.



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Evidence of Insurability May Be Required

- If you apply for voluntary life more than 31 days after your initial eligibility period (*new hire or appropriate status change*).
- If you elect to increase your voluntary life insurance for yourself or your spouse.
- **Newly Benefit Eligible:** If your life insurance exceeds \$1 million or is more than three times your base salary (*whichever is less*).
- **Newly Benefit Eligible:** If you elect dependent life insurance for your spouse greater than \$50,000.

Life Insurance Reduction

When you or your spouse reach age 70, your basic life and supplemental life coverage is reduced by 50%.

How Benefits Are Paid

Life insurance benefits normally are paid to your beneficiary in a lump sum. If you're terminally ill and not expected to live longer than 12 months you may apply to receive up to 100% of your Basic and Voluntary Life elections to a maximum of \$1 million. A co-worker may also choose to accelerate payment for the spouse or child life plans. The balance will be paid to your beneficiary upon your death. Please contact Talent Relations for information on submitting a claim for an accelerated benefit.

See plan document for more information.

Beneficiary Updates

Securian will work with your beneficiary to process the life insurance claim and determine the manner of payment. If you haven't designated a beneficiary or you'd like to change your beneficiary, you may update them electronically by visiting LifeBenefits.com or calling **877.494.1754** for assistance.

When Coverage Changes

When you change work status and/or have a change in pay, your voluntary co-worker life amounts and payroll deduction amounts will change accordingly and at the same time as your status and pay change.

When Your Rate Changes

When you or your spouse experience a birthday that corresponds to a new age-based contribution rate (*for example when you turn 40 years old*), your payroll deduction amount will increase accordingly at the same time as the birthday.

When Coverage Ends

Life insurance or dependent life insurance coverage will end when you leave Mercy or when you or your dependents are no longer eligible for benefits. If you wish to continue coverage for you or your dependents, you may be able to do so within 31 days of the date you terminate or become ineligible for benefits. Please contact Talent Relations for more information.

Voluntary Life Insurance

	Co-worker and Dependent Life	Notes
Co-worker	1 – 8 times salary up to \$4 million	No Evidence of Insurability (EOI) for salary increases, but if I increase coverage in the future, I will need to provide EOI.
Spouse	\$10,000 increments up to \$100,000	EOI is required if I increase coverage for myself or my spouse.
Children	\$10,000 for each child	No EOI is required.

Voluntary AD&D

	AD&D	Notes
Co-worker	\$50,000 increments up to 10 times annual salary or \$1 million	
Spouse	50% or 100% of co-worker's AD&D up to \$500,000	I can elect 50% or 100% of my AD&D coverage for my spouse up to \$500,000.
Children	10% of co-worker amount up to \$50,000	Coverage is for each eligible child.



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Additional Services

The following free services are available to all benefit-eligible Mercy co-workers and their covered dependents, offered by Securian Life Insurance Company.

Travel Assistance Services: RedpointWTP LLC (*Redpoint*) provides travel assistance services 24/7/365 for emergency assistance and transport when traveling 100 or more miles away from home. For service terms and conditions, and pre-trip information visit [_](#) or call **855.516.5433** in the U.S. and Canada. From other locations, you can call collect to **415.485.4677**.

- **Legal, Financial and Grief Resources:** Ceridian provides access to counseling professionals and related resources and referrals in each of the three areas. Contact Ceridian at **877.849.6034** or visit [LifeWorks.com](#) (**user name:** LFG, **password:** resources).
- **Legacy Planning Resources:** Support services to help deal with the loss of a loved one or to plan for one's own passing. These resources are available at [LegacyPlanningResources.com](#).
- **Beneficiary Financial Counseling:** PricewaterhouseCoopers provides Beneficiary Financial Counseling to beneficiaries of our group life insurance plans. The independent and objective financial counseling resources are available at a time when they are needed most.

The resources are available to beneficiaries who receive proceeds of \$25,000 or more.

Services provided by Ceridian HCM, Inc., RedpointWTP LLC, PricewaterhouseCoopers LLP are their sole responsibility. The services are not affiliated with Securian Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services. To learn more, visit the appropriate website included above.



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Accidental Death & Dismemberment (AD&D)

Your Benefit Amount	Your Monthly Cost	Your Spouse's Monthly Cost (100%)	Your Spouse's Monthly Cost (50%)	Your Children's Monthly Cost (10%)
\$1 million	\$23.80	n/a	n/a	n/a
\$750,000	\$16.20	n/a	\$8.10	n/a
\$700,000	\$15.12	n/a	\$7.56	n/a
\$650,000	\$14.04	n/a	\$7.02	n/a
\$600,000	\$12.96	n/a	\$6.48	n/a
\$550,000	\$11.88	n/a	\$5.94	n/a
\$500,000	\$10.80	.80	\$5.40	\$1.08
\$450,000	\$9.72	\$9.72	\$4.86	\$0.97
\$400,000	\$8.64	\$8.64	\$4.32	\$0.86
\$350,000	\$7.56	\$7.56	\$3.78	\$0.76
\$300,000	\$6.48	\$6.48	\$3.24	\$0.65
\$250,000	\$5.40	\$5.40	\$2.70	\$0.54
\$200,000	\$4.32	\$4.32	\$2.16	\$0.43
\$150,000	\$3.24	\$3.24	\$1.62	\$0.32
\$100,000	\$2.16	\$2.16	\$1.08	\$0.22
\$50,000	\$1.08	\$1.08	\$0.54	\$0.11

Voluntary Life Insurance

Co-Worker/ Spouse Pricing	Co-Worker and Spouse Rate Per \$1,000 of Coverage (Monthly Cost)
< 20	\$0.042
20 - 24	\$0.042
25 - 29	\$0.05
30 - 34	\$0.067
35 - 39	\$0.07
40 - 44	\$0.078
45 - 49	\$0.125
50 - 54	\$0.191
55 - 59	\$0.349
60 - 64	\$0.548
65 - 69	\$0.997
70 - 74	\$1.578
75 +	\$1.711
Child Coverage Option	\$1.20



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MyRetirement Program

Mercy helps you save for retirement.

From day one, all active co-workers (*regardless of benefit eligibility*) are eligible to contribute to the 401(k) plan and are automatically enrolled at 6% of your pretax eligible earnings. You may make changes to your elections at any time.

To access your account, make changes to your contributions, add a beneficiary and much more, visit MyRetirementProgram.com.

To learn more about the MyRetirement program, visit the [MyRetirement section of Baggot Street](#).



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Other Great Mercy Benefits

Mercy Credit Union

Mercy Credit Union is open to all Mercy co-workers, affiliates and their families. The credit union offers members a better banking experience and earnings are returned to our members in the form of lower interest rates on loans (*auto, motorcycles, boats, ATVs and RVs*), higher rates on savings and more. Learn more about the credit union on Baggot Street under the [My Community Tab](#).

Tuition Reimbursement

Mercy encourages growth and professional development by providing financial assistance to reach educational and career goals. Benefit eligible co-workers in good standing and employed for at least six months may receive up to \$2,000 each fiscal year. A one-year service commitment from each date of payout is required. Contact [EdAssist](#) at 855.511.8101.

Student Loan Refinancing

SoFi offers co-workers, their family and friends an opportunity to consolidate and refinance federal, private student and Parent PLUS loans with one monthly payment. SoFi offers a rate discount to qualified borrowers. Eligibility is based on career experience, monthly income vs. expenses, financial history and education. To apply, visit sofi.com/mercy.

Mercy Discounts

As a Mercy co-worker, you can take advantage of several other discount programs to benefit your family and keep more dollars in your pocket. Check out the programs listed on Baggot Street in the [Benefit Hub](#) for your community and [Mercy-wide](#).

Auto, Pet and Home Discounts

Mercy has partnered with numerous vendors to offer co-workers discounts on their pet, auto and home insurance as well as personal property such as renters, mobile home, recreational vehicle, boat, personal excess liability and motorcycle. This option can be payroll deducted and is available to full-time and part-time co-workers anytime during the calendar year. Please visit the discount section of Baggot Street.

PayActiv

Earned Wage Access

It's an alternative to pay-day loans for those times you run a little short of cash or have an unexpected emergency.

You can get up to 50% of your earnings (*max of \$500*) and choose how you want to receive it. Transfer to your bank card, PayActiv prepaid card, PayPal account, Uber, Amazon or pick up as cash from any Walmart. Learn more about PayActiv on Baggot Street under [Earned Wage Access](#).



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Identity Theft Protection – NortonLifeLock

NortonLifeLock provides proactive monitoring of your personal identity, credit card activity, bank information, retirement funds and proximity of sexual offenders 24 hours a day, 365 days a year. Immediate alerts are sent directly to you if a potential threat is detected, and you are protected with up to \$1 million in recovery services should an incident occur. You can enroll yourself, your spouse and your children up to age 26.

Benefit Essential	Per-Pay Period Premium
Co-worker Only (18+ years old)	\$3.75
Co-worker + Family	\$7.49

Benefit Premier	Per-Pay Period Premium
Co-worker Only (18+ years old)	\$7.50
Co-worker + Family	\$14.99

**The LifeLock Benefit Junior Plan is for minors under the age of 18. LifeLock enrollment is limited to co-workers and their dependents. Eligible dependents must live within the co-worker's household or be financially dependent.*

Examples of coverage:



Device Security: Anti-virus software and multilayered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



Identity: We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.



Online Privacy: Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.



Home & Family: Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites and monitor search terms and activity history.



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Legal Assistance - MetLife Legal Plans

The MetLife Legal Plan provides members with access to a national network of more than 11,000 attorneys to choose from. Legal assistance includes covered legal services, consultations, document preparation and representation in many frequently needed legal matters. New services include establishing guardianship or conservatorship and reviewing legal documents for a second or vacation home.

Per-Pay Period Premium	\$7.87
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Whether it's a planned event, like buying a home or preparing a will, or an unexpected problem, like a speeding ticket, most of us need legal counsel at some point in our lives. Here are a few examples:

Getting Married:

- Prenuptial agreement
- Name change
- Updating or creating estate planning documents

Starting a Family

- Creating wills and estate planning documents
- School and administrative hearings
- Adoption

Caring for Aging Parents

- Reviewing Medicare/Medicaid documents
- Nursing home agreement
- Reviewing estate planning documents

Buying, Selling or Renting a Home

- Reviewing contracts and purchase agreements
- Preparing deeds
- Attending the closing

Dealing With Identity Theft

- Attorney consultations regarding potential creditor actions
- Assistance with contacting banks and creditors
- Attorney defense for issues related to identity theft

Sending Kids to College

- Security deposit assistance
- Reviewing leases
- Student loan debt assistance

Example of Personal Legal Matters and Costs



Wills for Employee and Spouse \$740



Medical Powers of Attorney \$185



Home Refinancing..... \$1,850

TOTAL \$2,775

Legal Plan..... \$240 per year

Potential Savings..\$2,534



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Time Away From Work

What is Paid Time Off (PTO)?

PTO is time for which you are paid but not working. Your PTO Plan includes time built in for holidays, vacation, short-term illness and personal days. Although the time is built in for these specific items, it does not mean that you must use your PTO days specifically for that.

Your PTO time includes:

- Five days for short-term illness.
- Nine days for holidays (*six standard holidays and your location may select up to three more*).
- Remainder of time is for vacation and other personal time off.

What is Flexible Time Off (FTO)?

Flexible Time off (FTO) is designed to provide Directors and above increased flexibility and the opportunity to take time off as needed. No specific amount of time is guaranteed, vested or accrued under this policy. Instead, eligible leaders will be free to take time off subject to advance approval from their leader and adequate coverage of work responsibilities.

What is Extended Sick Bank (ESB)?

ESB provides eligible co-workers with paid time off work for an extended period due to their own serious health condition and in conjunction with an approved leave of absence. It is designed to ease your financial burden. ESB is accrued based on your pay period hours.

Your ESB accrual rate remains the same throughout your employment with Mercy, regardless of your years of service.

What is Volunteer Time Off (VTO)?

Just as our Ministry is brought to life by co-workers, so are the communities where we work and live.

Mercy appreciates that many of our co-workers give back to our communities outside of work in a variety of ways. VTO allows co-workers to volunteer during their workday and still get paid. Mercy will provide up to eight hours of VTO, prorated based on FTE (*four hours for .4-.899 FTE and eight hours for .9 and above FTE*), to cover time away from work to volunteer at a non-profit or community activity.



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When Coverage Ends

When Your Active Coverage Ends

Generally, your active coverage will end on the earliest of:

- The date on which your employment ends or you're no longer eligible for coverage.
- The date your coverage is terminated for cause.
- The last day of the pay period for which you made your payment.
- You and/or your dependents' coverage may also be rescinded in the case of fraud or intentional misrepresentation of material facts.
- The date the plan is discontinued.

When Active Coverage Ends for Your Dependent

Your dependent's coverage will end on the earliest of the following:

- The date the individual no longer meets the plan's definition of an eligible covered adult or dependent.
- The date your coverage ends.
- The date you stop making the required contribution for dependent coverage.

Continuation Coverage

If you or your covered dependent(s) become ineligible for group health coverage, you may be able to continue medical, dental and vision coverage for a period of time. Coverage must have been in place under the active plan one day before the change in status date.

Important note: It's your responsibility to notify Talent Relations when your covered adult or dependents lose eligibility for coverage under the active plan.

When Continuation Coverage Ends

Generally, Continuation Coverage will end for you and/or your dependents on the earliest of one of the following:

- When you fail to pay the premiums when due
- At the end of the six-month period

Please contact Talent Relations if you're unsure about whether you or your covered dependents can elect continuation.

If You:	Who Can Continue Coverage	For How Long
Terminate your employment with Mercy	You and/or your dependent(s)	Up to six months
Are no longer eligible to be covered under the active plan	You and/or your dependent(s)	Up to six months
Divorce	Your spouse and/or your dependent(s)	Up to six months
Pass away	Your dependent(s)	Up to six months

If Your Dependent:	Coverage Options	For How Long
No longer meets the definition of an eligible dependent	Your dependent(s)	Up to six months



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Contact Information

Talent Relations Center

888.599.3737 option 5

To connect via Help Center, go to

<https://www.myworkday.com/mercy/wdhelp/helpcenter>

Medical Premium Assistance

888.599.3737 option 5

or medicalpremiumassist@mercy.net

Healthification

Healthification@mercy.net

Retirement Team

888.599.3737 option 1

or myretirementprogram@mercy.net

Leave Administration

888.599.3737 option 2

The benefit plans are sponsored by Mercy; the board of directors has established the Benefits Sub-Committee (BSC) to oversee Mercy's group benefit plans. The BSC guides and directs the administration of the plans.

While the plans are exempt from many state and federal insurance regulations, including the Employee Retirement Income Security Act (ERISA), the BSC has elected to voluntarily comply with many of the regulations.

This booklet is intended as a user's guide, highlighting various benefit plans for eligible co-workers of Mercy.

The actual benefits available and the full descriptions of these benefits are governed, in all cases, by the relevant plan documents and insurance contracts. If there are discrepancies between this guide and the actual plan documents and insurance contracts, the documents and contracts will control.



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