

OPEN ENROLLMENT

2026 Benefits: Frequently Asked Questions

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GENERAL QUESTIONS ABOUT OPEN ENROLLMENT

1. When is open enrollment for 2026?

Open enrollment is October 30-November 14.

2. Do I need to do anything if I don't want any changes to my benefits for 2026?

Yes, enrollment is **required** this year. You must take action by enrolling if you want the following benefits in 2026:

- Medical
- Spending accounts (medical and dependent care)
- Health savings account
- Dental
- Vision
- Voluntary long-term disability
- Supplemental life (including spouse and child)
- Accident
- Critical illness (including spouse and child)
- Hospital indemnity

3. Will I receive new ID cards?

Blue Cross Blue Shield of Illinois (BCBSIL) is issuing new ID cards only to Mission Partners newly electing coverage or making a change. If applicable, cards will be mailed in mid-December 2025. This ID card will be for both medical and prescription drug benefits. Your BCBSIL ID card is also available online through your Blue Access for Members (BAM) account. Go to bcbsil.com/osf for details.

If you enroll in the dental plan for the first time, you will receive an ID card. (If you're re-enrolling, you will not receive a new ID card.) You can also access your ID card through the Delta Dental of Illinois Member Connection portal at deltadentalil.com.

If you enroll in the vision plan, you will not receive an ID card. Simply call a VSP network provider to schedule an appointment and tell them you're a VSP member. The network provider and VSP will handle the rest. However, if you'd like to have an ID card, you can create an account and log on at osf.vspforme.com to print one.

4. If I know I will be on a leave of absence or have planned time off during open enrollment this year, what should I do if I want to make benefit changes or enroll in the spending accounts for next year?

You can log in to UKG Pro from any computer or mobile device with internet access, so you would need to make your elections during the open enrollment timeframe like everyone else. If you won't have access to a computer or mobile device or don't believe this will be possible, you should contact the HR Service Center before open enrollment to discuss.

5. If I'm a new hire or become newly eligible for benefits in November, will I need to complete two enrollments?

Yes, your elections for both 2025 and 2026 can be done in UKG Pro, which you can access two ways:

- Download the **UKG Pro app** to your mobile device.
- Visit **One OSF portal > Mission Partners > UKG Pro**.

6. What new benefit offerings is OSF adding for 2026?

On January 1, we're introducing the new programs below, which are designed to support your long-term health and well-being.

Mental health support: Spring Health will replace OSF GuidanceResources (our current EAP) to offer enhanced, personalized care and resources for mental health support.

- Free service for all Mission Partners and family members living in the same household
- Eight free therapy sessions (including two for medication management) and eight free coaching sessions per year
- A digital mental health platform with a library of short, self-guided well-being exercises
- Coaches who can help you set and achieve goals
- A dedicated care navigator to help you find and maintain the right level of care

Weight health support: In partnership with 9amHealth, OSF is introducing Transcarent to provide lifestyle change support, coaching, meal planning and more – all to help you achieve your weight-loss goals.

- Available to all Mission Partners and their adult dependents enrolled in an OSF medical plan
- Care from physicians, registered dietitians, pharmacists and coaches who all specialize in weight health, including:
 - o Nutritional coaching and lifestyle management plans
 - o On-demand resources for meal plans
- Program access is free, but certain services (such as lab work) may incur out-of-pocket costs for participants.

7. Are there any other new benefit changes for 2026?

OSF is replacing Voya (our current life insurance plan administrator) and Unum (our current long-term disability plan administrator) with Prudential. Current life insurance amounts will be honored but, like all other benefits, will still require re-enrollment for 2026. In addition, Mission Partners and their spouses will receive a one-time opportunity to elect or increase supplemental life insurance coverage up to the guaranteed issue amount without needing medical review. (See questions 63-76.)

MEDICAL PLAN

PLAN ADMINISTRATOR: BLUE CROSS AND BLUE SHIELD OF ILLINOIS (BCBSIL)

MEDICAL PLAN DESIGN

8. What are my medical plan options for 2026?

OSF will continue to offer two plans: the Select PPO Plan and the Health Savings High Deductible (HSHD) Plan.

9. Is anything changing with either [the Select PPO Plan or HSHD Plan](#)?

Yes, medicals premiums for both plans are increasing. Medical plan deductibles, copays and coinsurance are also increasing for both plans. See question 22 for additional information.

10. What are the main differences between the Select PPO Plan and the HSHD Plan?

Both plans offer comprehensive, affordable coverage for you and your family. The primary differences between the plans are in the out-of-pocket expenses, which include the deductible, copays, coinsurance and premiums. With the HSHD Plan, you are also eligible to contribute pre-tax dollars to a health savings account (HSA), and OSF makes an annual contribution on your behalf (\$750 for single coverage or \$1,500 for family coverage), which is deposited per pay period.

11. How can I compare OSF medical plans to my spouse's plan or some other non-OSF insurance plan?

You would need to gather all plan documentation for the plans you're considering, including each plan's "Summary of Benefits and Coverage" (SBC). You will need to compare out-of-pocket expenses (such as deductibles and coinsurance) for anticipated medical needs, network options and premiums. You may also review the "Help Me Decide" document [here](#).

MEDICAL PLAN PROVIDER NETWORKS

12. When do I pick a network?

You don't need to choose a network during open enrollment. You will just need to choose your plan, and OSF offers two: the Select PPO Plan and the Health Savings High Deductible (HSHD) Plan. Both plans have access to the same OSF Select Network and to a national network of providers, as well as out-of-network benefits.

You can maximize your health care dollars by using providers in the OSF Select Network. You may go back and forth between the networks during the year, but you can't switch plans again until next year's open enrollment.

13. What is the OSF Select Network? Does it only include providers who are employed by OSF?

The OSF Select Network includes all OSF-employed providers *plus* several more who are affiliated with OSF and meet criteria established by the OSF Network Steering Committee, which manages network participation.

14. Why is the OSF Select Network so narrow?

To be good stewards of our resources and the many millions of dollars spent on the medical plan, we can reduce the overall costs for OSF and for ourselves by keeping the money within OSF whenever possible. This network allows you to share in these savings. However, not all specialties or services are available within the OSF Select Network, so the OSF medical plans also include access to a nationwide network. This gives you flexibility and choice when seeking medical care for you and your family.

15. What if there are no OSF Select Network providers near my home?

You will always have the best level of coverage (i.e., lower deductibles and coinsurance) when utilizing the OSF Select Network. However, our medical plans have a comprehensive national network, which provides coverage at a market-competitive level when there are no OSF Select Network providers available. You may also search for OSF Select Network providers in another region if desired.

16. Are any changes being made to the OSF Select Network for 2026?

Network changes can be found in the knowledge article “Your Benefits: Medical – 2026 OSF Select Network Updates.”

17. Is a video visit appropriate for my current medical condition or issue?

It depends. Not all conditions or issues would be appropriate for a video visit, and even if the initial visit was approved, follow-up visits may need to be done in person. It’s best to check with your provider first to determine if a video visit makes sense.

18. How do I search for in-network providers?

If you aren’t currently enrolled in an OSF medical plan, you can search for a provider as a guest. Visit bcbsil.com/osf and click “Do a quick search now” in the “Find a Doctor” box. You can also call BCBSIL directly at (855) 639-2258. Be sure to tell the customer service representative that you’re an OSF HealthCare employee so they can pull up our plan and networks.

If you are currently enrolled in an OSF medical plan, you can search for a provider online by logging in to your Blue Access for Members (BAM) account. Just go to bcbsil.com/osf and click the “Blue Access for Members” link in the Blue Access for Members box. Once logged in, click “Find Care.” If you don’t have a BAM account, you can register by visiting the same website and links above.

19. What does this mean for me if I don’t live in Illinois or if I’m traveling and need to access medical care?

If you don’t live in Illinois, have children attending college out of state and/or are traveling out of state, you will still have access to the BCBSIL comprehensive national network.

20. What if I have a medical emergency and there are no in-network providers available? Or what if I become unconscious and have no control over where I’m taken?

You will always have coverage for true medical emergencies (as defined by the insurance company). If you’re enrolled in the Select PPO Plan, the emergency department copay is \$300 regardless of which hospital you use. If you’re in the HSHD Plan, the coinsurance is 80% regardless of which hospital you use.

21. I’m newly enrolling in the OSF medical plan for 2026. What if I’m already in treatment and my provider isn’t in the OSF Select Network or BCBSIL network?

BCBSIL will work with you to provide the most appropriate care for your medical situation, especially if you’re pregnant or receiving treatment for a serious illness. You may still be able to see your out-

of-network provider for a period of time. Call the toll-free Customer Service number on the back of your member ID card for more information.

You can download the BCBSIL transition of care form [here](#). Please note: Transition of care is for new enrollees only and doesn't apply to Mission Partners currently enrolled in an OSF medical plan.

MEDICAL PLAN PREMIUMS

22. What are the medical premiums for 2026?

While OSF HealthCare will continue to pay a higher-than-average portion of the cost of your coverage, your medical premiums will be going up for the Select PPO Plan and the Health Savings High Deductible Plan for both full-time and part-time Mission Partners. Medical plan copays, deductibles, coinsurance and out-of-pocket maximums are also increasing. [Click here](#) to see the 2026 premium chart broken out by medical plan, hourly rate band and part-time.

23. Why has Mission Partner + Spouse coverage increased this year?

Premiums have increased to align with actual costs. We made thoughtful decisions and adjusted costs for both medical plans and coverage tiers by analyzing spending patterns, resulting in larger increases applied to the spouse coverage tiers. Even with these changes, OSF HealthCare will continue to pay a higher-than-average portion of the cost of coverage.

24. Why are full-time medical premiums different based on my rate of pay?

It's very important to OSF and the Sisters to offer affordable benefits, and we know that "affordable" doesn't mean the same thing to all Mission Partners.

The medical plans are designed to provide comprehensive coverage at market-competitive rates that can be maintained over time and are affordable for each Mission Partner. It's also becoming more common in the market to base premiums on earnings, especially in non-profit organizations.

25. Does my premium change if I get promoted (or demoted) mid-year?

Typically, no. In most cases, your premiums will be based on your rate of pay as of September 14, 2025. The only time during the year that your hourly rate band may change is if your benefit eligibility changes, such as going from ineligible (PRN) to eligible (full-time). Otherwise, your new hourly rate band will not be reflected until next year's open enrollment.

26. I am not sure what my hourly rate of pay is. Where can I get this information?

You can view your hourly rate of pay in UKG Pro, which can be accessed at One OSF Portal > Mission Partners > UKG Pro. After logging in, go to the "Myself" menu (the person-shaped icon in the upper left corner of the screen) > Jobs > Compensation to see your Compensation Summary. You can also see your hourly rate of pay in your most recent pay statement by going to the Myself menu > Pay > Current Pay Statement.

27. My spouse and I both work for OSF. Does it matter which one of us holds the insurance? Can we select the spouse who makes less, so that my premiums will be based on the lower salary band?

It does not matter which spouse elects the coverage. The premiums will be based off the hourly rate of the Mission Partner who elects the coverage. **However, you may not have duplicate coverage, so be sure to coordinate with your spouse during the enrollment process.**

DEDUCTIBLES, COINSURANCE AND COPAYS

28. What is a deductible?

A deductible is the amount of money you must pay out of your own pocket in a calendar year before your OSF insurance starts paying for medical services. Each medical plan has an individual deductible and a family deductible. These deductibles are less when you use OSF Select Network providers, and they're more when your provider is out of network. Deductibles start over each year on January 1.

29. What is coinsurance?

Coinsurance is the percentage of the remaining bill that you will pay for covered medical services after you have met your annual deductible. For example, a 70/30 coinsurance means that OSF pays 70% of your bill after the deductible is met, and you pay the remaining 30%.

30. What is a copay?

A copay (or copayment) is a fixed dollar amount that you must pay for an office visit, emergency department visit or prescription.

31. What is the out-of-pocket maximum?

This is the maximum dollar amount that you would ever have to pay out of your own pocket for medical and prescription services in the calendar year. Once you have reached this maximum, any other tests, services or visits would be paid in full by OSF for the rest of the calendar year.

32. Do copays count toward my deductible?

No, the office visit, emergency department and prescription copays do not count toward the annual deductibles.

33. Do copays count toward my out-of-pocket maximum?

Yes, the office visit, emergency department and prescription copays do count toward annual out-of-pocket maximums.

34. Does my deductible count toward my out-of-pocket maximum?

Yes, deductibles do count toward the annual out-of-pocket maximums.

35. How can I help pay for my deductible and out-of-pocket maximum?

If you are currently enrolled or plan to enroll in the Select PPO Plan, you are eligible for a medical flexible spending account, also known as an FSA. An FSA allows you to set aside pre-tax dollars through payroll deduction to help pay for eligible medical expenses, like copays, deductibles and out-of-pocket maximums. See the FSA section of this document (questions 77-85) for additional information.

36. Why are deductibles, coinsurance, copays and out-of-pocket maximums different for the OSF Select Network compared to the national network compared to out-of-network?

The medical plans are all structured to offer the very best level of coverage to you and your family members when you use the OSF Select Network. You will have a market-competitive level of coverage when using the national networks. And you will have the least amount of coverage (and pay the most in out-of-pocket expenses) when you use out-of-network providers.

To be good stewards of our resources and the many millions of dollars spent on the medical plan, we can reduce the overall costs for OSF and for ourselves by keeping the money within OSF whenever possible. Using the OSF Select Network allows you to share in this savings.

37. If I've already met my annual deductible for the OSF Select Network and then need to see a provider in the national network for additional services, is the amount I have already paid applied to the national network deductible, or does my entire deductible start over?

The amount you have already paid for the OSF Select Network deductible does apply toward the national network deductible and vice versa. Any amount you have met in one level builds on what you would need to pay in another level.

38. If I've already met my annual deductible for the OSF Select Network and then need to see a provider out-of-network for additional services, is the amount I have already paid applied to the out-of-network deductible, or does my entire deductible start over?

The amount you have already paid for either the OSF Select Network or the national network does NOT apply toward the out-of-network deductible. Deductibles cross apply between the OSF Select Network and the national network, but they do not cross apply to out-of-network coverage.

39. I have family coverage, but I don't understand the individual and family deductibles. Does that mean that one individual in my family can satisfy the full family deductible, or do expenses for all of my family members count toward the family deductible?

If you choose the Select PPO Plan, two individuals can each meet the individual deductible to satisfy the family deductible, or the claims for any combination of family members on your plan added together can satisfy the family deductible.

For example, let's say you cover a family of five on the Select PPO Plan, and all of your providers participate in the OSF Select Network. Two family members can each spend the \$1,000 (the full individual deductible) to satisfy the \$2,000 family deductible, or all five family members can each spend \$200 to satisfy the same \$2,000 family deductible.

If you select the Health Savings High Deductible Plan, the family deductible works differently. One individual can meet the full family deductible, or any combination of family members on your plan added together can satisfy the family deductible. An individual deductible amount does not apply if you're covering family members. In order for this plan to be a qualified high-deductible health plan that includes the health savings account, the deductibles must be set up this way.

So, consider your same family of five on the Health Savings High Deductible Plan, again with all of your providers in the OSF Select Network. One family member could spend the entire \$3,500 to satisfy the full family deductible, or all five family members can each spend various amounts totaling \$3,500 to satisfy that same family deductible.

40. Since I am paying a portion of the bill for many medical services, how can I find out how much those services cost to begin with?

If the services are to be provided at an OSF Medical Group office, you should contact that office for a fee schedule. If the services are to be provided at an OSF hospital, you can request an estimate before you decide to move forward with a procedure by [clicking here](#). If the services are to be provided at a non-OSF facility, you should check with that facility on pricing.

41. I received a bill from OSF for charges that were applied to my deductible, but I can't afford to pay it all at once. What can I do?

OSF Patient Financial Services has great options available for payment plans for all patients, including Mission Partners. Payment plans are zero-interest and allow you to spread a payment over five years if needed. To set up a payment plan, visit <https://osf.simplepay.com/app/login> or call Patient Financial Services at (800) 421-5700. To confirm the accuracy of a bill, call Patient Financial

Services at (800) 421-5700. Financial assistance and catastrophic financial assistance are also available for those who qualify. For more information on financial assistance from OSF, [click here](#).

HEALTH SAVINGS ACCOUNT (HSA)

PLAN ADMINISTRATOR: HSA BANK

42. Will I receive a debit card from HSA Bank?

New HSA participants electing coverage for the first time will receive a debit card in the mail along with a Welcome Kit from HSA Bank before January 1. Current HSA participants will use the same debit card they currently have since the cards are good for three years.

43. How do I create my online account with HSA Bank?

To register for your online account, go to enterprise.hsabank.com and follow the prompts. You can also access the HSA Bank site by logging in to Blue Access for Members, selecting the “My Coverage” tab and clicking on “HSA Bank.”

You can also download the HSA Bank mobile app to your Apple or Android device via [Google Play](#) or [App Store](#).

44. How can I check my HSA balance?

You can check the balance of your HSA Bank account on the member portal at enterprise.hsabank.com or through the HSA Bank mobile app. You can also access the HSA Bank site by logging in to Blue Access for Members and selecting the “My Coverage” tab.

HSA BASICS

45. What is a health savings account?

A health savings account is a tax-deductible savings account available for participants in a qualified high-deductible medical plan. If you select the OSF Health Savings High Deductible Plan, you may be eligible for the HSA. Both you and OSF can contribute to this savings account through HSA Bank to help you pay for eligible medical expenses.

46. How much can I contribute to my health savings account for 2026?

OSF will contribute \$750 (\$28.85 per pay period) for single coverage and \$1,500 (\$57.69 per pay period) for all levels of family coverage. You can contribute up to the annual IRS maximum.

The IRS has adjusted the limit for total contributions into a health savings account for 2026. So, if you have single coverage, you may contribute up to \$3,650, and if you have family coverage, you may contribute up to \$7,250.

It's important to remember that the IRS maximum limit includes both your contributions AND the OSF contributions. If you're contributing via payroll deduction each pay period, the system will figure the maximum amount you can contribute. If you elect to contribute via a personal check in one or more lump sum amounts, be sure you take this into consideration to avoid contributing more than the maximum allowed.

47. Can I make a catch-up contribution to my HSA once I am 55 years old or older?

Yes, federal rules permit catch-up contributions to HSAs when you reach age 55 or older, allowing an increase in your annual contributions up to an additional \$1,000 each year through age 65 or until you enroll in Medicare or are no longer eligible to participate in an HSA. The \$1,000 is in

addition to the IRS limits stated above. When you enroll in UKG Pro and are already 55 or older, the system will automatically allow the higher annual limit for the catch-up contribution.

48. Does my health savings account balance roll over from year to year?

Yes, your health savings account balance rolls over from one year to the next. This is your money, and you do not risk losing anything at the end of the year or if you leave employment with OSF.

49. What are the advantages of a health savings account?

- It provides a triple tax advantage:
 - o Contributions to your HSA are pre-tax, which lowers your overall taxable income.
 - o HSA earnings from interest and investments are tax free.
 - o There are no taxes on distributions when used for qualified medical expenses.
- You are in control of how much you contribute and what you use the money for.
- Unused funds carry over from year to year and would also go with you if you were to leave employment with OSF.
- You are issued a debit card from HSA Bank, which can be used to pay your medical bills.
- Your account is an interest-bearing savings account, so you are able to invest the funds sitting in your account to grow your balance over time.

50. How do I know if I qualify to have a health savings account through OSF?

- You must be enrolled in the Health Savings High Deductible Plan.
- You cannot be enrolled in another health plan, such as a spouse's plan, that is not a qualified high-deductible plan.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

PRESCRIPTION DRUG COVERAGE

Prime Therapeutics is the pharmacy benefit management company contracted by BCBSIL to provide pharmacy benefit management and other related services.

51. Where can I fill my prescriptions?

For the lowest copays and coinsurance, use the OSF Select Network pharmacies. See the next question for a list of those pharmacies. You also have access to the BCBSIL/Prime Therapeutics network of contracting pharmacies, which have slightly higher copays and coinsurance.

You can search for an in-network pharmacy by logging in to your Blue Access for Members (BAM) account and clicking on "Find Care" and then "Pharmacies." Next, click on the "Prime Therapeutics" hyperlink under the "Pharmacies" heading. You will then be logged on to the Prime Therapeutics website. Click "Pharmacies" to begin your search. You can also call BCBSIL directly at (855) 639-2258.

52. What pharmacies are currently in the OSF Select Network?

- OSF Specialty Pharmacy in Peoria, Illinois (5901 W. War Memorial Drive, Ste. 100)
- OSF Medi-Park Pharmacy in Peoria, Illinois (420 NE Glen Oak Ave., Ste. 102)
- OSF Pharmacy in Peoria, Illinois (1800 Knoxville Ave., Ste. G)
- OSF Eastland Pharmacy in Bloomington, Illinois (1505 Eastland Drive, Ste. 120)
- OSF Pharmacy in Danville, Illinois (800 N. Logan Ave., Ste. 100)
- OSF Pharmacy in Rockford, Illinois (5666 E. State St., Ste. 101)

- Meijer Pharmacy in Escanaba, Michigan (505 N. 26th St.)
- Walgreens Pharmacy in Escanaba, Michigan (2301 Ludington St.)
- Walmart Pharmacy in Escanaba, Michigan (601 N. Lincoln Road)

53. What are maintenance medications?

Maintenance medications are prescribed for chronic, long-term conditions, such as high cholesterol, high blood pressure and diabetes. These medications are taken on a regular and continuing basis.

54. Can I receive a 90-day supply of my medication? Where can I do this?

Yes, if you're taking a covered, maintenance (or long-term) medication, you can save money by receiving a 90-day supply at one of the pharmacies in the OSF Select Network or at a BCBSIL extended-supply retail pharmacy.

If you don't have access to an OSF Select Network pharmacy, there are many retail pharmacies to choose from. To find a location near you, log on to your Blue Access for Members (BAM) account and click on "Find Care" and then "Pharmacies." Next, click on the "Prime Therapeutics" hyperlink under the "Pharmacies" heading. You will then be logged on to the Prime Therapeutics website. Click "Pharmacies" to begin your search.

You may also consider using the home delivery pharmacy service, Express Scripts® Pharmacy (the BCBSIL-Prime mail service provider). With home delivery, you enjoy the ease of having your maintenance drugs delivered anywhere in the U.S. To start using the home delivery pharmacy service, visit express-scripts.com/rx. Click on "Register" or "Get Started" to create an account using your member ID, or you can call (833) 715-0942. Your doctor can send a new prescription to EXPRESS SCRIPTS HOME DELIVERY electronically, by phone or fax.

55. My medication requires a prior authorization. How does this process work?

Under this program, your doctor will need to get an approval from BCBSIL for certain drugs to be covered.

56. How do I know if my prescription is generic, preferred brand or non-preferred brand?

Please refer to the Performance Select Drug List for 2026 found on MyPrime.com or bcbsil.com.

57. Do either of the medical plans offer coverage for GLP-1 medications?

No. At this time, weight loss medications are not covered on either the Select PPO or the Health Savings High Deductible medical plan. This includes GLP-1 medications, as well as any other drugs prescribed for the purpose of weight loss.

58. Why did OSF make the decision to not cover GLP-1 weight loss medications?

OSF is committed to supporting your physical health and is projected to invest more than \$280 million in the medical plan for 2026. After review and analysis of several factors, including medication costs, limited long-term outcomes, comparison with similar employers, collaborations with clinical experts across the Ministry, and ethical discernment, it has been determined that GLP-1 medications remain a plan exclusion at this time. We will continue to evaluate coverage for weight loss medications in the future as this market evolves.

We do, however, recognize that obesity continues to be a primary driver of medical claims and often leads to other chronic health conditions. This is why we are introducing Transcarent for 2026 to help Mission Partners and their covered family members with lifestyle modifications and support to meet their weight loss goals.

59. Is there coverage if I was prescribed a GLP-1 medication to treat diabetes or some other medical condition (not related to weight loss)?

The medical plan currently covers GLP-1 medications if prescribed to treat diabetes, and that will continue for 2026. At this time, GLP-1 medications for other conditions, such as sleep apnea or kidney disease, remain an exclusion, as there are other successful and less costly treatments available. We will continue working with clinical experts across the Ministry to evaluate this decision throughout the coming year.

60. How do I know if my medication is a specialty medication, and where can I fill a specialty medication?

Specialty medicines are used for treating conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. These prescriptions are approved for self-administration (like oral capsules or injections you can give yourself).

OSF Specialty Pharmacy

For Mission Partners who live in Illinois, Michigan and Wisconsin, specialty medications that fall under the outpatient prescription drug benefit must be filled by OSF Specialty Pharmacy, which is located at 5901 W. War Memorial Drive, Ste. 100, in Peoria, Illinois, and ships medications throughout the state of Illinois, Michigan and Wisconsin. The pharmacy also provides additional patient resources and support so you can get the most benefit from your specialty medications

Please note:

1. For new specialty medication prescriptions, OSF Specialty Pharmacy will work with you and your provider to provide this new medication for you or your dependent.
2. If you reside outside of the service area or OSF Specialty Pharmacy cannot obtain your medication, your specialty medication will be filled through Accredo.

If you have any questions about obtaining specialty medications, please call OSF Specialty Pharmacy at (833) 354-2220.

61. How can I transfer my existing prescription to an OSF retail pharmacy?

Go to One OSF portal > Divisions > Pharmacy > Mission Partner Prescription Transfer. Click on the “Request a Prescription Transfer” link and complete the form for your existing prescription(s) to be transferred to OSF. You can submit a transfer request for Mission Partners as well as dependents so you can save money on prescription copays. After your transfer request is processed, the pharmacy serving your area will contact you to confirm your prescription(s) has been transferred to OSF and coordinate filling and delivery with you.

If you have any questions or would like to speak to a pharmacy representative directly, please call the Mission Partner Prescription Transfer dedicated phone line at (309) 624-5884. The full list of OSF retail pharmacy locations and contact information can be found at osfhealthcare.org/rx.

62. Can I utilize an OSF retail pharmacy if there isn't one in my region or if I live out of state?

If you live within the state of Illinois, you may be eligible to have your prescription mailed to you from an OSF retail pharmacy. Unfortunately, due to licensing restrictions, mailing to out-of-state addresses is not yet available.

DENTAL INSURANCE

PLAN ADMINISTRATOR: DELTA DENTAL

63. Are there any changes to dental insurance?

Yes, premiums are increasing to align with actual costs. Plan design remains the same.

64. How do I search for in-network providers?

Call Delta Dental of Illinois at (800) 323-1743 or search online at deltadentalil.com.

VISION INSURANCE

PLAN ADMINISTRATOR: VISION SERVICE PLAN (VSP)

65. Are there any changes to the vision plan?

No. Plan design remains the same and premiums are not increasing.

66. Where can I find a list of in-network providers?

To find a VSP network provider, contact VSP at (800) 877-7195 or create an account at osf.vspforme.com. There you can also check coverage and eligibility and learn more about eye care wellness.

LIFE INSURANCE

PLAN ADMINISTRATOR: PRUDENTIAL (NEW)

67. Are there any changes to the life insurance benefits?

Yes. OSF is replacing Voya (our current plan administrator) with Prudential.

68. I want to increase my supplemental life insurance coverage during open enrollment. Do I need to prove I'm in good health and complete evidence of insurability (EOI)?

During open enrollment for 2026 benefits, you may increase your supplemental life insurance up to 3x your salary or \$500,000, whichever is less, without being required to complete evidence of insurability (EOI). You will be required to complete EOI if requesting 4x or 5x your salary or in excess of \$500,000.

In future years during open enrollment, Mission Partners actively enrolled in supplemental life insurance may increase their coverage by 1x within the guaranteed issue without completing EOI.

69. I'm applying for supplemental life insurance coverage for the first time. Do I need to prove I'm in good health and complete evidence of insurability?

During open enrollment for 2026 benefits, you may increase your supplemental life insurance up to 3x your salary or \$500,000, whichever is less, without being required to complete evidence of insurability (EOI). You will be required to complete EOI if requesting 4x or 5x your salary or in excess of \$500,000.

You may enroll your spouse in coverage of up to \$50,000 without being required to complete EOI.

70. If evidence of insurability is required, how do I complete it?

In UKG Pro, a feature called Real-Time EOI allows you to complete the EOI health questions toward the end of the open enrollment process. After answering the questions, you'll be notified in real time if the coverage is approved, denied or requires additional action, such as a medical exam or medical records. More information can be found on the [Mission Partner Experience portal](#).

71. How do I calculate the premium for life insurance?

You can find the rates and a chart to help you calculate the premium based on your age and salary in the Total Rewards Guide. Premiums will be deducted from 26 pay periods. When you log in to UKG Pro to enroll, your premium will automatically calculate for you.

72. If my compensation changes after open enrollment, does this change my life insurance amount?

Yes, if your compensation increases, this will generally increase your life insurance to be equal to your new annual compensation. However, if you have more than \$500,000 in life insurance, then your coverage will not automatically increase, and you can choose to increase your coverage during open enrollment.

LONG-TERM DISABILITY

PLAN ADMINISTRATOR: PRUDENTIAL (NEW)

73. Are there any changes to the voluntary long term-disability plan?

Yes. OSF is replacing Unum (our current plan administrator) with Prudential.

74. Do I have to prove I'm in good health for the long-term disability insurance?

No! This is great news, especially if you have been declined in the past. Everyone regularly working 60 hours or more per pay period can purchase long-term disability without answering any medical questions.

75. How do I calculate the premium for long-term disability insurance?

You can find the rates and a chart to help you calculate the premium based on your age and salary in the Total Rewards Guide. When you log in to UKG Pro to enroll, your premium will automatically calculate for you.

ACCIDENT, CRITICAL ILLNESS AND HOSPITAL INDEMNITY INSURANCE

PLAN ADMINISTRATOR: PRUDENTIAL (NEW)

76. Will there be any changes to accident insurance, critical illness insurance or hospital indemnity insurance?

Yes. OSF is replacing Voya (our current plan administrator) with Prudential. Current life insurance amounts will be honored but, like all other benefits, will still require re-enrollment for 2026. In addition, Mission Partners and their spouses will receive a one-time opportunity to elect or increase supplemental life insurance coverage up to the guaranteed issue amount without needing medical review.

77. What is the wellness benefit that comes with critical illness insurance?

You can receive an annual incentive of \$50 by completing at least one wellness visit during the year. Your spouse may also be eligible for \$50, and you can get \$25 for each of your children up to four children who participate. For 2025 Plan Year claims, you must file your claim online through Voya. For 2026 Plan Year claims, you must file your claim online through Prudential. Eligible wellness visits include a well-child visit, a mammogram, COVID-19 immunization and more.

78. What is hospital indemnity insurance?

Hospital indemnity insurance provides a fixed daily benefit if you have a covered stay in a hospital, intensive care unit or rehabilitation facility. The benefit is frequently used for helping offset higher deductibles, copays and out-of-pocket expenses. For details on the hospital indemnity plan, [click here](#).

79. How does hospital indemnity insurance work?

Benefit amounts depend on the type of facility and number of days in confinement. When you're admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. The benefit is payable once per confinement up to a maximum of eight admissions per calendar year.

For example, our plan pays a hospital admission benefit of \$1,150. If you're admitted to a facility owned by OSF, this amount increases to \$1,750. You would receive an additional daily benefit of \$150 (or \$225 if at an OSF facility) beginning on day two and for the remainder of your hospital stay for up to 30 days.

80. Who is eligible to participate in the plan?

You, your spouse and dependent children up to age 26 are eligible to participate in the plan.

FLEXIBLE SPENDING ACCOUNT (FSA)**PLAN ADMINISTRATOR: HSA BANK****81. I've never had a flexible spending account. What is it, and how can it help with out-of-pocket insurance expenses?**

If you enroll in the Select PPO Plan, you are eligible for a medical flexible spending account.

- It allows you to set aside pre-tax dollars through payroll deduction.
- It helps pay for copays, deductibles and coinsurance amounts from your medical plan.
- You can use your FSA dollars on eligible medical, dental and vision expenses.
- Visit the [IRS website](#) to see a list of eligible medical expenses.
 - Please note: If your expense conflicts with Catholic Ethical & Religious Directives, it will not qualify for reimbursement.
- If you have an HSA, you cannot enroll in a medical flexible spending account.
- There is no debit card issued with an FSA.

82. Does my current flexible spending account election carry over to next year?

No, if you want a medical flexible spending account or a child/dependent care flexible spending account for 2026, you must sign up again during open enrollment.

83. How much can I contribute to my flexible spending account for 2026?

- The maximum annual contribution for a 2026 medical flexible spending account is set by the IRS and was \$3,300 at the time this document was published.
- The maximum annual contribution for a 2026 child/dependent care flexible spending account is \$7,500 per household. Note: If your annual salary is greater than \$135,000, the annual limit for this account is \$2,000.

84. What will happen with any money I have left in my FSA at the end of this year?

- **Medical FSA:** You're allowed to roll over up to \$640 of your unused 2025 funds for 2026 expenses. To be eligible for the rollover, enrollment is needed for 2026. Any amounts over \$640 at the end of 2025 will be forfeited.
- **Child/dependent care FSA:** The child/dependent care FSA is "use it or lose it," meaning any funds left over at the end of the year will be forfeited.

85. When is the deadline to submit my 2025 FSA reimbursement claims to HSA Bank?

You will have until March 31, 2026, to submit claims incurred in 2025 for reimbursement.

86. How do I create my online account with HSA Bank?

To register for your online account, go to enterprise.hsabank.com and follow the prompts. You can also access the HSA Bank site by logging in to Blue Access for Members, selecting the “My Coverage” tab and clicking on “HSA Bank.”

You can also download the HSA Bank mobile app to your Apple or Android device via [Google Play](#) or [App Store](#).

87. How can I check my FSA balance?

You can check the balance of your FSA by logging in to the HSA Bank member portal at enterprise.hsabank.com or through the HSA Bank mobile app. You can also access the HSA Bank site by logging in to Blue Access for Members and selecting the “My Coverage” tab.

88. Will I receive a debit card from HSA Bank?

No, you will not receive a debit card for your FSA.

89. How will I submit claims for reimbursement?

If you enroll in a BCBSIL medical plan through OSF, medical and prescription drug claims will appear on the member website. You will receive an email and/or text message on availability of new claims. On the HSA Bank member portal, click on “Manage My Expenses” to review claims. You can reimburse yourself or pay your provider directly.

If you’re not enrolled in a medical plan through OSF, you will need to submit claims through the HSA Bank member website or mobile app.

EARLY RETIREE HEALTH INSURANCE

90. Are there any other benefits included in the early retiree coverage, or does it just include medical?

- Early retirees may elect medical and dental insurance. Dental coverage must be elected separately, and participants will pay a separate premium. Eligibility for coverage follows the same guidelines as medical.
- Early retirees may elect vision insurance through COBRA, but coverage is only available for 18 months.

91. Where can I find more information on retirement?

For more information or to see early retiree premiums for medical and dental insurance, visit the [Mission Partner Experience portal](#) or contact the HR Service Center.

ADDITIONAL QUESTIONS?

92. My question isn’t covered in this document. Who can help me?

You can contact the OSF HR Service Center with any questions about open enrollment, benefit changes for 2026 and any other benefits issues or concerns. We’re available Monday-Friday, 7:30 a.m.-5 p.m. and can be reached by:

- Calling (877) 683-5999
- Emailing hrservicecenter@osfhealthcare.org
- Submitting a case on the [Mission Partner Experience portal](#)