OSF HealthCare

What you need to know about your

2026 TOTAL REWARDS

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OUR MISSION

At OSF HealthCare, we not only serve our patients with the greatest care and love, we want to demonstrate that same care and love to you as a valued Mission Partner.

You make a difference, and the Sisters truly value you and your dedication. We couldn't carry out our Mission without you. And because we care about you, ensuring your well-being is of the utmost importance. That's why our Total Rewards program features market-competitive compensation and benefits as well as a well-being program and recognition! We want to continue as your Employer of Choice and encourage future dedicated, high-performing Mission Partners to come serve alongside us.

Enrolling for your 2026 benefits is required this year!
None of your current benefits will carry over unless you take action.

WHAT'S NEW FOR YOUR 2026 BENEFITS

Enhanced support for your health coming January 1, 2026

We're introducing exciting new programs designed to support your long-term health and well-being.

CARE FOR YOUR MENTAL HEALTH

Spring Health* provides personalized care and resources to support your mental well-being and help you navigate life's challenges. The program offers:

- **Free therapy and coaching:** Get eight therapy sessions per year (including two for medication management) with a licensed counselor plus an additional eight coaching sessions per year with a dedicated coach. These can be held via text, chat, phone, video and in person (including 24/7 crisis support).
- **Digital mental health platform:** Access a library of short, self-guided well-being exercises to help you relieve stress, anxiety and other challenges.
- **Personalized coaching:** Connect with coaches who can help you set and achieve goals around sleep, parenting, improving relationships, financial well-being and more.
- **Dedicated care navigator:** Get help finding and maintaining the right level of care.

This program is **free and available to all Mission Partners and their household family members**.

* Spring Health is replacing OSF GuidanceResources for all EAP services.

WEIGHT HEALTH SUPPORT

Achieve your weight health goals with expert support through Transcarent with 9amHealth. With this program, you'll receive:

- **Care from professionals:** Get access to physicians, registered dietitians, pharmacists and coaches who specialize in weight health.
- **Personalized plan:** Receive a customized care plan after completing an assessment.
- **Nutritional coaching and lifestyle management:** Get guidance on non-medication-based weight loss strategies and access to on-demand resources for meal plans and exercises.
- **Ongoing support:** Receive help from a diverse team of specialists to help you stay on track.

This is **available to all Mission Partners and their adult dependents enrolled in an OSF medical plan**. Program access is free, but certain services (such as lab work) may incur out-of-pocket costs for participants.

OSF RESOURCES IN YOUR WALLET

Connect with your OSF benefits and well-being resources. Scan the QR code to add the OSF Digital Wallet Pass to your mobile device.

Download on the App Store

GET IT ON Google Play

WHAT'S CHANGING FOR YOUR 2026 BENEFITS

Before you enroll, take time to review and understand the changes for next year.

Increases to what you pay for medical and dental

While OSF continues to cover the majority of the cost of coverage, your medical and dental premiums will increase. Medical plan deductibles, out-of-pocket maximums, copays and coinsurance are also increasing.

Higher flexible spending account (FSA) maximum contribution limits

- Medical FSA – up to $3,300
  - You can roll over up to $640 of unused 2025 funds into 2026.
- Dependent Care FSA – up to $7,500

Higher health savings account (HSA) maximum contribution limits

- Individual coverage – up to $4,400 (includes $750 contribution from OSF)
- Family coverage – up to $8,750 (includes $1,500 contribution from OSF)
  - The OSF contribution amounts, while remaining generous compared to other employers, have been reduced for 2026.

Insurance provider changes

- Long-term disability insurance will move from Unum to Prudential.
- Life, AD&D, accident, critical illness and hospital indemnity insurances will move from Voya to Prudential.

Mission Partners (and their spouses) can elect up to the guaranteed issue (GI) amount of supplemental life insurance without providing evidence of insurability (EOI) during this open enrollment. Prudential will honor prior approvals from Voya for coverage above the GI limit.

Custom insoles

A second pair of custom insoles from Hike Medical will cost $15. (The first pair remains free.)

Dependent verification

Be sure the dependents you enroll for 2026 benefits are eligible; documentation to verify dependent eligibility will be required in early 2026.

Eligible dependents include your legal spouse, children up to age 26 and disabled children 26 and older.

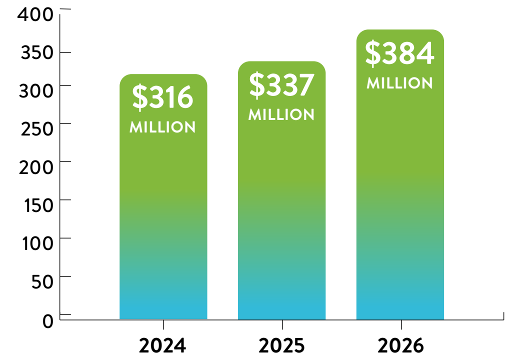
UNDERSTANDING MEDICAL COSTS

Why are medical costs increasing?

Costs continue to rise in every sector of the economy, not just health care. Think about your groceries, fuel, clothing, entertainment and more. The OSF medical plan is not immune to increasing claims costs. In fact, the 2026 projected gross cost increase to the OSF medical plan is close to $47 million.

To be good stewards of our resources and the many millions of dollars spent on the medical plan, premium increases and plan design changes are necessary. We regularly review our benefits and introduce new programs to address high-cost areas with the goal of reducing our long-term spending. These changes will help OSF Secure Tomorrow while still ensuring we offer market-competitive medical benefits.

Total/projected cost of the OSF medical plan



Ways to minimize out-of-pocket costs with the medical plan:

- Utilize the OSF Select Network to receive the highest level of benefits. You can search for in-network providers at bcbsil.com/osf.
- If you are taking a covered maintenance medication, consider obtaining a 90-day supply for only two months' copays instead of three.
- Consider an alternative health plan, such as a spouse's employer plan or a government-sponsored plan (e.g., Medicare).
- Use OSF retail pharmacies and the three local pharmacies in Escanaba, Michigan, to fill your prescriptions with the lowest copays.
- Use OSF OnCall or urgent care instead of the emergency department.
- Seek regular preventive care, such as your annual physical and routine screenings, to catch conditions in their earliest stages.
- Ask your doctor to prescribe generic medications.
- Take advantage of multi-year, zero-interest payment plans through OSF Patient Financial Services.

2026 MISSION PARTNER (MP) PREMIUMS

Part-time: Mission Partners regularly scheduled to work 32-59 hours per pay period

Full-time: Mission Partners regularly scheduled to work 60 hours or more per pay period

PREMIUM PER PAY PERIOD

FULL-TIME HOURLY RATE		SELECT PPO PLAN	HEALTH SAVINGS HIGH DEDUCTIBLE PLAN
BAND 1 (LESS THAN $25.00)			
	MP	$97.73	$90.69
	MP + Spouse	$219.48	$203.68
	MP + Child(ren)	$188.59	$175.01
	MP + Family	$285.71	$265.13
BAND 2 ($25.00 TO $48.75)			
	MP	$110.32	$100.89
	MP + Spouse	$247.77	$226.59
	MP + Child(ren)	$212.90	$194.69
	MP + Family	$322.55	$294.95
BAND 3 ($48.76 TO $65.00)			
	MP	$130.03	$119.67
	MP + Spouse	$292.03	$268.76
	MP + Child(ren)	$250.94	$230.93
	MP + Family	$380.16	$349.85
BAND 4 ($65.01 AND HIGHER)			
	MP	$145.33	$134.58
	MP + Spouse	$326.39	$302.25
	MP + Child(ren)	$280.46	$259.71
	MP + Family	$424.89	$393.45
PART-TIME			
	MP	$244.32	$221.14
	MP + Spouse	$512.92	$464.26
	MP + Child(ren)	$471.50	$426.76
	MP + Family	$667.72	$604.36

DENTAL PLAN	
FULL-TIME	
MP	$4.19
MP + Spouse	$8.81
MP + Child(ren)	$8.10
MP + Family	$11.46
PART-TIME	
MP	$15.70
MP + Spouse	$32.95
MP + Child(ren)	$30.29
MP + Family	$42.85

VISION PLAN	
FULL-TIME AND PART-TIME	
MP	$2.58
MP + Spouse	$4.68
MP + Child(ren)	$4.92
MP + Family	$7.59

For full-time and part-time Mission Partners

These dental and vision plan premiums apply across all bands for full-time and part-time Mission Partners who elect coverage.

OSF HEALTHCARE MEDICAL PLANS FOR 2026

	SELECT PPO PLAN			HEALTH SAVINGS HIGH DEDUCTIBLE PLAN		
PLAN TERMS	**OSF SELECT NETWORK** Tier 1	**BCBS NATIONAL NETWORK** Tier 2	**OUT-OF-NETWORK** Tier 3	**OSF SELECT NETWORK** Tier 1	**BCBS NATIONAL NETWORK** Tier 2	**OUT-OF-NETWORK** Tier 3
DEDUCTIBLE	The individual deductible applies per person until the family limit is reached. All services are subject to the deductible unless noted as a copay service below.			The individual deductible only applies when enrolled in individual coverage. For all others, benefits will be paid only after the full family deductible is met by one or more family members.		
INDIVIDUAL	$1,000	$2,000	$3,500	$1,750	$3,300	$5,000
FAMILY	$2,000	$4,000	$7,000	$3,500	$6,600	$10,000
OFFICE VISITS						
PREVENTIVE VISITS	You pay $0 (no deductible applies)		50%	You pay $0 (no deductible applies)		50%
PRIMARY AND URGENT CARE	$25 copay	$50 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
SPECIALIST	$55 copay	$80 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
EMERGENCY ROOM	$300 copay	$300 copay	$300 copay	You pay 20%	You pay 20%	You pay 20%
VIDEO VISITS						
PRIMARY AND URGENT CARE	$15 copay (includes OSF OnCall)	$50 copay	You pay 50%	You pay 10% (includes OSF OnCall)	You pay 20%	You pay 50%
SPECIALIST	$40 copay	$80 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
ALL OTHER SERVICES including inpatient hospital stay						
COINSURANCE (what you pay after deductible)	15%	30%	50%	15%	35%	50%
PRESCRIPTION DRUG						
Retail – 30-day supply Generic Preferred Brand Non-Preferred Brand Specialty	$15 copay $30 copay $55 copay You pay 15%	$30 copay $60 copay $90 copay You pay 15%	N/A	You pay 15% after deductible (preventive drugs 100% covered)	You pay 20% after deductible (preventive drugs 100% covered)	N/A
90-day supply Generic Preferred Brand Non-Preferred Brand Specialty	$30 copay $60 copay $110 copay You pay 15%	$60 copay $120 copay $180 copay You pay 15%	N/A	You pay 15% after deductible (preventive drugs 100% covered)	You pay 20% after deductible (preventive drugs 100% covered)	N/A
OUT-OF-POCKET MAXIMUM	The individual out-of-pocket maximum applies per person until the family limit is reached.			The individual out-of-pocket maximum only applies when enrolled in individual coverage. For all others, the out-of-pocket maximum will be met when the entire family out-of-pocket maximum amount is reached.		
INDIVIDUAL	$3,250	$5,000	$10,000	$3,500	$5,000	$8,000
FAMILY	$6,500	$10,000	$20,000	$7,000	$10,000	$16,000
OFFERS HSA WITH HDHP	N/A (Reminder: Mission Partners can elect to contribute pre-tax dollars to a medical flexible spending account to assist with out-of-pocket expenses throughout the year.)			Yes		
OSF CONTRIBUTES TO HSA	N/A			Yes		
ANNUAL HSA CONTRIBUTION	N/A			$750/$1,500 (Contributions will be made on a per-pay-period basis: $28.85/single; $57.69/family.)		

DID YOU KNOW?

HOW YOUR MEDICAL INSURANCE REALLY WORKS

OSF sponsors a group medical plan for its Mission Partners. The medical plan is very market-competitive and includes a deductible, copayments for office visits and coinsurance for other services. It's important for all of us as health care consumers to understand how our medical benefits work so we can make the best decisions for ourselves and our families.

The basics

Premium

This is the amount deducted from your paycheck before taxes each pay period in order to have insurance.

Deductible

This is the amount of money you must pay out of your own pocket in a calendar year before your insurance starts paying for medical services. Each medical plan has an individual deductible and a family deductible. The deductibles restart on January 1.

Copayment

This is the fixed dollar amount you will pay for an office visit, an emergency department visit or a prescription. Copayments do not count toward deductibles.

Coinsurance

This is the percentage of the bill you will pay after you have paid your deductible for items such as diagnostic tests, lab work and other procedures.

- Copayments and coinsurance are paid until the out-of-pocket maximum has been reached.

Out-of-pocket maximum

This is the most you will have to pay for covered medical and prescription expenses in a plan year. The out-of-pocket maximum restarts on January 1.

- Out-of-pocket maximums are tracked by individual, family and network.
- After the out-of-pocket maximum is met, any other test, service or visit would be paid in full by OSF for the rest of the calendar year.

OSF reviews many plan designs of other employers to ensure we offer you a market-competitive benefit. This means the premiums, deductibles, copayments and coinsurance are in a very similar range with what other health care employers offer.

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The network

OSF providers can be identified on the Blue Cross and Blue Shield of Illinois (BCBSIL) website at bcbsil.com/osf under the OSF Select Network. Or, if you're already a BCBSIL member, log in to your Blue Access for Members (BAM) account. It's important to double-check the network participation of each provider you encounter. Simply because a provider is delivering your care at an in-network facility does not guarantee they're an in-network provider. (This excludes true emergency department visits.)

Facilities and providers both have to agree to participate in the network. Some OSF locations use providers who are not employed by OSF, which means they may not be an OSF Select Network or even a BCBSIL National Network provider.

Network changes can be found in the Mission Partner Experience portal article, "Your Benefits: Medical — 2026 OSF Select Network Updates."

Did you know?

Going to an OSF Select Network provider will give you the biggest discount off the allowed charge. In addition, the deductibles and out-of-pocket maximums are lower!

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CONSIDER THE HEALTH SAVINGS HIGH DEDUCTIBLE PLAN AND HSA

Have you ever considered enrolling in the Health Savings High Deductible (HSHD) Plan? A large majority of our current Mission Partners are enrolled in the Select PPO Plan, but this option may not be right for everyone. That's why we encourage you to take a closer look at the HSHD Plan this year to see if it can meet the needs of you and your family.

If you elect the HSHD Plan, an HSA is available as part of this option. OSF contributes to your HSA each pay period, helping you pay for any eligible out-of-pocket health care expenses you may incur. You must elect the HSA when you enroll in the HSHD Plan to receive the OSF contributions, and you may also contribute your own pre-tax dollars to this account up to the annual limit set by the IRS.

Advantages of an HSA

- Triple tax advantage
  - Contributions to your HSA are pre-tax, which lowers your overall taxable income.
  - HSA earnings from interest and investments are tax free. Once your HSA balance is $1,000, you can invest your HSA funds.
  - There are no taxes on distributions when they're used for qualified medical expenses.
- You are in control of how much you contribute and which medical expenses you pay with your HSA.
- Unused funds carry over from year to year. And since the funds are yours, they would also go with you if you were to leave employment with OSF.

Key features:

- OSF contributes to the HSA, and the contribution is applied each pay period.

$28.85/pay period for single coverage ($750 annually)	$57.69/pay period for family coverage ($1,500 annually)

- You can also contribute on a pre-tax basis through payroll deduction up to the annual IRS maximum.

$140.38/pay period for single coverage ($3,650 annually)	$278.85/pay period for family coverage ($7,250 annually)

- You will be issued a debit card through HSA Bank.
- You can use the HSA for out-of-pocket costs, such as doctor visits, prescription drugs, dental expenses and vision expenses.
- If you are age 55 or older, you can contribute an additional $1,000 per year through age 65 or until you enroll in Medicare or are no longer eligible to participate in an HSA. Your maximum annual contribution will automatically reflect this in UKG Pro when you are eligible.

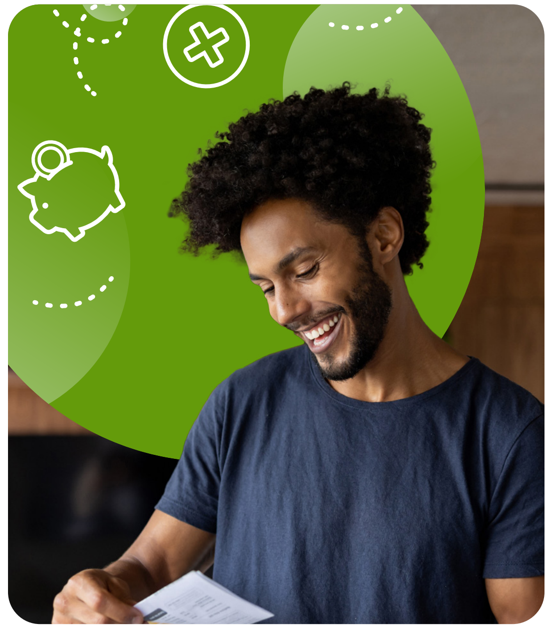
Important reminder

HSA annual maximums for 2026 are:

$4,400
Single
(includes $750 from OSF)

$8,750
Family
(includes $1,500 from OSF)

FLEXIBLE SPENDING ACCOUNTS (FSAs)



FSAs don't roll over from year to year, so you must enroll or re-enroll during open enrollment if you want an account for 2026.

Things to remember

Medical FSA

- A medical FSA is a great way to help with eligible out-of-pocket medical, dental and vision expenses incurred throughout the year.
- The deadline to incur claims for 2025 is December 31, 2025.
- The deadline to submit 2025 claims for reimbursement is March 31, 2026.
- If you re-enroll in the medical FSA for 2026, you may carry over up to $640 of unused funds from your 2025 FSA for eligible medical expenses incurred in 2026.

Visit myaccounts.hsabank.com to view or submit an FSA or HSA claim.

Child/dependent day care FSA

- A child/dependent day care FSA helps you set aside pre-tax money for eligible dependent care.
- The day care must be necessary in order for you and your spouse, if married, to work.
- A spouse who is disabled or is a full-time student is considered the same as a working spouse.
- The person cared for must be under age 13 or, if older, physically or mentally incapable of self-care.
- The person cared for must be claimed as a dependent on your federal tax return and must reside in your home at least one half of the calendar year.
- The deadline to incur claims for 2025 is December 31, 2025.
- The deadline to submit 2025 claims for reimbursement is March 31, 2026.
- Unused funds cannot be carried over to 2026.

Important reminder

FSA annual maximums for 2026 are:

Medical	Dependent care
$3,300	$7,500 ($2,000 if your salary is $135,000 or more annually)

IMPORTANT DATES AND HOW TO ENROLL

MUST RE-ENROLL TO HAVE BENEFITS FOR 2026

Open enrollment is October 30–November 14, 2025. Enrolling for your 2026 benefits is required this year. Due to changes we're making to the plans, none of your current benefits will carry over unless you take action. Be sure to take this opportunity to review what's changing and select the benefits for 2026 that best support you and your family.

Things to remember

- Your benefits elected during open enrollment are effective January 1, 2026.
- Enroll through UKG Pro as you did last year.
  - Go to One OSF portal > Mission Partners > UKG Pro. For instructions on how to access open enrollment from the UKG Pro app on your mobile device, go to One OSF portal > Mission Partners > MyHR Self Service.
  - Use your regular OSF Active Directory username and password to log in.
  - Once logged in to UKG Pro, hover over the person icon in the upper left corner to bring up the "Myself" menu.
  - Click on "Benefits" and then "Manage My Benefits."
  - Click on the "Enroll in Benefits" button in the middle of the page and follow the step-by-step instructions to enroll.
  - Be sure to send yourself a confirmation email when your enrollment is complete.

Did you know?

- If you have a qualifying life event that occurs during or after open enrollment, you must add that information for coverage in both years: 2025 (current coverage year) and 2026 (coverage beginning January 1, 2026).
- If you are newly hired during or after open enrollment, you must enroll for both years: 2025 (current coverage year) and 2026 (coverage beginning January 1, 2026).

IMPORTANT REMINDERS

You MUST take action during open enrollment to have benefits coverage for 2026. Your current benefits won't carry over.

OPEN ENROLLMENT DATES

SUN	MON	TUE	WED	THU	FRI	SAT
	OPEN ENROLLMENT BEGINS OCTOBER 30			30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	OPEN ENROLLMENT ENDS NOVEMBER 14			22
23	24	25	26	27	28	29
30						

- At the time of enrollment, be sure to have the birth dates and Social Security numbers available for your current dependents and any new dependents you want to cover. Remember, documentation to verify dependent eligibility will be required in early 2026.
- You can update any beneficiary information during open enrollment.
- This is a great time to check your address and cell phone number in UKG Pro. This ensures we are able to communicate important information with you year-round.
- Even if you do not want 2026 benefits, we strongly encourage you to log in to UKG Pro to waive any benefits for which you are eligible and review or update your life insurance beneficiaries (if applicable).
- Don't forget that any requests to add or increase life insurance over the guaranteed issue amount for you or your spouse during this open enrollment will require EOI (proof of good health).
- You will be prompted to complete the health questions toward the end of your open enrollment session in UKG Pro.

FAQs

When do I pick a network?

You do not need to choose a network during open enrollment; you will just need to choose your plan: Select PPO or Health Savings High Deductible. Both of the medical plans have access to the same OSF Select Network and a comprehensive national network as well as out-of-network benefits. You may go back and forth between the networks during the year, but you cannot switch plans again until the next open enrollment.

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

Typically, no. In most cases, your medical premiums will be based on your rate of pay as of a specific date in September. 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 the next year's open enrollment.

Who is covered on my benefits?

Most benefits offer you the opportunity to purchase coverage for your dependents. Your eligible dependents include your legal spouse, children up to age 26 and disabled children 26 and older.

To review a more complete list of FAQs, visit osfhealthcare.org/total-rewards or visit the Mission Partner Experience portal at One OSF portal > Mission Partners > MyHR Self Service.

QUESTIONS?

Contact the HR Service Center at **(877) 683-5999** or submit a case via the Mission Partner Experience portal.