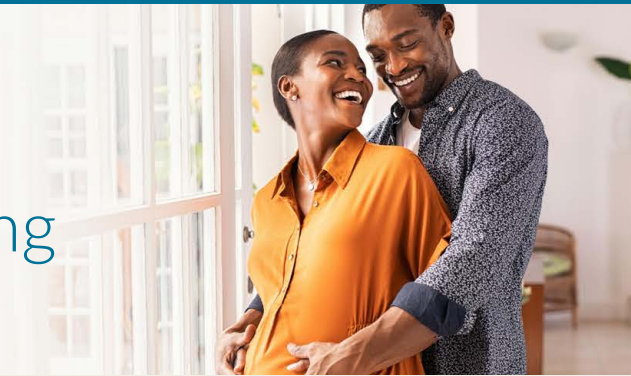




Sneak preview: What's changing for your 2026 benefits



Open Enrollment is right around the corner—**October 29 through November 21**—and now's the time to get a head start. Each year brings important updates to your benefits, and being aware of what's new or changing can help you make the best choices for yourself and your family.

For 2026, we've made several changes designed to give you more choice, flexibility, and access to affordable care—while also taking steps to manage rising healthcare costs so our plans stay strong and sustainable for the future.

Summary of changes



Medical Plan Changes

We heard you! You told us you wanted more differentiation between the two medical plans (CDHP and PPO) and options for more affordable coverage. Here's what we're doing about that:



Lower and more predictable cost sharing for PPO plan

- ✓ **Lower deductibles.** The annual deductibles for Tier 1 and Tier 2 services are being reduced significantly. That means when you receive care, you'll pay less before the plan starts to share costs.
- ✓ **Moving to copays for prescriptions.** For added predictability, we are changing the way you pay for prescription drugs. Instead of paying a percent of the cost (called coinsurance) you'll now pay a preset flat dollar copay for formulary drugs.
- ✓ **Enhanced mental health coverage.** We heard you during our nursing listening sessions and in response we are making mental health support easier to access and more cost-friendly:
 - After you access up to eight free counseling sessions (per issue, per year) as part of the EAP program, any ongoing sessions with your EAP provider will now be covered in the PPO as a Tier 2 benefit instead of being treated as out-of-network—meaning lower costs to you and you won't need to change providers.*Note: These sessions will be subject to the office visit copay.*



New option for the CDHP

- ✓ There are now two different coverage options for the CDHP.
 - **Current option:** "CDHP HSA Funded" option, which includes the employer contribution to the HSA (at same level as 2025). This will be the default election if you do not enroll by the deadline.
 - **New option:** "CDHP HSA Eligible" option, which does NOT include the employer contribution to the HSA in exchange for discounted premiums (see page 3).
- ✓ Under the new option, you may still make personal HSA contributions but you will forgo any employer contributions.
- ✓ Be aware that the premium savings are less than the HSA dollars you'd miss out on, so by making this election you'll lose out on free employer money. (Beacon HSA contribution for Associates Only is \$400 per year and for all other coverage levels it's \$800 per year.)
- ✓ This is not a new medical plan; it's just an additional option within the existing CDHP.

This document provides a summary of the benefit changes for this year's Open Enrollment. If you are covered by a Collective Bargaining Agreement (CBA), certain benefits may differ; in those cases the terms of your CBA will take precedence. If you are a member of a group that has unique benefits, such as physicians and APCs, certain benefit details may differ from those in this document. The details of these plans and policies are contained in the official plan and policy documents. More detailed information can be found in the Summary Plan Descriptions (as required by ERISA) available at mybenefitsatbeacon.com. If there is a conflict between the information in this summary and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. The benefits highlighted and described in this document may be changed at any time and don't represent a contractual obligation—either implied or expressed—on the part of Beacon Health System.



Other important changes

PPO office visit copays increasing slightly

- ✓ Physician office visit copays and Specialist physician office visit copays are increasing by \$10.

CDHP deductible increasing slightly

- ✓ The deductible amounts in the CDHP are increasing slightly (as mandated by the government).

Prescription coverage changing for continuous glucose monitors (CGMs) for all plans

To help manage rising prescription costs while ensuring continued access to important devices, a few updates are coming for 2026.

- ✓ Beginning in 2026, all Beacon medical plans will require prior authorization for Dexcom and Freestyle Libre CGMs. If you are insulin-dependent, you may be authorized for Dexcom; the preferred authorization for others will be for Freestyle Libre.
- ✓ If you're already using one of these devices, you're "grandfathered in" under the old rules, so this change won't affect you.
- ✓ PPO members participating in the Disease Management program will now be subject to a copay:
 - 30-day supply: \$20
 - Longer than 30-day supply: \$40

New spouse surcharge

- ✓ To help keep Beacon's medical premiums more affordable and sustainable for our own associates, a **spouse surcharge** is being introduced in 2026.
- ✓ If you decide to cover your spouse who has access to medical coverage through their own employer, you will pay a surcharge of **\$75 per pay period** on top of your normal medical premium rate.
- ✓ During enrollment, you'll need to confirm (attest) whether your spouse has other coverage. If you don't actively enroll and attest, the system will assume your covered spouse does have access to other coverage, and the \$75 surcharge will be added automatically.
- ✓ This surcharge is intended to encourage spouses who have access to other group coverage to use their own plan when available.



MEP coverage reduced

- ✓ The Medical Expense Plan (MEP) is no longer financially sustainable. To continue to offer the plan, adjustments are necessary.
- ✓ Starting in 2026, the MEP reimbursement for medical premiums paid for another health plan or Medicare will be reduced.
- ✓ The MEP will continue to reimburse 100% of eligible out-of-pocket expenses (up to the plan maximums) in the other health plan or Medicare, but only when you choose Beacon providers or facilities. **No reimbursement will be provided for non-Beacon provided services.**

Other important changes *continued...*

Healthcare premiums being adjusted

Like most employers, Beacon is experiencing rising healthcare costs, which impacts the price of coverage for 2026.

- ✔ **Medical:** The CDHP HSA Funded option and the PPO plan premiums are increasing.
- ✔ **Dental:** Both the Standard and Premium Dental PPO plan premiums are increasing slightly.
- ✔ **Vision:** No premium changes; remain the same as 2025.



Associates scheduled for 60+ hours

PPO			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$63.51	\$60.34	\$57.16
Associate + Spouse:	\$152.43	\$144.81	\$137.19
Associate + Child(ren):	\$120.67	\$114.64	\$108.61
Family:	\$209.59	\$199.11	\$188.63

CDHP HSA Funded			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$42.87	\$40.73	\$38.59
Associate + Spouse:	\$102.89	\$97.75	\$92.60
Associate + Child(ren):	\$81.46	\$77.38	\$73.31
Family:	\$141.48	\$134.40	\$127.33

CDHP HSA Eligible			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$29.94	\$28.44	\$26.95
Associate + Spouse:	\$76.16	\$72.35	\$68.54
Associate + Child(ren):	\$54.73	\$51.99	\$49.26
Family:	\$113.85	\$108.16	\$102.47

Associates scheduled for 32 – 59 hours

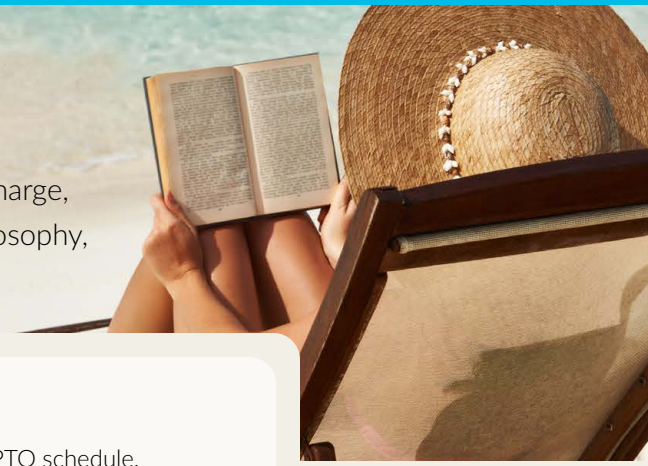
PPO			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$127.03	\$120.67	\$114.32
Associate + Spouse:	\$304.86	\$289.62	\$274.37
Associate + Child(ren):	\$241.35	\$229.28	\$217.21
Family:	\$419.19	\$398.23	\$377.27

CDHP HSA Funded			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$85.74	\$81.46	\$77.17
Associate + Spouse:	\$205.79	\$195.50	\$185.21
Associate + Child(ren):	\$162.91	\$154.77	\$146.62
Family:	\$282.96	\$268.81	\$254.66

CDHP HSA Eligible			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$59.90	\$56.90	\$53.91
Associate + Spouse:	\$148.98	\$141.53	\$134.08
Associate + Child(ren):	\$109.50	\$104.03	\$98.55
Family:	\$227.78	\$216.39	\$205.00

PTO changes

Beacon encourages associates to take time away from work to recharge, renew and focus on personal wellbeing. To better support this philosophy, we are rebalancing the PTO hours.



PTO rebalancing

- ✔ Your total PTO Grant hours are not changing and will continue to follow the PTO schedule. However, how those hours are divided up is changing.
- ✔ The “Use It or Lose It” hour allotment is increasing — meaning you’ll need to take more time off during the year to maximize your PTO hours, otherwise those hours will be forfeited.
- ✔ For more information, see *Beacon’s 2026 Paid Time Off program: Open Enrollment reference guide*.



TAKE
ACTION

ATTENTION Beacon Michigan Entities

If you work at a Beacon Michigan entity, there are several changes you should be aware of that are designed to bring your coverage in line with the broader Beacon organization.



Provider Network change. Beginning Jan. 1, 2026, associates at Beacon Michigan entities may use any providers in the CHA Regional Network or the Aetna National Network for Tier 2 in-network coverage without restrictions. They will continue to receive Tier 1 coverage for all Beacon and QCA providers.

Beacon SWM (former Ascension Southwest Michigan) associates only

Prescription Drug coverage reminder. When you initially integrated into the Beacon benefits program, a temporary waiver allowed you to receive specialty medication coverage without prior authorization and without having to participate in the Disease Management Program to give you time to transition to Beacon’s program.

As a reminder, this waiver comes to an end at the end of this year, meaning that to continue to have coverage for specialty medications in 2026, you must submit documentation to demonstrate prior authorization and participate in the Disease Management Program. Similarly, you must submit documentation for any prescription that requires prior authorization and step therapy by Dec. 31, 2025, or the first time you refill the prescription in 2026.

Beacon SWM associates only

Short-Term Disability (STD) Change. When non-management associates initially integrated into the Beacon benefits program, STD coverage was automatically provided and paid for by Beacon. To align with the rest of Beacon, this employer-provided benefit will end on Dec. 31, 2025, meaning if you want STD coverage in 2026, you will need to elect it during Open Enrollment. *Note: If you elect STD coverage during this Open Enrollment period only, the pre-existing condition limitation will be waived.*

Resources to help you choose wisely

As you plan for Open Enrollment, be sure to take advantage of the following resources and tools. They're here to help you save time, avoid guesswork, and make thoughtful choices.

Visit the dedicated
2026 Open
Enrollment
webpage



Scan Me



Looking for answers? Start here. Find out what's changing for 2026, review plan details and premium rates, and get simple instructions to guide you through enrollment. Plus, see when you can participate in an Open Enrollment Town Hall and/or Benefit Fairs. Access the webpage by visiting beaconhealthsystem.org/your-beacon-benefits or by scanning the QR code to the left.

Attend a Benefits Fair
(Onsite or online)



Interact with our benefit vendor partners. Join a Benefit Fair to connect directly with HR and our benefit vendor partners. Whether onsite or online, you'll be able to explore your options, ask questions, and walk away with the information you need. *Note: Vendors won't be in attendance at the Mini-Onsite Fairs.*

Onsite Fairs: Nov. 4-7 | Virtual Fair: Nov. 12 | Mini-Onsite Fairs: Nov. 3-14

Check with local HR or visit the 2006 Open Enrollment webpage for specific times and locations.

Make an appointment
with an EOI Benefit
Counselor



Scan Me



Sometimes you just need personalized help. Professional benefit counselors with EOI will provide individual enrollment support to help you elect the benefits that best support your needs. Counselors are available onsite and by phone. Bilingual support is also available.

Visit Beacon.MyBenefitsAppointment.com, scan the QR code, or call 877-763-2181 | Mon.- Fri. 8 a.m. to 5 p.m. ET, to schedule a confidential appointment.

Attend an Open
Enrollment Town Hall
and/or an Open Door
Session in November



Get the inside scoop on what's changing for 2026 and how those updates may affect you. The Town Hall is your chance to get a sense of the big picture, while Open Door Sessions are designed for addressing your personal benefit questions.

Find specific times and locations on the 2026 Open Enrollment webpage.

Chat with Sofia
(even on weekends)



Chat with Sofia—Your Personal Benefits Assistant

Sofia is your 24/7 digital benefits assistant. She can quickly answer benefit questions, guide you through medical plan choices by asking you a few questions and then recommend which plan best fits your needs based on a few simple questions.

Access Sofia by clicking the "Chat" button on the homepage of the MyChoice Benefits app or visiting mybenefitsatbeacon.com.

Watch for your Open Enrollment materials posted online to help guide you through your decisions.