

2027

Open Enrollment GUIDE



*For associates who reside
in Michigan or Indiana*

ENROLL FROM

Tuesday, Sept. 29 through Friday, Oct. 30, 2026

Dear Beacon Associate,



Welcome to this year's annual Open Enrollment period! This is your opportunity to review your current benefits, explore new options and make choices that best protect your health, strengthen your financial security and promote your overall wellbeing.

Medical premiums are increasing substantially for 2027. Even though Beacon subsidizes the majority of the cost, we recognize that increases are difficult for associates. We have worked diligently to manage these costs, but they are driven largely by how frequently

healthcare services are used and where care is received. We need your partnership in keeping medical benefits as affordable as possible. When feasible, please choose providers and facilities within our own health system. Doing so helps support Beacon financially and saves you money, while also allowing you to receive high-quality, coordinated care from colleagues you know and trust.

Inside this guide you'll find what you need to make informed decisions — from plan details and costs to helpful tips and important deadlines. Whether you're looking to continue with your current coverage or make changes, we encourage you to take the time to review your options carefully. Keep this guide handy throughout the year — it's your go to resource for getting the most out of your benefits.

Warm regards,

A handwritten signature in black ink that reads "Mario Ellis". The signature is stylized with a large, flowing "M" and "E".

Mario Ellis
Chief Human Resources Officer, Beacon Health System

What's inside

Summary of benefits.....	3
Your checklist for a successful enrollment.....	4
What's new or changing for 2027	6
Resources to help you choose wisely	8
Benefit basics	9
Overview of benefit options	14-45
• Medical	14
• Prescription Drug	21
• Wellness/MEP/ Voluntary Benefits Bundle	24
• Dental	29
• Vision	32
• Savings and spending accounts	33
• Disability	35
• Life and AD&D	38
• Other voluntary benefits	39
• Paid Time Off (PTO) program	40
• Retirement Savings 403(b) Plan	43
• No cost benefits and resources	44
Contact list	46-48

Summary of benefits

At Beacon, we want to make sure you're supported—not just at work, but in life. That's why we offer a mix of benefits to help you take care of your health, plan for the future, and find some balance along the way. Some benefits are yours automatically and paid for fully by Beacon, while others you'll need to actively choose during enrollment and you will either share the cost with Beacon or pay the full cost.

Benefits you automatically receive

- Wellness Programs
- Long-Term Disability*
- Basic Life and AD&D*
- No cost benefits and resources
- Paid Time Off Programs
- Employee Assistance Program (EAP)
- Associate Discount Program
- Health Reimbursement Account*

**If you meet the eligibility requirements outlined in this guide.*

Benefits you can elect during enrollment

- Medical/Prescription Drug
- Medical Expense Plan (MEP)
- Dental
- Vision
- Savings and Spending Accounts
 - Health Savings Account (HSA)
 - Health Care Flexible Spending Account (HCFSA)
 - Limited Purpose Flexible Spending Account (LPFSA)
 - Dependent Care Flexible Spending Account (DCFSA)
- Short-Term Disability
- Long-Term Disability for part-time associates
- Associate Supplemental Life and AD&D
- Spouse and Dependent Supplemental Life and AD&D
- Other Voluntary Benefits
 - Critical Illness Insurance
 - Accident Insurance
 - Hospital Indemnity Insurance
 - Universal Life
 - Legal Services
 - Identity Fraud Protection
- Paid Time Off (PTO) Conversion



About this guide

This guide breaks it all down—what benefits are available, how much they cost, services they cover, and what steps (if any) you need to take. We also provide important considerations to help you make informed choices.



Learn more

You can learn more about your benefits by visiting: mybenefitsatbeacon.com.

Or contact Beacon's Benefits Service Center at 888-907-1430, available Monday-Friday 8 a.m. – 8 p.m. ET.

This guide provides an overview of the benefit plans available to eligible associates of Beacon Health System. If you are covered under a Collective Bargaining Agreement (CBA), certain benefits may differ, in which case, 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 guide. 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 Guide 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 Guide may be changed at any time and don't represent a contractual obligation—either implied or expressed—on the part of Beacon Health System.

Your checklist for a successful enrollment

2027 ENROLLMENT: Make your elections between Tuesday, Sept. 29 and Friday, Oct. 30, 2026



STEP 1: **LEARN** about your options

- ☐ **Read this guide.** Keep it handy and refer to it as needed.
- ☐ **Learn more.** Visit the dedicated Open Enrollment webpage on the Beacon intranet. Access the webpage by visiting beaconhealthsystem.org/your-beacon-benefits.
- ☐ **Ask questions.** Contact Beacon's Benefits Service Center at 888-907-1430.
- ☐ **Review the resources** available to help you choose wisely (see page 8).



STEP 2: **PREPARE** for enrollment

- ☐ **Consider your upcoming needs.** Big expenses like childbirth, surgery, braces, or glasses? Knowing what's ahead can help you choose the right coverage.
- ☐ **Consider other available coverage.** If you have access to a spouse's plan or Medicare, compare it to Beacon's. You may want to consider opting out of the medical plan and enrolling in the MEP Plan instead (see page 25). The spouse surcharge (see page 10) might impact your planning.
- ☐ **Gather dependent information.** If adding dependents for the first time, have their information and required documents ready (see page 10).



STEP 3: **ENROLL** by 11:59 p.m. on Oct. 30

- ☐ **Visit the Benefits Portal to enroll.** Beginning Sept. 29, go to mybenefitsatbeacon.com or download the MyChoice® mobile app.
- ☐ **Enter company key.** When prompted, type "beacon" (all lowercase).
- ☐ **Log in.** Use the username and password you have chosen in the past for the Benefits Portal (which are not the same as your Beacon credentials). If you need to reset your Benefits Portal credentials, see the callout box below.
- ☐ **Enroll.** Complete your personal information profile and then follow the enrollment prompts.
- ☐ **Review your elections and click APPROVE.** Save a copy of the confirmation statement for your files.



Download the MyChoice mobile app



Download the MyChoice mobile app to your smartphone to access, enroll in, and manage all your benefits on the go! Scan the QR code of your choosing:



Click "Access the App"
to get started.

FORGOT YOUR USERNAME OR PASSWORD?

1. Go to mybenefitsatbeacon.com.
2. Select *Trouble Logging In?*
3. Answer verifying questions.
4. Use company key: beacon.

What happens if you do not enroll or make changes

If you don't take any action by the Oct. 30 deadline, many of your current 2026 benefit elections (and coverage levels – unless otherwise noted) will automatically carry over for 2027, as default elections. Other benefits that are automatically provided by Beacon will continue regardless of your enrollment. **A few benefits require you to re-elect them each year if you want to keep them.** See below for details.



If you are currently receiving this benefit...	Here are the benefits you'll receive for 2027 if you DO NOT enroll by the deadline...
PPO	PPO
CDHP HSA Funded	CDHP HSA Funded
CDHP HSA Eligible	CDHP HSA Eligible
MEP	MEP at current coverage level
Spouse coverage in one of Beacon's medical plans	If a spouse surcharge applied last year, it will continue to apply unless you change your attestation. If the spouse surcharge did not apply last year and you spouse now has access to employer or other group coverage, you must attest accordingly.
Wellness Programs	Participation in the annual wellness screening process is required in order to be covered under Beacon's medical plans and the MEP. You do not have to enroll, but you must have completed the screening steps by Aug. 31.
Voluntary Benefits Bundle (Critical Illness Insurance/Accident Insurance/Hospital Indemnity Insurance)	Voluntary Benefits Bundle If you waived it for 2026, it would default to waived again in 2027.
Critical Illness Insurance, Accident Insurance and Hospital Indemnity Insurance elected outside of the Voluntary Benefits Bundle	Critical Illness Insurance, Accident Insurance or Hospital Indemnity Insurance at current coverage level
Dental – DHMO	Dental – DHMO
Dental – DPPO Standard	Dental – DPPO Standard
Dental – DPPO Premium	Dental – DPPO Premium
Vision	Vision
Health Reimbursement Account	Health Reimbursement Account Note that if you are eligible for the first time in 2027 (because you turn 64½ or enroll in Medicare), you must participate in Open Enrollment to notify Beacon.

If you are currently receiving this benefit...	Here are the benefits you'll receive for 2027 if you DO NOT enroll by the deadline...
Health Savings Account (HSA)	HSA at current contribution amount
Healthcare FSA (HCFSA)	No contribution
Limited Purpose FSA (LPFSA)	No contribution
Dependent Care FSA (DCFSA)	No contribution
Short-Term Disability STD Plan 1, 2, 3, or 4	STD Plan 1, 2, 3, or 4
Long-Term Disability	If eligible for employer-provided coverage, this will continue to be automatically provided by Beacon. If you work part-time, you will not have coverage unless you elect it.
Basic Life	If eligible, this will continue to be automatically provided by Beacon.
Supplemental Life and AD&D	Supplemental Life and AD&D at current coverage level
Whole Life	Whole Life will no longer be offered but you can continue your policy directly with The Standard. <i>See page 7 for more information.</i>
Universal Life	Universal Life at current coverage level
Legal Services	Legal Services
Identity Fraud Protection	Identity Fraud Protection
Paid Time Off	If eligible, this is automatically provided by Beacon. Your Choice amount will not be converted to cash.
Retirement Savings 403(b) Plan	Changes to your retirement plan may be made at anytime throughout the year. If you opted out, you will be automatically enrolled with the option to opt out again.
Employee Assistance Program (EAP)	This benefit is automatically provided by Beacon and will continue.

What's new or changing for 2027

It's important to consider the following changes to your benefits for the upcoming year before making your elections. The following changes are effective **Jan. 1, 2027**.

Medical Plan changes

Network Tier Updates

Beginning in 2027, Tier 1 will be divided into two separate tiers to encourage Beacon associates to access care from our own providers and at our own facilities:

TIER 1 – Beacon-employed providers will remain in this top tier with the highest level of in-network benefits.

TIER 2 – All other QCA network providers will now be classified here, which may result in different cost-sharing amounts compared to Tier 1.

Costs applied toward the deductible and out-of-pocket maximum thresholds will continue to be shared across all in-network tiers. Any costs that count toward these thresholds in one tier will also count toward the thresholds in the other tiers. See pages 16-19 for details.



No Out-of-Pocket Maximum for Out-of-Network care

To help manage healthcare costs in our medical plans, the out-of-pocket maximum for out-of-network services is being removed. If you receive care from an out-of-network provider or facility, you will be responsible for your full share of the costs of those services, with no annual limit on the amount you have to pay. Please carefully consider the potentially significant financial impact before seeking out-of-network care. *See page 18 for details.*

CDHP deductible increasing slightly

The deductible amounts in the CDHP are increasing slightly (as mandated by the government). *See page 18 for details.*

New plan design for non-resident associates

For associates who reside outside of Michigan or Indiana, a different medical plan network applies. Eligibility for either the resident plan design or non-resident plan design is determined solely by the associate's state of residence, not the residence of any covered dependents. Please see the *Open Enrollment Guide for associates who reside outside of Michigan or Indiana* for the medical plan design that applies to you.



Other important changes

LTD coverage offered to part-time associates

Beacon provides fully paid long-term disability coverage for full-time associates (regularly scheduled for 36 or more hours per week) after completing one year of service. Beginning in 2027, part-time associates who have completed one year of service may elect the same coverage during Open Enrollment. Coverage will be fully paid for by part-time associates. *See page 37 for details.*

MEP coverage

The MEP will continue to reimburse 100% of eligible out-of-pocket expenses (up to the plan maximums) in another health plan or Medicare, but only when you choose Beacon providers or facilities. **No reimbursement will be provided for non-Beacon provided services with the exception of pharmacy services.**

Although we communicated that the MEP would only cover Beacon providers and Beacon facilities last year, we delayed implementation of this change to give associates adequate time to prepare. We are moving forward with this requirement for 2027.

The requirement that you seek care from a Beacon provider or Beacon facility does not extend to any expenses you incur for prescription drug coverage. The MEP will reimburse you for 80% of the costs you incur at a non-Beacon pharmacy. See page 25-26 for details.



What's new or changing for 2027 *continued...*

Healthcare premiums being adjusted

Like most employers, Beacon is experiencing rising healthcare costs, which impacts the price of coverage for 2027.

- ✔ **Medical:** The CDHP HSA Funded option and the PPO plan premiums are increasing. *See page 23 for details.*
- ✔ **Dental:** Both the DHMO and Premium Dental PPO plan premiums are increasing slightly. *See page 31 for details.*
- ✔ **Vision:** There is a slight premium increase. *See page 32 for details.*

Dental plan enhancements

You asked for it and we heard you! The Premium Dental PPO plan now covers white fillings for all of your teeth!

Also, the Jet Dental Clinic was so successful in 2026, we decided to bring it back in 2027! The dental clinic offers a preventive dental exam, cleanings, and X-Rays in the comfort and convenience of your own workplace. It's free for associates who are covered under any of Beacon's dental plans and available for a fee if you're not.

The Jet Dental Clinic also offers teeth whitening for a fee whether or not you are covered in one of the dental plans. This on-site service makes it easy to get a brighter smile! Be on the lookout for dates and locations. You will want to sign up early as these book up fast.

Vision plan enhancements

Under the current plan design, frames can only be replaced every 24 months and the allowance is \$130. Under the new plan design, frames can be replaced every 12 months and the allowance has increased to \$200.

The allowance for contact lenses is increasing from \$130 to \$200 every 12 months.

Whole Life Insurance no longer offered

Beacon has made the decision to discontinue Whole Life Insurance as a voluntary benefit. Associates will continue to have access to Supplemental Life and AD&D term insurance through Beacon, as described on page 38.

The Whole Life Insurance benefit was provided by The Standard (formerly Allstate). If you are currently enrolled in a Whole Life policy, you may be able to continue your coverage directly with The Standard. The carrier will contact affected policyholders with information about their available options.

Please note that although Beacon continues to offer Universal Life Insurance through Transamerica as a voluntary benefit, Universal Life and Whole Life insurance are different types of coverage with distinct features and benefits. Before making any changes to your coverage, we encourage you to educate yourself about these differences and consider consulting a financial professional to determine the option that best meets your needs.

Discontinuing Pelago

After careful consideration, our substance use care program will be discontinued effective December 31, 2026. This decision was not made lightly, and we deeply understand the impact this may have on the individuals and families who have relied on its services.

While the program will no longer be offered, both of Beacon's medical plans and the Employee Assistance Program will continue to provide full coverage for substance use care services. Beacon is committed to supporting all participants during this transition. We will provide guidance on alternative resources, referrals to other local programs, and assistance in connecting with continuing care services as needed.

Contact Aetna Resources for Living at 855-283-1917 for assistance.

Resources to help you choose wisely

Choosing your benefits is one of the most important financial and health decisions you'll make this year. The good news? You don't have to do it alone. Beacon offers a full menu of resources designed to make the process easier, answer your questions, and give you the confidence to select the benefits that best fit you and your family.

Visit the dedicated
Open Enrollment
webpage



Looking for answers? Start here. Find the *2027 Open Enrollment Guide* and supporting reference materials. Find dates and times for benefits fairs, information sessions, office hours and more. Access the webpage by visiting beaconhealthsystem.org/your-beacon-benefits.

Attend a
Benefits Fair



Interact with our benefit vendor partners. Join a Benefits Fair to connect directly with HR and our benefit vendor partners. You'll be able to explore your options, ask questions, and walk away with the information you need.

Onsite Fairs: Oct. 5-8 | Check with local HR or visit the Open Enrollment webpage for specific times and locations.

Make an appointment
with an EOI
Benefits
Counselor



Scan Me



Sometimes you just need personalized help. Professional benefits 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 Information
Session or drop by
during Office Hours



Get the inside scoop on what's changing for 2027 and how those updates may affect you. An Information Session (Webinar) is your chance to get a sense of the big picture, while Office Hours are designed for addressing your personal benefit questions. Find specific times and locations on the 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.

Benefit basics

Am I eligible?

Your employment status—whether you're full-time, part-time, or PRN—plays an important role in determining your benefits. That's because it affects which benefits you are eligible for and how much you'll pay for them.

At Beacon, you are eligible for most of the benefits available during Open Enrollment provided you are **regularly scheduled for at least 16 hours per week** (32 hours per pay period).

PRNs (those who are employed without a regular schedule and work on an as-needed basis) and temporary associates are not eligible for most benefits.

Medical premium rates: If you are scheduled in the system to work **60 or more hours** per pay period, you'll pay full-time medical premium rates for your benefits.

Who can I cover?

For most benefits, you can choose to cover:



Your spouse.



Your children and stepchildren (regardless of marriage status or student status), through the end of the month in which they turn 26.



Your unmarried child aged 26 or older who is fully dependent on you because of a mental/physical disability.

Note: Legally domiciled beneficiaries are not eligible for Beacon benefits.





How do I verify a dependent's eligibility?

If you plan to enroll new dependents in your Beacon benefits, you'll need to complete the dependent verification process. During enrollment, you'll be asked to upload verification documents and forms through our online portal, Businessolver, so it's helpful to gather what you'll need ahead of time.

Here's what you need to have handy:



To add your spouse:

- ☐ A copy of the marriage certificate; **or**
- ☐ A copy of your most recent tax filing listing your spouse; **and**
- ☐ Your spouse's Social Security number.



To add your child(ren):

- ☐ A copy of a birth certificate listing you as the parent; **or**
- ☐ A copy of a certified court-approved adoption or custody/guardianship papers; **or**
- ☐ A copy of your most recent tax filing listing your dependents.

*Note: For a disabled dependent, both parents and the physician must complete and sign the **Disabled Dependent Form**, and return it to Meritain (our plan administrator).*

If you are covering a dependent in one of the medical plans, Meritain (our plan administrator) will periodically reach out to you with a request to submit a completed **Other Insurance Coverage Form**. This is a standard part of our enrollment process and helps ensure our benefit plans remain fair and sustainable for everyone. Claims processing for dependents may be delayed if you do not complete and return the form to Meritain.

Spouse Surcharge

To help keep premiums more stable and affordable for all associates, Beacon imposes a spouse surcharge. This approach (along with the MEP) encourages spouses who have access to other group health insurance—such as through their own employer—to use that coverage when available.

How it works:

- If you cover your spouse under a Beacon medical plan, and they have other coverage available, you'll pay an additional **\$75 per pay period**.
- If you and your spouse both work for Beacon, the surcharge does **not** apply at any coverage level you elect.

If you actively enroll, you'll be asked to confirm (attest) whether your spouse has other available coverage. Please be sure to answer the attestation question if enrolling your spouse for the first time. If no response is provided, we assume your spouse has access to other coverage, and the surcharge will be applied. If this assumption is later found to be incorrect during the plan year, the surcharge can be discontinued for future pay periods; however, any surcharge already collected will not be refunded.

If you do not actively enroll, the default will be whatever you attested when enrolling for 2026.

What if my spouse or child also works at Beacon?

It's not uncommon for family members to work within the same organization—especially in healthcare. Beacon has established guidelines to help **prevent duplicate coverage** and ensure the **benefits process runs smoothly** for everyone.

If you and your spouse both work at Beacon:

✓ Medical, dental, and vision coverage:

- Each of you can enroll in **Associate Only** coverage, or
- One of you can cover the other as a **dependent**—whichever option works best for your family.
- If you have children, **only one parent can elect Family coverage** to include them. You cannot both list the same child as a dependent.

✓ Spouse life insurance:

- Spouses cannot elect life insurance coverage for each other if both work at Beacon.

✓ Child life insurance:

- If both parents of a child work at Beacon, **only one parent can elect child life insurance** for that child.

If you and your child both work at Beacon:

✓ Medical, dental, and vision coverage:

- Your child can't be covered as both your dependent under your plan and as an associate on their own plan. It must be one or the other.

✓ Child life insurance:

- Your child can't be covered as your dependent.





When can I enroll?

During Open Enrollment

Each year, you have the opportunity to enroll or change your benefit elections. You must enroll by the end of the stated enrollment period.

If you have a Qualified Life Event (QLE)

You may be able to make changes to your coverage outside of regular Open Enrollment if you experience a Qualified Life Event (such as getting married or having a baby)—see page 13 for details. You must make changes within 31 days of the life event.

If you become newly eligible

If your employment status changes and you become newly eligible (e.g., you move from a PRN status to part-time status). You must enroll within 31 days of becoming eligible.



What are the costs?

Beacon pays the majority of the cost for healthcare coverage for associates and their dependents. However, you have some financial responsibility as well through various cost sharing.



Premiums

This is the **set amount** you pay for your benefit coverage. It's automatically deducted from each paycheck (26 times per year).

Most benefit deductions are made before taxes, which helps lower your taxable income.



Copays

Certain services may require you to pay a **fixed dollar amount at the time of service**—like for a doctor's visit or prescriptions. You pay copays regardless of whether or not you have met your deductible.



Coinsurance

Once you've met your deductible, **you and the plan share the cost** of covered services for the rest of the year—this is called coinsurance.



Deductible

This is the threshold amount you must pay **out of your own pocket** before the plan starts sharing the cost. The amount depends on:

- The plan you choose
- Your coverage level
- The provider network you use

For more about each plan's deductible, see page 15.



Out-of-pocket maximums

Think of this as your **financial safety net**—it's the most you'll pay for covered services in a plan year. Once you hit this limit, the plan covers 100% of eligible out-of-pocket expenses for the rest of the year.

Your copays and coinsurance all count toward reaching this limit amount, but premiums will not. There is no out-of-pocket maximum for care accessed out of network.



When will benefits begin and end?

During Open Enrollment

Benefits begin Jan. 1 and end Dec. 31 of the given year.

If you have a Qualified Life Event (QLE)

Changes will be effective retroactively to the date of the Qualified Life Event and end on Dec. 31 of each year.

If you become newly eligible

Changes will be effective retroactively to the date you became eligible for benefits and end on Dec. 31 of each year.



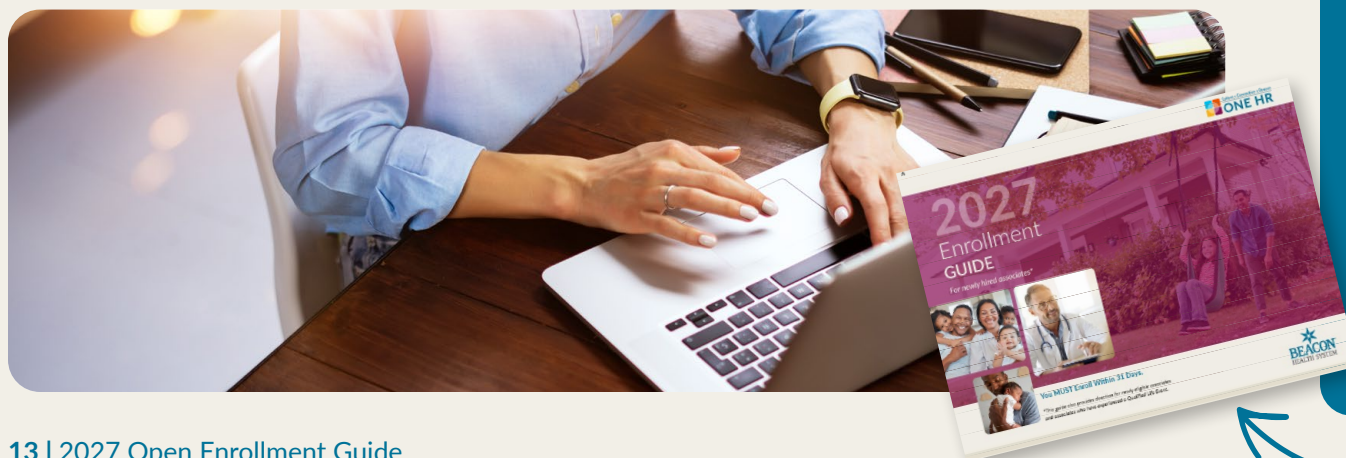
TAKE
ACTION

Qualified Life Events (QLEs)

Life happens—and when it does, certain events like getting married or divorced, having a baby, or experiencing a job or coverage change may allow you to update your benefits outside of the annual Open Enrollment period. These are known as Qualified Life Events (QLEs).

When a QLE occurs (or you become newly eligible), you have **31 days** to make any changes to your benefit elections or dependent coverage to ensure your benefits reflect your new circumstances. These changes will be effective as of the day of your life event.

Refer to the *2027 Enrollment Guide* for newly hired associates for information about how to navigate a QLE.



Overview of benefit options



Medical

You and Beacon share the cost

Meritain Health
an  **aetna** company

Your options

Beacon recognizes choice and flexibility are critical when it comes to healthcare benefits. We offer two comprehensive self-insured medical plan options to ensure you have access to coverage that best meets your specific needs. Meritain Health is the plan administrator for both plans.

CDHP

PPO Plan

How the plans are alike

- ✓ **Fully covered in-network preventive care**—no copay, deductible or coinsurance.
- ✓ **Same wide range of eligible services**, including comprehensive prescription drug coverage.
- ✓ **Same coinsurance percentage**, based on the provider network you use.
- ✓ **Protection from the catastrophic financial effects** of a serious illness or injury.

How the plans differ

CDHP

Lower premium \$

Higher deductible \$\$

Higher out-of-pocket maximum \$\$

Cost sharing is handled primarily through coinsurance (you pay a portion of the expense)

Compatible with an HSA and Limited Purpose FSA. You contribute to these plans. Beacon contributes to the HSA only for the CDHP HSA Funded option

Good option for those who want to save on premiums and take more control of their healthcare spending if and when they need care

PPO Plan

Higher premium \$\$

Lower deductible \$

Lower out-of-pocket maximum \$

Cost sharing is handled through a combination of flat-dollar copays (for doctor visits) and coinsurance

Not HSA compatible but can be paired with a Healthcare Flexible Spending Account (FSA), which you contribute to

Good option if you prefer paying more upfront in premiums in exchange for more predictable costs if and when you need care



Two CDHP options

A CDHP option is available with lower premiums in exchange for no employer HSA contributions. Both CDHPs have the **same plan design**—the only difference is whether Beacon contributes to your HSA. You can elect either the CDHP HSA Funded option or the CDHP HSA Eligible option.

With the CDHP HSA Eligible option, your premiums will be lower, but the savings are **less than the employer HSA dollars you'd miss out on**.

For most associates, the **CDHP HSA Funded option** will be the better value. However, the **CDHP HSA Eligible option** may be helpful if keeping your monthly premium as low as possible is your top priority.



Understanding embedded vs non-embedded deductibles

Deductibles are the amount you have to pay out of pocket for medical care before your medical plan starts sharing costs. This amount resets each year. The way deductibles work under each of the plans differs.

CDHP

CDHP non-embedded (aggregate) deductible

There's only one deductible for the entire family. All family members' medical expenses contribute to this single family deductible.

How it works: The insurance doesn't start paying for any family member's expenses until the total family deductible is met.

Good for: Families where medical expenses are likely to be spread out among multiple members, or where the family deductible is relatively low. It may lead to higher out-of-pocket costs and delayed cost-sharing if one family member has high medical costs early in the plan year.

PPO Plan

PPO embedded deductible

There are separate deductibles for each family member under a family plan, in addition to an overall family deductible.

How it works: If a family member reaches their individual deductible, the medical plan starts sharing the cost for their covered medical services, even if the family deductible hasn't been fully met. Expenses that count towards an individual's deductible also contribute to the family deductible. Once the family deductible is met, the insurance covers expenses for all family members, even those who haven't met their individual deductibles.

Good for: Families where one member is likely to have significant medical expenses.

Choosing a provider or facility

When you enroll in a Beacon medical plan, your out-of-pocket costs will vary depending on which network you use. Beacon offers a tiered network system to give you flexibility and control over your healthcare choices, including three provider networks that are considered “in-network” and one “out-of-network” tier. Similarly, your out-of-pocket costs will vary depending on the facility at which you access care. Your costs will be lowest when you access care at a Beacon-owned facility.



Michigan Entities

TIER 1

Beacon employee discount network

- Beacon-employed providers and Beacon-owned facilities

TIER 2

Quality Care Alliance (QCA) network

- Providers participating in the Quality Care Alliance (QCA) network other than Beacon-employed providers

TIER 3

Regional and national networks

- Providers participating in the Community Health Alliance (CHA) network
- Providers participating in the Aetna national network

TIER 4

Out-of-network

- Providers that are not participating in the Beacon employee discount, regional or national networks

Indiana Entities

TIER 1

Beacon employee discount network

- Beacon-employed providers and Beacon-owned facilities

TIER 2

Quality Care Alliance (QCA) network

- Providers participating in the Quality Care Alliance (QCA) network other than Beacon-employed providers

TIER 3

Regional and national networks

- Providers participating in the Community Health Alliance (CHA) network providing services in the following counties: Adams, DeKalb, Huntington, Kosciusko, LaPorte, Marshall, Porter, Wells, St. Joseph, Allen, Elkhart, Fulton, Lake, LaGrange, Noble, Pulaski, Whitley, Berrien, and Cass
- Providers participating in the Aetna network providing services in counties other than: Adams, DeKalb, Huntington, Kosciusko, LaPorte, Marshall, Porter, Wells, St. Joseph, Allen, Elkhart, Fulton, Lake, LaGrange, Noble, Pulaski, Whitley, Berrien, and Cass

TIER 4

Out-of-network

- Providers participating in the Aetna network who are not also in the CHA network providing services in the following counties: Adams, DeKalb, Huntington, Kosciusko, LaPorte, Marshall, Porter, Wells, St. Joseph, Allen, Elkhart, Fulton, Lake, LaGrange, Noble, Pulaski, Whitley, Berrien, and Cass
- Providers that are not participating in the Beacon employee discount, regional or national networks



Changes to networks for 2027

1&2 Tier Updates

TIER 1 | Beacon-employed providers remain here.

TIER 2 | All other QCA network providers are now classified in this tier.

REMINDER

Unity Medical and Surgical Hospital

Not covered under either Beacon medical plan. If you seek care at Unity, you will pay the full cost.



TAKE
ACTION

Find a network provider

TIER 1 | Beacon employee discount network
Visit: Beacon intranet Benefits page or ask Sofia.

TIER 2 | QCA network
Visit: chaaco.com/qca

TIER 3 | CHA network (regional)
Visit: chanetwork.com

Aetna national network
Visit: aetna.com

Comparing your medical plan options

Features	Consumer-Driven Health Plan (CDHP)				Preferred Provider Organization (PPO)			
	TIER 1 Beacon employee discount network	TIER 2 Quality Care Alliance (QCA)	TIER 3 Regional network (CHA) and National network (Aetna)	TIER 4 Out-of-network	TIER 1 Beacon employee discount network	TIER 2 Quality Care Alliance (QCA)	TIER 3 Regional network (CHA) and National network (Aetna)	TIER 4 Out-of-network
DEDUCTIBLE: The amount you must pay BEFORE the plan starts covering a share of the cost.								
Calendar year deductible								
Associate Only	\$1,750	\$1,750	\$3,000	\$4,000	\$750	\$750	\$1,500	\$4,000
Associate + 1	\$3,500	\$3,500	\$4,500	\$6,000	\$1,500	\$1,500	\$3,000	\$6,000
Associate + Children	\$3,500	\$3,500	\$6,000	\$8,000	\$1,500	\$1,500	\$4,500	\$8,000
Family	\$3,500	\$3,500	\$6,000	\$8,000	\$1,500	\$1,500	\$4,500	\$8,000
OUT-OF-POCKET MAXIMUM: The most you will pay out-of-pocket for covered services for the year. It's your safety net.								
Total Out-of-Pocket Maximum (includes deductible, coinsurance & copays)								
Associate Only	\$3,300	\$3,300	\$6,000	No maximum	\$2,500	\$2,500	\$5,000	No maximum
Associate + 1	\$4,950	\$4,950	\$9,000	No maximum	\$3,750	\$3,750	\$7,500	No maximum
Associate + Children	\$6,600	\$6,600	\$12,000	No maximum	\$5,000	\$5,000	\$10,000	No maximum
Family	\$6,600	\$6,600	\$12,000	No maximum	\$5,000	\$5,000	\$10,000	No maximum
PREVENTIVE CARE: Wellness coverage provided for services such as routine annual physical exams, biometric screenings, gender and age-related health screenings (mammograms, PSA tests, etc), well-baby and well-childcare, and immunizations.								
Preventive care	No deductible	No deductible	No deductible	Not covered	No deductible	No deductible	No deductible	Not covered
COINSURANCE AND COPAYS: The portion or amount of eligible expenses you and the plan are responsible for paying.								
Physician office visits	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	No deductible \$35 copay	No deductible \$35 copay	No deductible \$55 copay	After deductible Plan pays 50% You pay 50%
Specialist office visits	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	No deductible \$55 copay	No deductible \$55 copay	No deductible \$80 copay	After deductible Plan pays 50% You pay 50%
Inpatient and outpatient hospitalization surgery centers	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Outpatient, diagnostic, imaging, labs and X-rays	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%

continued on next page...

Comparing your medical plan options

Features	Consumer-Driven Health Plan (CDHP)				Preferred Provider Organization (PPO)			
	TIER 1 Beacon employee discount network	TIER 2 Quality Care Alliance (QCA)	TIER 3 Regional network (CHA) and National network (Aetna)	TIER 4* Out-of-network	TIER 1 Beacon employee discount network	TIER 2 Quality Care Alliance (QCA)	TIER 3 Regional network (CHA) and National network (Aetna)	TIER 4* Out-of-network
COINSURANCE AND COPAYS: The portion or amount of eligible expenses you and the plan are responsible for paying.								
Emergency room* <i>Emergent</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%
<i>Non-emergent</i>	After deductible Plan pays 95% You pay 5% plus \$200 copay	After deductible Plan pays 80% You pay 20% plus \$200 copay	After deductible Plan pays 70% You pay 30% plus \$200 copay	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5% plus \$200 copay	After deductible Plan pays 80% You pay 20% plus \$200 copay	After deductible Plan pays 70% You pay 30% plus \$200 copay	After deductible Plan pays 50% You pay 50%
Urgent Care Facility <i>MedPoint urgent care facilities</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	N/A	No deductible \$55 copay	No deductible \$55 copay	No deductible \$75 copay	N/A
<i>Other urgent care facilities</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	No deductible \$55 copay	No deductible \$55 copay	No deductible \$75 copay	After deductible Plan pays 50% You pay 50%
Diagnostic lab and X-ray services	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Mental health and substance abuse <i>(Inpatient/Outpatient)</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Chiropractic care <i>(24 visits per calendar year)</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Acupuncture <i>(12 visits per calendar year)</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Occupational, Physical or Speech Therapy	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%
Durable Medical equipment <i>(Requires pre-certification above \$1,000)</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%	After deductible Plan pays 50% You pay 50%



Why must I pay Tier 2 or Tier 3 costs when Beacon doesn't offer a medical procedure or specialty that I need?

Background on tiered coverage

Many employer-sponsored health plans use a tiered coverage system to help manage costs and provide incentives for employees to use certain healthcare providers. In the Beacon medical plans, Tier 1 refers to services and procedures offered by Beacon-employed providers and Beacon-owned facilities, while Tiers 2 and 3 cover services provided outside of Beacon's offerings.

If Beacon doesn't offer a specific medical procedure or specialty, employees must pay Tier 2 or 3 costs because Tier 2 or 3 coverage is still in-network coverage and represents the standard market rate for those services. This is the coverage that you would expect from most health plans and is typical for your healthcare needs.

Employee Discount Structure explained

Since your employer is a healthcare provider, you have access to an employee discount—known as Tier 1 coverage—but only for services that Beacon actually provides. Tier 1 functions as an employee discount tier, granting you reduced costs for procedures and specialties that are available at Beacon.

Summary

You are eligible for an employee discount (Tier 1) only on services that Beacon provides. If Beacon does not offer the procedure or specialty you need, it doesn't make sense to provide an employee discount for that particular service. In those cases, Tier 2 or 3 costs apply, reflecting standard in-network coverage without the employee discount.

Another way to think about it:

Employee discounts in other industries

Think of Tier 1 coverage like an employee discount at a retail store. For example, if your employer was a sporting goods store, you might get discounts on sporting goods, but only on items the store sells. If the store doesn't carry a particular product, you wouldn't expect to receive an employee discount for it at a different store.



Prescription drug coverage

You and Beacon share the cost

Prescription drug coverage is automatically included when you elect to participate in either of Beacon's medical plans. Our pharmacy benefit manager is Alluma.

Choosing a pharmacy

First, confirm that your preferred pharmacy is **in-network**. Out-of-network pharmacies are not covered, so you will pay the full cost if you use one. In-network pharmacies are either Beacon-owned or "Other network pharmacies." Visit allumaco.com/members to find in-network pharmacies.

Next, consider the type of medication you need. **Maintenance medications are covered only at Beacon-owned pharmacies** (unless you reside outside of Michigan or Indiana). Preventive medications and medications for acute conditions may be filled at any in-network pharmacy.

Your cost also depends on the plan's drug formulary system, which groups medications into tiers based on cost, safety, effectiveness, and whether a generic equivalent is available. Tiers include generic, preferred, non-preferred, and specialty medications. Review the prescription formulary at allumaco.com to find your medication's tier.

Finally, when choosing a Beacon-owned pharmacy, consider its location and whether it offers mail-order delivery. Additional delivery options may be available through the Disease Management Program and specialty pharmacy services.

Alluma



TAKE ACTION

What tier does your medication fall under?

See the prescription formulary to learn what tier your prescriptions fall under. Visit: allumaco.com/members



LEARN MORE

Additional information

- If you participate in Beacon's **Disease Management Program** you can receive discounted prescription coinsurance for all formulary tiers other than specialty medications.
- Non-residents can fill maintenance medications at any in-network pharmacy with prior approval.
- Michigan or Indiana residents may receive mail-order prescriptions through two of Beacon's owned pharmacies. If you can't use a Beacon-owned pharmacy, mail-order service is available through Beacon's Network Mail Service, administered by Express Scripts. Ask your provider to send your prescription electronically to Express Scripts, or call 800-282-2881.
- **Over-the-counter medications** (with the exception of Prilosec OTC, Claritin OTC, Zyrtec OTC, and OTC smoking cessation medications) are not covered by the plan.
- Coverage for specialty medications requires **prior-authorization** and participation in the **Disease Management Program**. See page 28 for more details.

Pharmacy	Beacon Kalamazoo Outpatient Pharmacy	Beacon Portage Outpatient Pharmacy	Memorial Hospital Outpatient Pharmacy	Memorial Hospital Specialty Pharmacy	Elkhart General Hospital Outpatient Pharmacy	Beacon Home Care Pharmacy
Location	Beacon Kalamazoo Hospital 1521 Gull Road Kalamazoo, MI 49048 269-226-8336	Beacon Kalamazoo Immediate Care 7901 Angling Road Portage, MI 49024 269-324-8409	Beacon Memorial Hospital 100 Navarre Street, Suite 1150 South Bend, IN 46601 574-647-3534	Beacon Memorial Hospital 100 Navarre Street, Suite 1150 South Bend, IN 46601 574-347-4266	Elkhart General Hospital 600 East Blvd Elkhart, IN 46514 574-523-3101	3355 Douglas Road South Bend, IN 46635 574-647-8550
Pick Up	x	x	x	x	x	x
Mail order	x					x

What the plan pays for: Your prescription drug coverage is provided as part of the Beacon medical plans. This means that the deductible and out-of-pocket maximum features are outlined on the chart on page 18. There are no separate prescription deductibles or out-of-pocket maximums.

Consumer-Driven Health Plan (CDHP)					
Features	Beacon-owned pharmacy	Beacon-owned pharmacy Disease management participant rates	Other network pharmacies	Network mail service 90-day supply	Out-of-network
	After deductible:	After deductible:	After deductible:	After deductible:	Not covered
Generic	Plan pays 85% / You pay 15%	Plan pays 95% / You pay 5%	Plan pays 75% / You pay 25%	Plan pays 75% / You pay 25%	
Brand formulary	Plan pays 70% / You pay 30%	Plan pays 80% / You pay 20%	Plan pays 60% / You pay 40%	Plan pays 60% / You pay 40%	
Non-formulary	Plan pays 50% / You pay 50%	Plan pays 60% / You pay 40%	Plan pays 50% / You pay 50%	Plan pays 50% / You pay 50%	
Specialty*	n/a	Plan pays 80% / You pay 20% (up to \$500 per 30-day supply)	Plan pays 80% / You pay 20% (up to \$500 per 30-day supply)	Plan pays 80% / You pay 20% (up to \$500 per 30-day supply)	

Preferred Provider Organization (PPO)					
Features	Beacon-owned pharmacy	Beacon-owned pharmacy Disease management participant rates	Other network pharmacies	Network mail service	Out-of-network
	30/90-day supply No deductible:	30/90-day supply No deductible:	30-day supply No deductible:	90-day supply No deductible:	Not covered
Generic	\$10/\$20 copay	\$10/\$20 copay	\$15 copay	\$30 copay	
Brand formulary	\$30/\$60 copay	\$20/\$40 copay	\$40 copay	\$80 copay	
Non-formulary	\$60/\$120 copay	\$40/\$80 copay	\$80 copay	\$160 copay	
Specialty*	n/a	Plan pays 75% / You pay 25% (up to \$750 per 30-day supply)	Plan pays 75% / You pay 25% (up to \$750 per 30-day supply)	Plan pays 75% / You pay 25% (up to \$750 per 30-day supply)	

*Prior authorization and participation in the Disease Management Program is required for specialty medications. Specialty medications can only be filled by a non-Beacon-owned pharmacy if the medication is a limited distribution drug that cannot be obtained by a Beacon-owned pharmacy. Maximum of 30 days per refill. Must use Memorial Outpatient Pharmacy



Are preventive medications and maintenance medications the same thing?

Not exactly. Preventive medications are used to keep a condition from developing, while maintenance medications help manage an existing chronic condition. Sometimes, they can even be the very same drug—it just depends on how it's being used. To be considered "preventive," a drug must appear on **Alluma's Preventive Drug List**, located on our Intranet. What this means if you are enrolled in the CDHP: Preventive drugs are covered even before you meet your deductible. There's also a very small group of medications on the IRS Preventive Drug List—such as immunizations—that are covered at no cost to you, regardless of the deductible (plan limits still apply). Maintenance medications that are not preventive are subject to the deductible.

Medical Premiums

Beacon, along with most other employers, continues to face rising medical plan costs. While Beacon is able to absorb much of the increase and will continue to cover the majority of total costs, associate medical plan premiums will increase for 2027 depending on which plan and coverage level you elect. *Note: Rates are shown per pay period, so if you'd like to know the annual cost, simply multiply the amount by 26.*

ENROLLMENT TIP: The premiums that will display when enrolling though Buisnessolver will show the base premium without any applicable LiGHT discount. Rest assured that the discount will be applied before premiums are taken out of your first paycheck in 2027.

Associates scheduled for 60+ hours

PPO			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$76.66	\$72.81	\$68.98
Associate + Spouse:	\$184.00	\$174.84	\$165.64
Associate + Child(ren):	\$145.66	\$138.34	\$131.06
Family:	\$252.99	\$240.40	\$227.75

CDHP HSA Funded			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$50.60	\$48.05	\$45.52
Associate + Spouse:	\$121.43	\$115.32	\$109.25
Associate + Child(ren):	\$96.14	\$91.37	\$86.56
Family:	\$166.97	\$158.57	\$150.22

CDHP HSA Eligible*			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$35.34	\$33.58	\$31.82
Associate + Spouse:	\$89.88	\$85.42	\$80.93
Associate + Child(ren):	\$64.59	\$61.37	\$58.14
Family:	\$134.37	\$127.63	\$120.92

Associates scheduled for 32 – 59 hours

PPO			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$153.32	\$145.66	\$137.99
Associate + Spouse:	\$367.99	\$349.59	\$331.19
Associate + Child(ren):	\$291.32	\$276.76	\$262.19
Family:	\$505.99	\$480.68	\$455.38

CDHP HSA Funded			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$101.19	\$96.14	\$91.08
Associate + Spouse:	\$242.86	\$230.73	\$218.59
Associate + Child(ren):	\$192.28	\$182.66	\$173.05
Family:	\$333.95	\$317.26	\$300.56

CDHP HSA Eligible*			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$70.67	\$67.13	\$63.60
Associate + Spouse:	\$179.77	\$170.76	\$161.77
Associate + Child(ren):	\$129.18	\$122.74	\$116.28
Family:	\$268.73	\$255.27	\$241.83

Wellness program — Living in Good Health Together (LiGHT)

As a leading health system, Beacon strives to lift the health and wellbeing of our entire community. And the path to achieve that begins with our own associates and their families—by modeling healthy choices, you set the tone for the quality of life we want for everyone.

In line with this commitment, participation in the annual wellness screening process **is required** to enroll in under Beacon's medical plans and the MEP.

The wellness screening includes **four simple steps**:



STEP 1

Opt into the program.



STEP 2

Complete the tobacco affidavit.



STEP 3

Complete a confidential online Health Assessment.



STEP 4

Take part in an onsite lab draw or attend your annual wellness visit with your PCP including standard preventive labs.

If your spouse is covered under a Beacon medical plan or the MEP, they must also complete the screening steps to be covered. For 2027, the deadline to complete the annual wellness screening process was Aug. 31, 2026.

New to Beacon? For new associates hired on or after May 1, 2026, the wellness requirement has been waived for 2027. That means you can enroll in a Beacon medical plan or the MEP without completing the wellness screening steps.



TAKE
NOTE

LiGHT wellness incentives changing in 2027

We're making some changes to our wellness program incentives next year! Our goal is to make the program more inclusive and results-focused—so it's not just about showing up, but about truly feeling better and living healthier.

Starting in 2027, incentives will be meaningful to all eligible employees, not just those enrolled in our medical plans or MEP. We want everyone to have the opportunity to benefit from making healthy choices, improving well-being, and celebrating personal progress.

More details will be shared in the coming months, but we're excited to take this next step toward a healthier, happier workplace for everyone.



Turn “other coverage” into savings: Medical Expense Plan (MEP)

Fully paid by Beacon

As an alternative to enrolling in one of the Beacon medical plan options, if you and/or your family members enroll in another medical plan—like your spouse’s employer-based medical plan or Medicare—the **Medical Expense Plan (MEP)** can help you save. It’s designed as a smart incentive to encourage you to opt out of Beacon medical coverage and use the other coverage as your main plan. MEP then steps in to reimburse you for eligible out-of-pocket costs, like coinsurance, copays, and premiums (up to the plan limits).

It’s not insurance—it’s extra support to ease your expenses when you **opt out** of Beacon’s medical plan. You cannot be covered by both the Beacon medical plan and the MEP at the same time.

Eligibility

If you are eligible for Beacon medical benefits, you can enroll in the MEP for yourself or your eligible dependents during Open Enrollment if:

- You or your dependent are currently covered in a Beacon medical plan and you discontinue that coverage in order to elect non-Beacon medical coverage for yourself or your dependent such as a spouse’s medical plan or parent’s medical plan.
- You or your dependent are currently covered in a Beacon medical plan, and you discontinue that coverage because you or your dependent have become eligible for Medicare.

Highlights of the MEP

- ✓ Beacon pays the full cost, so you don’t have to pay MEP premiums.
- ✓ The MEP reimburses you for premiums paid to a non-Beacon medical plan to the extent they exceed certain dollar thresholds.
- ✓ In addition, the MEP reimburses you for 100% of eligible out-of-pocket costs such as copays and coinsurance from your primary coverage when you access care from a Beacon provider, a Beacon facility, or a Beacon pharmacy. The MEP reimburses you for 80% of eligible out-of-pocket costs when you access care from a non-Beacon pharmacy.

No payroll deductions: There is no cost to enroll—no premiums, copays, or similar costs.



For more MEP
information

Call BE Solutions at 866-717-6956 or
email memberservice@besoln.com.



MEP ID cards



If you enroll in the MEP, your ID cards will arrive to your home address shortly following the close of enrollment.

Note: If you enroll in MEP and Medicare, you will not receive an ID card.

Premium reimbursement: The MEP reimburses you for eligible premiums paid to a non-Beacon medical plan to the extent they exceed the following dollar thresholds, up to the limits.



One covered individual
\$125 per month



More than one covered individual
\$290 per month

Out-of-pocket cost reimbursement: When you and your covered dependents need health care services or prescription drugs, your non-Beacon medical plan will be your primary coverage and pay its share of eligible expenses first. The MEP will then reimburse you for 100% of your eligible out-of-pocket costs, up to the limits.

When it is eligible for MEP reimbursement

Provider services	Only when care is provided by a Beacon-employed provider
Facility charges	Only when the expense is incurred at a Beacon facility
Prescription drug copays	100% when filled at a Beacon pharmacy 80% when filled at a non-Beacon pharmacy



Annual maximum reimbursement: The annual maximum reimbursement is \$22,500.

2027 MEP Reimbursement Schedule

Monthly premium reimbursement for non-Beacon medical plans	Amount over:
- One covered individual: - More than one covered individual:	\$125 \$290
Annual maximum reimbursement for out-of-pocket claims of eligible expenses	
- One covered individual: - More than one covered individual:	\$9,200 \$18,400
Total annual maximum reimbursement for both premiums and out-of-pocket claims	\$22,500

Enrollment and Reimbursement: After you have successfully enrolled in the MEP, you will receive information about how to submit your claims for reimbursement.

Refer to *Beacon's Medical Expense Plan (MEP): Reference Guide* for more information and helpful examples.



Voluntary benefits bundle

Critical Illness Insurance | Accident Insurance | Hospital Indemnity Insurance

You pay the cost

If you enroll in one of the two Beacon medical plan options, you will **automatically** be enrolled in an **associate-paid** voluntary benefit bundle (see costs below). This coverage will pay you a cash benefit in the event you or a covered dependent experience any of the following:



Critical illness

Gives you a lump sum of money if you're diagnosed with a serious illness covered by the Policy—like heart attack, stroke, cancer, or heart disease—to help offset your expenses.



Accidental injury

Provides financial protection for medical expenses and other costs resulting from non-work-related accidental injuries. This can include hospital bills, emergency room visits, home care services and rehabilitation costs.



Inpatient hospital care

This coverage can complement your health insurance to help you pay for the costs associated with a hospital stay.

Not interested? Be sure to opt out!

If you are enrolling in the medical plan for the first time during Open Enrollment, and do not want this automatic coverage, you **MUST OPT OUT** of it during enrollment. You can waive it altogether, or you can elect to enroll for any of these three benefits separately (rather than the full package). If you are not enrolled in a Beacon medical plan, you can still enroll in any/all of these voluntary benefits separately. If you opted out for 2026, and you do not take any action by the enrollment deadline, you will default to opted out in 2027.

Your costs

Voluntary benefits bundle

Per-pay period premiums	Voluntary benefit bundle
Associate Only:	\$12.63
Associate plus 1 Dependent (Spouse or Child):	\$27.26
Associate plus Children:	\$28.35
Family:	\$35.51



Is the bundle right for you?

To learn more about the Voluntary Benefits Bundle, visit the Aetna member portal at:

MyAetnaSupplemental.com

Or call Aetna Member Services at:
800-607-3366 (TTY: 711)





Prior Authorization and Precertification

To help manage medical plan costs, certain prescription medications and medical procedures require additional review before they are covered. Specifically:

- ✓ **Prior Authorization and Step Therapy:** Required for select medications.
- ✓ **Precertification:** Required for certain medical procedures.

Your healthcare provider will typically notify you of these requirements when a medication or procedure is prescribed.

For your reference, you can access the current requirement lists at the following locations:

- ✓ **Prescriptions requiring prior authorization:** allumaco.com.
- ✓ **Procedures requiring precertification:** Beacon Intranet.



Dental

You and Beacon share the cost

Your options

Beacon offers three dental plans to choose from, so you can select the coverage that best fits your needs and budget.

DHMO

DPPO—Standard Plan

DPPO—Premium Plan

How the plans are alike

- ✓ **Fully covered in-network preventive dental care**—no copay, deductible or coinsurance.
- ✓ **Similar wide range of eligible services**, including basic care, major care and orthodontia.
- ✓ **Both DPPO plans offer Cigna's Wellness Plus Plan**, where your annual dollar maximum will increase the following year if you receive preventive care in the previous year. See chart on page 30.

How the plans differ

DHMO

Lowest premium \$

You can only see a DHMO network provider assigned to you; no out-of-network coverage

No deductible requirement

Cost sharing is handled through preset dollar copays

Orthodontia cost sharing is through preset dollar copays; coverage for eligible associates and all covered dependents

No annual maximum benefits

DPPO—Standard Plan

Mid-range premium \$\$

You can see any dental provider but save money by seeing an in-network dentist

Individual & Family deductibles

Cost sharing is handled through coinsurance (where you pay a portion of the expense)

You pay higher orthodontia coinsurance compared to Premium plan; coverage for eligible child dependents only

Lower maximum benefit compared to Premium plan

DPPO—Premium Plan

Highest premium \$\$\$

You can see any dental provider but save money by seeing an in-network dentist

Individual deductible only

Cost sharing is handled through coinsurance (where you pay a portion of the expense)

You pay lower orthodontia coinsurance compared to Standard plan; coverage for eligible associates and all covered dependents

Higher maximum benefit compared to Standard plan



TAKE ACTION

Find a network dental provider

Your out-of-pocket costs are lower when you visit a Cigna network provider. To see if your dental provider is in-network or to find a network dentist:

Visit mycigna.com, register and then click "Find a Doctor, Dentist".

Call 24/7 at 800-244-6224.



USE WELL

Additional dental care for those with certain conditions

If you have certain conditions, such as diabetes, heart disease, chronic kidney disease or even pregnancy, you may qualify for additional dental services—at no cost—through the Oral Health Integration Program. Learn more at mycigna.com.

Comparing the dental options

Features	DHMO (Cigna Dental Care Access Plus network)	DPPO — Standard Plan (Total Cigna DPPO network)		DPPO — Premium Plan (Total Cigna DPPO network)	
	In-network only	In-network	Out-of-network	In-network	Out-of-network
Plan deductible Individual Family	None	\$50 \$150	\$50 \$150	\$50 None	\$50 None
Preventive and diagnostic care (Routine exams, cleanings, fluoride treatments, sealants, bitewing X-rays)	Fixed copay on patient charge schedule	No deductible Plan pays 100% You pay 0%	No deductible Plan pays 100% You pay 0%	No deductible Plan pays 100% You pay 0%	No deductible Plan pays 100% You pay 0%
Basic care (Full mouth X-rays, extractions, fillings)	Fixed copay on patient charge schedule	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%
Major care (Root canals, oral surgery, gum disease treatment, crowns, bridges, dentures, implants)	Fixed copay on patient charge schedule	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 50% You pay 50%
Orthodontia care*	Fixed copay on patient charge schedule	No deductible Plan pays 50% You pay 50%	No deductible Plan pays 50% You pay 50%	No deductible Plan pays 60% You pay 40%	No deductible Plan pays 50% You pay 50%
Orthodontia lifetime maximum	None	\$1,000	\$750	\$1,500	\$1,000
Annual maximum benefit Year 1: Year 2: Year 3: Year 4:	None	Plan pays up to: \$1,000 \$1,150 \$1,300 \$1,450	Plan pays up to: \$750 \$900 \$1,050 \$1,200	Plan pays up to: \$1,500 \$1,650 \$1,800 \$1,950	Plan pays up to: \$1,000 \$1,150 \$1,300 \$1,450

*Orthodontia coverage for eligible associates and dependents is available in the DHMO and DPPO-Premium Plan only. Orthodontia coverage in the DPPO-Standard Plan is for children only.

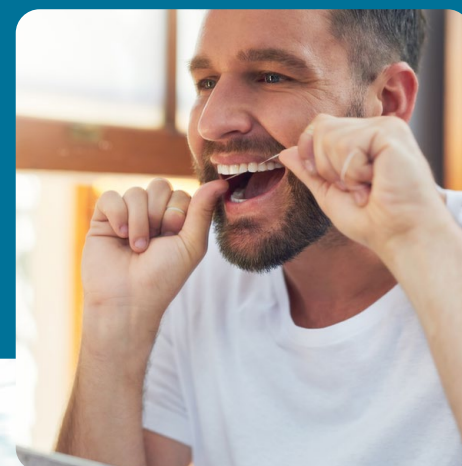
Your costs

Per-pay-period premiums	DHMO	DPPO Standard Plan	DPPO Premium Plan
Associate Only:	\$5.58	\$9.14	\$15.24
Associate + 1:	\$9.53	\$17.01	\$30.38
Family:	\$15.62	\$29.76	\$51.87



Dental ID cards

Only the DHMO issues dental ID cards. For the other plans, simply let your dental provider know your type of insurance or visit mycigna.com and register for an account to print out a digital ID card.



Vision

You and Beacon share the cost



Beacon offers one comprehensive vision plan that provides an allowance for routine eye exams, eyeglass frames and lenses, and contact lenses without a deductible.

Note: Our medical plans do not include a basic level of vision coverage, like an annual eye exam. The vision plan is the only plan we offer that provides preventive and wellness care coverage for your eyes.



TAKE
ACTION

Find a network vision provider

Your out-of-pocket costs are lower when you visit a Cigna network provider. To see if your vision provider is in-network or to find a network dentist:

Visit mycigna.com

Call 877-478-7557 or 888-353-2653



Vision ID cards

You will not receive printed vision ID cards to take with you to your vision appointments. However, you can access a digital ID card at my.cigna.com.

Features

EyeMed Vision Plan

	In-network	Out-of-network
Eye exams (once every 12 months)	After you pay \$10 copay Plan pays 100%	Plan pays up to \$45 allowance
Prescription eyeglass lenses* (once every 12 months)		Plan pays up to \$32 allowance
Single vision	After you pay \$25 copay Plan pays 100%	\$55 allowance
Bifocal		\$65 allowance
Trifocal		\$80 allowance
Lenticular		
Frames (once every 12 months)	Plan pays up to \$200 allowance + 20% discount	Plan pays up to \$71 allowance
Prescription contact lenses* (once every 12 months)		
Elective (standard vision correction)	After you pay \$25 copay Plan pays up to \$200 allowance	Plan pays up to \$105 allowance

*The vision plan provides coverage for prescription eyeglass lenses and prescription contact lenses, but not BOTH in the same year.

Your costs

Per-pay-period premiums

Vision Plan

Associate Only:	\$2.81
Associate + 1:	\$5.39
Family:	\$8.72

Savings and Spending Accounts

mychoice
Accounts

Out-of-pocket costs can add up—but you've got tools to help! Depending on the medical plan you elect, you can pair the plan with a special account that lets you set aside pre-tax dollars to help offset your deductible by paying for things like doctor visits, prescriptions, and other eligible expenses.

Health Savings Account (HSA)

You and Beacon share the cost

The HSA is a powerful savings tool that helps you set aside pre-tax dollars through easy payroll deductions to pay for qualified healthcare expenses. It pairs with the CDHP medical plan, giving you more control over how you manage your healthcare costs while enjoying triple tax advantages. You can use your HSA funds for eligible expenses for yourself, your spouse, and your children—even if they aren't covered under your Beacon medical plan, as long as they're listed as dependents on your federal tax return.

If you are enrolled in Medicare, you are not eligible to contribute to an HSA and are not eligible for an employer contribution to an HSA.



How the HSA works

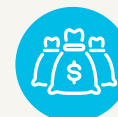


You own it.

It's yours to keep, whether you change medical plans down the road, leave Beacon or retire.

Offers triple-tax advantages.

If you use your HSA for qualified healthcare expenses, your contributions, earnings and distributions are all tax-free!



You contribute.

You can contribute up to the IRS maximum, which includes your contributions and employer contributions.

Associate Only: \$4,500

All Other Coverage Levels: \$9,000

Plus, age 55 or older can make an extra \$1,000 catch-up contribution.

Beacon contributes if you enroll in the CDHP HSA Funded option.

In addition to your own pre-tax contributions, Beacon makes quarterly contributions to help offset the medical plan deductible.

If you enroll in the CDHP HSA Eligible option, the Beacon contribution is \$0.

For 2027, the Beacon contribution is:

Associate Only:

\$100 quarterly (\$400 annually)

All Other Coverage Levels:

\$200 quarterly (\$800 annually)



Easy access to funds.

You will receive a debit card and can order checks. In addition, you can set up automatic payments for recurring bills, and/or pay out-of-pocket then request reimbursement online, by fax, mail, or using the mobile app.

No use it or lose it rule.

Unlike the FSAs, you can carry your unused balance forward from year-to-year—with no limit. This makes the HSA a great way to save for future healthcare expenses—even during retirement.





Health Reimbursement Account (HRA)

Beacon pays the full cost

This account helps you pay for eligible healthcare expenses that aren't covered by your insurance. Unlike the other savings and spending accounts, Beacon fully funds the HRA for eligible associates.

Who is eligible?

You are eligible if you are enrolled in the CDHP at Beacon and are not eligible to participate in the HSA because you are enrolled in Medicare. If you anticipate enrolling in Medicare during the plan year, you can inform Beacon during Open Enrollment.

How it works:

Beacon fully funds your HRA; you cannot make personal contributions. Beacon will make quarterly contributions directly to your account:

Associate Only: \$100 per quarter (\$400 annually)

All Other Coverage Levels: \$200 per quarter (\$800 annually)

You can easily access these funds using your **MyChoice debit card** or by requesting reimbursement through the **MyChoice website or mobile app**.

Any unused balance at the end of the year will roll over for use in the following year.

Flexible Spending Accounts (FSAs)

You pay the full cost



Healthcare FSA

(Available to non-CDHP members)

Helps you pay for all eligible healthcare expenses using pre-tax dollars.

- You may contribute up to a maximum of **\$3,400** for 2027.*
- You may roll over up to **\$680** of your unused balance at year end.



Limited Purpose FSA

(Available to CDHP members)

Helps you pay for eligible dental, orthodontia and vision expenses using pre-tax dollars. **Note: If you enroll in the Healthcare FSA and the CDHP it would automatically be considered a Limited Purpose FSA.**

- You may contribute up to a maximum of **\$3,400** for 2027.*
- You may roll over up to **\$680** of your unused balance at year end.



Dependent Care FSA

(Available to all associates)

Helps you pay for eligible childcare and adult daycare expenses using pre-tax dollars.

- You may contribute up to a maximum of **\$7,500** per year, which is available as you contribute.
- There is no rollover feature.

**The IRS has not published the limits for 2027, so these numbers reflect 2026 limits. If the new limits are announced after Open Enrollment has ended but before the close of the calendar year, you can increase your contribution amount by submitting a self-service HR ticket.*

Disability



Sometimes life takes an unexpected turn. If an illness or injury keeps you from working, disability coverage helps replace part of your income—so you can focus on recovery without the added financial stress.

Short-Term Disability (STD)

Beacon offers two forms of STD, varying based on your role.

Non-Management Associates

Fully paid by you

STD is an optional benefit that you can choose to enroll in to help replace your income if you're unable to work due to a non-work-related illness, injury, or medical condition—including recovery from childbirth.

The benefit paid to you replaces part of your paycheck to provide some income on a weekly basis.

STD premium rates are based on your age and income. The amounts will be available when you enroll through Businessolver.

How it works:

Qualifying for STD benefits

For most disability leaves, a medical professional and disability claims expert will review your case to determine whether you qualify for benefits. If you are signing up for STD coverage for the first time, pre-existing conditions, including pregnancy, will not be covered until you have been enrolled in the coverage for 12 consecutive months.

Benefit amount

The STD benefit will replace **60% of your weekly pay, up to a maximum of \$1,400 per week**—after the waiting period.

What's the waiting period?

- The waiting period is the number of days you must be out of work before STD benefits begin.
- The STD benefit does not replace income during the waiting period. Whether those days are paid or unpaid depends on your PTO balance and whether you're in the PTO Legacy plan or the PTO Grant plan. In some cases, you must use PTO during the waiting period; in others, you may be able to take the time off unpaid. For details about your specific options, see the PTO policy.



When benefits begin and end

The waiting period and duration of your Short-Term Disability (STD) benefits depend on the plan option you elect. Beacon offers four different STD plan options, designed to meet the needs of different associate groups:

OPTION 1:
One week waiting period with a maximum duration of 26 weeks.

OPTION 2:
Two week waiting period with a maximum duration of 26 weeks.

OPTION 3:
One week waiting period with a maximum duration of 13 weeks.

OPTION 4:
Two week waiting period with a maximum duration of 13 weeks.

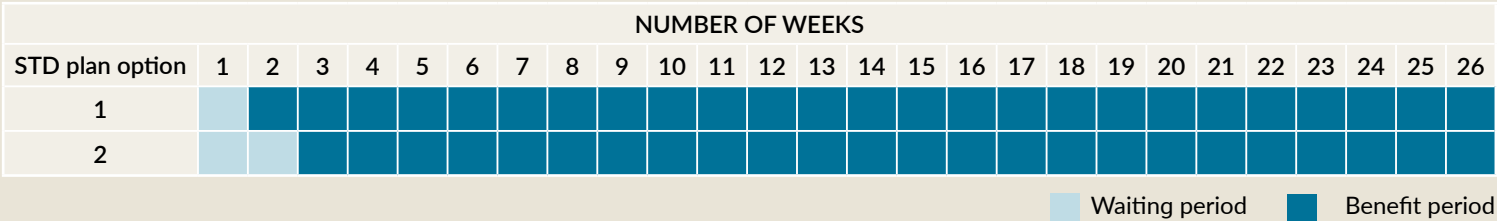


Tax consideration

Because STD premiums are paid with after-tax dollars, any STD benefits you receive while on disability are not taxed. This means your STD payments will be closer to your regular take-home pay, helping you better manage your expenses while you're away from work.

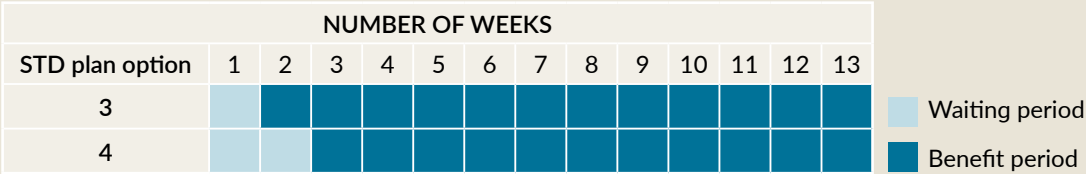
OPTIONS 1 AND 2

These options offer longer coverage durations and are ideal for part-time associates (and/or full-time associates with less than one year of service) who **do not have** Beacon's employer-paid LTD benefit and have not chosen to purchase it. However, it is the associate's choice which option is best for their situation.



OPTIONS 3 AND 4

Plan options 3 and 4 provide shorter coverage durations and are recommended for full-time associates who **do have** Beacon's employer-paid LTD coverage or part-time associates who chose to purchase it and therefore may not need extended STD coverage. However, it is the associate's choice which option is best for their situation.



Management associates

Fully paid by Beacon

Management associates receive 100% of their weekly pay with no limits, up to 90 days. In addition, there's no waiting period. This coverage is automatic and fully paid by Beacon. Because these payments represent a continuation of your regular earnings, they are subject to the same taxes and standard payroll deductions as your regular pay.





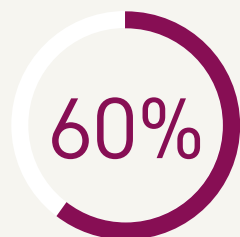
Long-Term Disability (LTD)

Fully paid by Beacon for full-time associates and Fully paid by You for part-time associates

Sometimes an illness or injury lasts a long time. If you're unable to work for an extended period due to a serious health condition, LTD provides a critical layer of income protection.

- **Full-time associates:** This benefit coverage is automatic and fully paid for by Beacon for all full-time associates (regularly scheduled for 36 or more hours per week) after completing one year of service.
- **Part-time associates:** This benefit may be elected during Open Enrollment for part-time associates (regularly scheduled for 16 - 35 hours per week) who have completed one year of service. The premiums are based on your age and income. The amounts will be available when you enroll through Businessolver.

LTD benefits begin after you complete the 90-day waiting period. Typically associates rely on their PTO, salary continuance or STD benefits for income replacement during this waiting period.



Benefit amount

For most jobs, LTD pays a benefit equal to:
60% of your monthly pay, up to a maximum benefit of **\$10,000 per month**.

How long LTD payments last

LTD benefits generally continue until age 65 or until you're no longer considered disabled, whichever comes first.

Life and AD&D



Basic Life and Accidental Death and Dismemberment (AD&D)

Fully paid by Beacon

While no one likes to think about death, having **Basic Life Insurance and Accidental Death & Dismemberment (AD&D) coverage** ensures your loved ones are financially protected if something happens to you. It's a simple but important way to provide peace of mind. Beacon automatically provides and pays the full cost of coverage.

Benefit amount

The amount of coverage is based on your role.

- **Most full-time associates:** The benefit is equal to **one times your annual pay**.
- **Most management associates:** The benefit is equal to **one and one-half times your annual pay**.
- **Most part-time associates:** The benefit is equal to **\$10,000**.

Supplemental Life and AD&D

Fully paid by You

If you feel you need additional income protection, you may choose to purchase Supplemental Life and AD&D, as shown in the table.

Supplemental Life and AD&D

For you	You may purchase additional coverage in \$10,000 increments up to the lesser of \$500,000 or five times your salary.
For your spouse	If you enroll in at least \$20,000 of Supplemental Life and AD&D for yourself, you may purchase Spouse Supplemental coverage up to the lesser of \$150,000 or one-half your own coverage.
For your child(ren)	If you enroll in at least \$20,000 of Supplemental Life and AD&D for yourself, you may purchase coverage for your dependent children under age 26: Age 14 days to 6 months: \$1,000 Age 6 months–26 years: \$10,000

Evidence of Insurability (EOI)

When you elect Supplemental Life Insurance coverage for yourself or Dependent Life Insurance for your spouse, you may be required to provide “Evidence of Insurability.” In other words, before the insurance company will cover you, you must show them proof that you are a good candidate for insurance—by completing a health questionnaire.

Each year during Open Enrollment you have the opportunity to increase your Supplemental Life and AD&D coverage without providing EOI. You can increase coverage for yourself by \$20,000 and coverage for your spouse by \$10,000, subject to the overall limits.

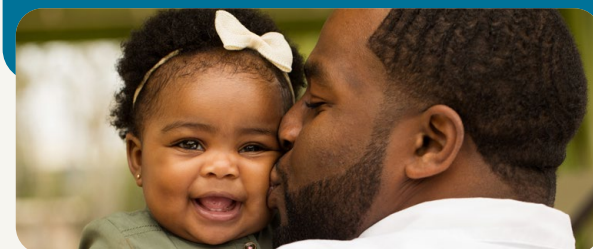
If you elect coverage beyond that amount you will need to provide EOI. (*The company code for Lincoln Financial is LF1305BEA.*)



Don't forget to designate a beneficiary

Designating a beneficiary ensures your life insurance benefits go to the person—or people—you intend. It's a simple but important step to help protect your loved ones and avoid delays in receiving the benefit.

Visit mybeaconbenefits.com



Other voluntary benefits

Fully paid by You

Voluntary benefits give you the **freedom to personalize your coverage** with added protection that fits your life. These optional plans can help fill gaps, cover unexpected costs, and give you extra peace of mind—on your terms.



 Transamerica™

Universal Life

Provides long-term financial protection with the added benefit of building **cash value over time**. This coverage can help support your loved ones in the event of your passing and may also be used during your lifetime for things like emergencies or future planning.



 AURA

Identity Fraud Protection

Aura provides **comprehensive identity theft protection** with \$5 million in identity theft insurance per adult member. It includes credit monitoring, fraud alerts, and identity restoration services, as well as privacy and device protection. Aura's expert team is available 24/7 to help resolve issues and restore your identity—giving you added peace of mind in today's digital world.



 MetLife | Legal Plans

Legal Services

MetLife Legal offers **affordable access to attorneys** for a wide range of personal legal needs—like wills, estate planning, real estate matters, and family law. You'll get professional support from a national network of professional attorneys when you need it most, without the high hourly fees.



CHOOSE
WELL

Unbundle the voluntary benefits bundle?

Don't forget, you can also choose to purchase any of the voluntary benefits, individually, from the voluntary benefits bundle—outlined on page 27.

This includes:

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance



Paid Time Off (PTO) program

Everyone needs time away from work to manage personal matters, relax and recharge, recover from illness or celebrate a holiday. The Beacon Total Rewards program for associates* includes PTO for:



Vacation



Personal time



Short-term illness



Holidays

Full-time and part-time associates receive their paid time off up front each year through what we call a PTO Grant. This approach gives you immediate access to your PTO balance, so you can plan time away with greater flexibility.



Paid holidays are built into your PTO Grant. PTO hours must be used to take time off for the following recognized

HOLIDAYS



New Year's Day



Labor Day



Memorial Day



Thanksgiving Day



Independence Day



Christmas Day

Your annual PTO Grant includes hours for the six observed holidays, plus an extra 16 hours (prorated if your standard hours are less than 40 per week) to use as floating holidays. This way, if you don't observe a Beacon holiday you may have the option to work that day and take a different day off instead. Refer to *Beacon's 2027 Paid Time Off program: Open Enrollment reference guide* for more information.

* This program does not apply to physicians, APCs, or leaders in the Discretionary PTO plan (DTO). If you are covered under a CBA, certain details may differ.



Beacon's current PTO schedule

The table below shows the number of PTO hours you will be granted on January 1 based on a full-time work schedule of 80 hours per pay period (1.0 FTE). Days shown are eight-hour days. Grant amounts are prorated based on your actual FTE. Refer to *Beacon's 2027 Paid Time Off program: Open Enrollment reference guide* for your grant details. You can begin to use this time as soon as it is granted.

Management (other than Directors and above)

Years of service	Annual PTO grant
0 – 8 years	224 hours / 28 days
9 or more years	264 hours / 33 days

Non-management associates

Years of service	Annual PTO grant
0 – 3 years	184 hours / 23 days
4 – 8 years	224 hours / 28 days
9 – 23 years	264 hours / 33 days
24 or more years	304 hours / 38 days

We divide your PTO Grant into two main parts:

- ✔ Use It or Lose It hours
- ✔ Choice hours

Use It or Lose It hours are time you must use during 2027. They do not roll over into the next calendar year and are not paid out at year-end or upon leaving the organization.

If you are a tenured non-management associate (with four or more years of service) or a management associate, your PTO Grant will include **Choice hours**. You can leave them in your PTO bank or convert them into cash during Open Enrollment. They do not roll over into the next calendar year and are not paid out upon leaving the organization. However, if you do not use your Choice hours during 2027 and you remain employed at Beacon, the Choice hours remaining in your PTO bank at the end of 2027 will be paid to you in a lump sum in the first quarter of 2028.



You asked for flexibility— and we delivered.

Our PTO Grant program is built to give you real choice. Use your hours for time away, convert them during Open Enrollment into extra cash in your paycheck, or put their value toward additional benefits. It's all about giving you the freedom to decide what works best for you.



Your Choice hours options

During Open Enrollment, you can decide which of the following options is best for you:

Options if you do not elect to convert any Choice hours during Open Enrollment	
OPTION 1: Take time off throughout 2027.	• If you do not convert any Choice hours during Open Enrollment, those hours stay in your PTO bank and will be available for you to take time off during 2027. • Any Choice hours you don't use will be paid out in a lump sum during the first quarter of 2028, based on your hourly rate as of Dec. 31, 2027. • Choice hours do not roll over from year to year. • If you leave Beacon during 2027, the unused hours will be forfeited.
OPTION 2: Leave in PTO bank for payout in 2028.	• If you do not convert any Choice hours during Open Enrollment, and do not use them during 2027, those hours will be paid out to you in a lump sum during the first quarter of 2028, based on your hourly rate as of Dec. 31, 2027. • If you do decide to take time off in 2027 instead, these hours will be available. • Choice hours do not roll over from year to year. • If you leave Beacon during 2027, the unused hours will be forfeited.
Options if you elect to convert some or all of your Choice hours during Open Enrollment	
OPTION 3: Convert to extra pay.	• Convert some or all of your Choice hours into additional income. • The value is based on your hourly rate as of Sept. 8, 2026, and spread evenly across your 26 paychecks in 2027, providing you with additional income. • If you leave Beacon during 2027, the remaining balance will be forfeited.
OPTION 4: Convert to retirement savings, HSA contributions, or to purchase more benefits.	• If you would like to save more for retirement, add to your HSA, or purchase additional benefits, convert Choice hours during Open Enrollment. • The value of those hours is based on your hourly rate as of Sept. 8, 2026, and spread evenly across your 26 paychecks in 2027. • You'll need to make a second election to direct those dollars to your retirement savings or to elect benefits. • If you leave Beacon during 2027, the remaining balance will be forfeited.



Beacon's Retirement Savings 403(b) Plan

You and Beacon share cost



The Retirement Savings Plan is a smart, flexible way to invest in your future. Changes you make to Beacon's Retirement Savings 403(b) Plan are not limited to annual Open Enrollment, but we wanted to draw your attention to the plan during this time of the year when you are thinking about your financial security and your benefits budget. Many financial professionals recommend contributing at least 10% of each paycheck to your retirement account. Your future self will thank you! You can change your contribution by visiting Transamerica.com/portal/beacon or by calling 800-755-5801 any day of the year.



Eligibility and enrollment

All full-time, part-time and PRN associates are eligible to participate in the program. You can change your contribution amount at any time. If you actively enrolled and elected the auto increase feature, your contributions will increase at the start of the year. Similarly, if you were automatically enrolled, your contributions will increase at the start of the year.

If you opted out of the plan, you will be auto-enrolled at the start of the year. If you choose not to participate in the plan, you must opt out again. You will receive information from Transamerica regarding the auto-enrollment process prior to the end of the year.



Beacon's matching contributions

Associates who are 21 or older and have completed one year of service during which they worked at least 1,000 hours are eligible for matching contributions. Beacon matches **\$1 for every \$1** you contribute, up to **4% of your pay**. That's free money!



Your contributions

Choose before-tax or after-tax (Roth) contributions at any amount—whichever fits your financial goals—up to the IRS 2027* maximum:

Age	Contribution limit	Catch-up contribution	Total contribution
49 or younger	\$24,500	N/A	\$24,500
50-59	\$24,500	\$8,000	\$32,500
60-63	\$24,500	\$11,250	\$35,750
64 or older	\$24,500	\$8,000	\$32,500

Individuals earning \$150,000 or more are **required to make catch-up contributions on an after-tax (Roth) basis**.



Investing your funds

You can choose from a variety of fund options or choose to invest on your own.



Owning your benefit (vesting)

You are always 100% vested in your own contributions. You are vested in Beacon contributions after two years of service.



TAKE ACTION

Don't forget to designate a beneficiary

Designating a beneficiary ensures your retirement savings go to the person—or people—you intend. It's a simple but important step to help protect your loved ones and avoid delays in receiving the benefit.

Visit: transamerica.com/portal/beacon



Manage your account

You can manage your Beacon retirement account through the Transamerica portal.

**The IRS has not published the limits for 2027, so these numbers reflect 2026 limits. Because changes are not limited to Open Enrollment, you can adjust your contribution at any time to maximize your benefit.*

No cost benefits and resources



Employee Assistance Program (EAP) and EAP enhancement

Aetna Resources for Living provides **confidential support and resources** to help you and your household members manage life's challenges—big or small.

It's available 24/7, and designed to support your emotional, financial, and everyday well-being—including:



Stress



Relationship
issues



Grief



Legal
concerns



Financial
issues

The EAP offers:

- ✓ Eight free counseling sessions (per family member/per issue/per year)
- ✓ Expert referrals for daily life assistance, such as daycare, eldercare and more
- ✓ Helpful online tools and resources

EAP enhancement:

Once you have used all of your EAP visits for the year, you can continue to see your EAP provider and have those sessions covered by insurance.

If you are enrolled in the PPO, sessions will be subject to the copay applicable to physician visits (non-specialty) as though the provider is in Tier 2.

If you are enrolled in the CDHP, sessions will be covered according to the tier the provider falls in and the normal cost-sharing for that tier.

Connect confidentially:

Visit: [Resourcesforliving.com](https://resourcesforliving.com)

Username: BeaconHealth

Password: eap (lowercase)

Call: 24/7: 855-283-1917



Adoption Assistance

Beacon supports families of all forms. Our adoption assistance benefit helps support associates who are expanding their families through adoption.

This benefit is available to both part-time and full-time associates who work 40 or more hours per pay period, and who have been employed with Beacon for at least 12 months by the time the adoption is finalized. It provides **financial reimbursement for eligible adoption process expenses**, such as legal fees, agency costs, and court expenses. For information, submit a **self-service HR support ticket**.

Associate Advocacy

An on-staff community health worker is available to assist associates in identifying and addressing barriers in their life. The advocate helps associates receive support and build connections to resources within Beacon and the broader community to meet diverse needs. Reach out to Beacon's Wellness Coordinator at 574-647-5410.

No cost benefits and resources *continued...*

Health and Wellness Support



Health and Wellness Coaching

In addition to the LiGHT Wellness Program (see page 24), Beacon is staffed with health and wellness coaches who are available to meet with associates who are enrolled in the medical plan to guide and offer support in developing healthy habits that will result in long-term lifestyle changes.



Mental Health Support

In addition to the EAP (see page 45), Beacon provides an on-staff psychotherapist who can provide short-term therapy and help you access mental health resources. This short-term support is intended to address the delays commonly experienced in accessing mental health treatment and to bridge the gap until you and your family get the care needed.



Disease Management

Beacon's Disease Management Program is built right into the medical plan and is staffed by Beacon associates who are here to support your health. This team-based program gives you access to medication therapy, tools and personalized guidance to help you take control of chronic conditions like diabetes, high cholesterol, high-blood pressure, asthma, and more. Participation means reduced rates on certain medications.



Nutrition Education

An on-staff Registered Dietitian is available to provide health and nutrition education for associates. We take an evidence-based approach to maximizing the health potential of Beacon associates through individually formulated nutritional and lifestyle changes. It promotes the benefits of good, wholesome, unprocessed foods for optimal well-being as well as the therapeutic effects of particular foods for specific health conditions.

To find out how you can access Health and Wellness Support, contact Beacon's Wellness Coordinator at 574-647-5410 or use the contact information at the back of this guide. *See pages 46-48.*

Virtual Healthcare

Virtual Emotional Support



Talkspace provides individual, teen (ages 13+), and couples therapy through a secure, HIPAA-compliant platform. Associates can communicate with their therapist via text, audio, or video messages, with responses typically within a day or two, five days per week. Live video or audio sessions can also be scheduled through the app or website, offering flexibility and convenience without the need for in-person visits.

Visit: [Resourcesforliving.com](https://resourcesforliving.com)

Username: BeaconHealth
Password: eap

Virtual Primary Care Visits

Connected Care provides eight free primary care virtual visits for each associate's immediate family members.

Visit: Beaconconnectedcare.org or download the app.

Service key: Beacon17



Virtual Physical Therapy



Sword Health's virtual physical therapy offers a no-cost, at-home musculoskeletal pain management solution that combines expert guidance from a licensed Doctor of Physical Therapy with FDA approved wearable technology. It's designed to treat a wide range of conditions — from back, neck, and shoulder pain to knee, hip, elbow, ankle, wrist, and pelvic issues — as well as chronic pain, post surgical recovery, and prevention of future injuries.

For more information about how to access virtual healthcare, look at the contact list at the back of this guide (see pages 46 – 48) or call Beacon's Benefits Service Center at 888-907-1430 for assistance.

Contact list

Have questions? We have answers...

For questions about	Contact	Visit	Call
General benefit questions	Beacon Benefits Call Center	mybenefitsatbeacon.com Company Key = beacon (case sensitive)	888-907-1430
Associate advocate	Associate Wellness Team	associatewellnessteam@beaconhealthsystem.org	574-647-2865
Adoption assistance	Beacon Benefits	HRSC link self-service ticket	574-647-7453
Case management	Nurse Case Manager	jfoston@beaconhealthsystem.org	574-647-2304
Death claims	Beacon Benefits	HRSC link self-service ticket	574-647-7453
Dental	Cigna	mycigna.com	800-244-6224
Disease management program	Beacon's Disease Management Team	n/a	574-647-7828
Employee Assistance Plan (EAP) <i>(24/7 support for emotional wellbeing, daily life assistance, legal and financial services)</i>	Aetna Resources for Living	resourcesforliving.com Username: BeaconHealth Password: eap	855-283-1917
Health and wellness coaching	Beacon's Associate Wellness Team	associatewellnessteam@beaconhealthsystem.org	574-524-8168
Human Resources	HR Service Center	HRSC link self-service ticket	574-647-7453
Identity fraud protection	Aura	n/a	844-931-2872
Legal services	MetLife Legal	members.legalplans.com	800-821-6400
Leave of absence	Beacon's Leave of Absence Team	n/a	574-523-3395 574-389-5597
Life events	Beacon Benefits Call Center	mybenefitsatbeacon.com	888-907-1430
Life, AD&D and Disability <i>(Basic and Supplemental Life and AD&D, Short and Long-Term Disability)</i>	Lincoln Financial	HRSC link self-service ticket	n/a
Medical	Meritain	meritain.com	866-841-0852 800-925-2272
Medical Expense Plan (MEP)	BE Solutions	memberservice@besoln.com	866-717-6956
Medical pre-certification	Meritain	meritain.com	574-647-1824

Continued on next page...



...Contact list continued

For questions about	Contact	Visit	Call
Mental well-being services	Beacon's Associate Wellness Team	associatewelnessteam@beaconhealthsystem.org	574-647-5485
Pharmacies	Beacon pharmacies	n/a	Beacon Home Care Pharmacy: 574-647-8550 Beacon Kalamazoo Outpatient Pharmacy: 269-226-8336 Beacon Portage Outpatient Pharmacy: 269-324-8409 Elkhart General Hospital Outpatient Pharmacy: 574-523-3101 Memorial Hospital Outpatient Pharmacy: 574-647-3534 Memorial Hospital Specialty Pharmacy: 574-347-4266
Prescriptions	Alluma	allumaco.com	866-716-7362
Registered Dietitian/ Certified Diabetes Educator	Beacon's Associate Wellness Team	associatewelnessteam@beaconhealthsystem.org	574-647-2879
Retirement	Transamerica	Beacon.TRSretire.com rustom.dubash@transamerica.com kris.green@transamerica.com	800-755-5801 Rustom Dubash: 319-355-9162 Kris Green: 319-355-9643
Savings and Spending Accounts (Health Savings Account, Healthcare and Dependent Care Flexible Spending Accounts)	MyChoice Accounts	mybenefitsatbeacon.com	888-907-1430
Sword Health	Sword Health	meet.swordhealth.com	n/a

Continued on next page...



...Contact list continued

For questions about	Contact	Visit	Call
Tuition/certification reimbursement	Beacon Benefits	HRSC link self-service ticket	574-647-7453
Universal life insurance	Transamerica	transamerica.com	888-763-7474
Virtual care (Online scheduled visits, 24/7 online urgent care visits, nutrition counseling, behavioral health counseling)	Beacon Connected Care	Beaconconnectedcare.org Service key: Beacon17	n/a
Vision	Cigna	mycigna.com	877-478-7557 888-353-2653
Voluntary insurance bundle (Accident, Hospital Indemnity, Critical Illness insurance)	Aetna	myaetnasupplemental.com	800-607-3366 (TTY: 711)
Wellness	LiGHT Wellness Program Beacon's Wellness Coordinator	assethealth.com or email: associatewellnessteam@beaconhealthsystem.org	855-444-1255 574-647-6509

