McLeod Health

2027 BENEFITS

Your guide to physical, financial, and personal wellbeing support.

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MCLEOD HEALTH WELCOME

Choosing benefit coverage is one of the most important decisions many of us make in a given year. It deserves the time, attention, and research that you would give any other major purchase. McLeod Health is committed to providing you with the information and tools needed to support a healthy lifestyle and make the best choices for you and your family.

ELIGIBILITY

You are eligible for most benefits if you are budgeted to work 40 hours or more per pay period. You are eligible for full-time employee rates for all benefits if you are budgeted to work 72 hours or more per pay period. However, to comply with the Affordable Care Act, PRN employees who work the required hours as defined by the Affordable Care Act are eligible to elect medical insurance at full-time employee rates.

For your Dependents

Dependents who are eligible for benefits coverage include your:

- Legal spouse or common-law spouse (with completed affidavit) as recognized by South Carolina.
- Child up to age 26, regardless of marital, student, or tax-dependent status.
- Physically or mentally dependent child who is unable to care for themselves, or an unmarried, disabled child of any age who resides with you and who was medically certified as disabled prior to their 26th birthday and who is primarily dependent upon you for support (with appropriate legal documentation).

Benefitsolver

Web: **McLeodOracle.com**
Company Key: **McLeod**
Phone: **844.436.7172**

or download MyChoice app to sign up for benefits or view your current benefits. You can store pictures of your ID Cards, upload dependent verification documents and more.

SEARCH: MyChoice Mobile

Verifying Eligible Dependents

McLeod Health partners with Benefitsolver to gather dependent verification documents, a process that ensures that only eligible dependents are covered on our insurance plans. If you are adding a dependent to your medical plan and they were not previously covered on your benefits, you will receive further instructions from Benefitsolver about acceptable documents and how to submit them.

Documentation must be submitted to Benefitsolver within 31 days from the date of request in order to prevent a loss of coverage from the enrollment date for your unverified dependents. Two types of documentation are required for spouses.

The Dependent Verification Process is under the same strict privacy and protection requirements as HIPAA. Your information, and that of your family, will be kept in the strictest of confidence. Once your dependent information has been verified, it will be destroyed. The Dependent Verification Center has implemented technology, security features, and strict policy guidelines to safeguard the privacy of your individually identifiable information from unauthorized access or improper use.

The Most Common Acceptable Types Of Documents Include:

Spouse Documentation:

- Marriage Certificate and/or
- Page 1 of your most recent state or federal tax return listing both you and your spouse or children and/or
- Proof of joint ownership within last 6 months, including mortgage statements, bank statements, rental lease agreement or property tax statements with both names as co-owners.

Dependent Child(ren) Documentation:

- Long Form Birth Certificate and/or
- Adoption papers and/or
- Legal Guardianship Document

Enrolling in Benefits

Are you eligible?

You are eligible to enroll in or make changes to McLeod's benefit programs if you:

- **Are a new hire or newly eligible for benefits**

  You have 31 days from your eligibility date to enroll in or waive coverage to avoid being placed in default coverage. Default benefits are paid by McLeod (no cost to you) and include:

Life Insurance:	1x Basic Annual Earnings
Short-Term Disability:	50% of weekly earnings after a 12 month waiting period
Long-Term Disability:	50% of monthly earnings

- **Are currently enrolled in McLeod benefit programs**

  You can make changes to your benefit elections each fall during the Annual Open Enrollment period.

- **Have a qualifying work/life event during the year**

  You can make appropriate changes to your benefits if you notify Benefitsolver within 31 days of the event.

How to Enroll in Benefits

Choose one of the following ways to enroll in your McLeod benefits:

Computer	Go to Oracle located in the left panel of the Compass, and select Benefits Enrollment or visit **www.mcleodoracle.com** (company key: McLeod)
Mobile App	Use the MyChoice mobile app. For more information log into Benefitsolver.
Phone	Call Benefits Enrollment Counselor at **844.436.7172**, Monday – Friday 8:00 a.m. – 8:00 p.m.
Pet Insurance	To enroll in Pet Insurance, go to **www.metlife.com/getpetquote** or call **1.800.GET.MET8**

GET IT ON Google Play

Download on the App Store

YOUR BENEFITS

Medical Plan Options

McLeod offers three medical plan options. All include prescription drug and behavioral health coverages.

Core Plan	Enhanced Plan	High Deductible Health Plan With Health Savings Account
About the Core Medical Plan	About the Enhanced Medical Plan	About the High Deductible Health Plan
The Core Plan provides coverage competitive with other plans in the market at affordable rates. The Core Plan is a traditional preferred provider organization (PPO) insurance plan that covers most types of medical care, including physician office visits, inpatient hospital stays, outpatient services, psychiatric and substance abuse. The Core Plan lets you receive care from the network provider of your choice. The highest level of coverage is available when you use services provided through the McLeod Network.	The Enhanced Plan provides several coverage enhancements compared to the Core Plan, including lower annual deductibles, coinsurance and out-of-pocket maximums. However, you will pay a higher per-pay-period premium. When choosing a plan, be sure to estimate the anticipated benefits you receive to insure it is worth the additional premium cost.	The High Deductible Health Plan (HDHP) is like the Core and Enhanced medical plans because you pay less from your pocket when you choose services from a McLeod provider or a BCBS in-network provider. It provides comprehensive medical and prescription drug coverage plus a way to save for health care expenses today and in the future—tax free—with a Health Savings Account (HSA). The trade-off is that you can save money in the HSA to pay for eligible medical expenses such as your deductible and out-of-pocket expenses. The HDHP is not eligible for the McLeod copay only program.

Choice of Network Providers

If you choose a McLeod Medical Plan, you will have a choice of two provider networks:

- McLeod Provider Network (Tier 1):
  - When you use a McLeod provider for your health care needs, you receive excellent quality care at the lowest cost to you. The McLeod Network Provider list may be found at **benefits.mcleodhealth.org/benefits/provider-network**.
- Blue Cross Blue Shield Provider Network (Tier 2): All benefit-year deductibles and copayments must be met before any covered and allowable expenses can be paid. Under the Core and Enhanced plans:
  - Physician Office Visits for Primary Care require a $50 copay when seeing a BCBSSC Network provider. Coinsurance amounts (items stated as a %) indicate what McLeod pays after annual deductibles and copays are met.
  - Allowable charges are paid at 100% after the out-of-pocket maximum is met. There are no lifetime limits under the plan.
  - However, all services are subject to the provisions of the Summary Plan Descriptions.

All three medical plans include Hinge Health to support back, muscle and joint health.

Hinge Health provides personalized care plans and coaching to help people accomplish their health goals with exercise therapy programs designed to treat muscle and joint issues from head to toe including back, knee pelvic pain and more.

Hinge Health is available to you and your eligible 18+ dependents that are covered under one of our medical plans at no cost to you - 100% of the cost is covered by McLeod.

TAX-ADVANTAGE BENEFITS

What is an HSA?

The Health Savings Account (HSA) is an account that helps you save money for eligible health care expenses—now and in the future. Money contributed to an HSA is completely tax-free when used for eligible health care expenses:

- No tax when the money goes into your account, which lowers taxable income so you pay less taxes today;
- No tax when the money comes out to pay for your eligible health care expenses;
- No tax on the money you earn when you invest your HSA contributions in mutual funds and other assets.

You can use the HSA to pay for eligible health care expenses, like prescription drugs, visits to the doctor, and even dental and vision care. In addition to the tax advantages, McLeod will contribute to your HSA each year based on your coverage tier (employee only or family coverage). Fidelity may require additional forms of identification from account holders. If requirements are not met, the account will be closed after 90 days.

McLeod Health's Employer contribution will be made after all requirements are met by the account holder.

Are you eligible for the HSA?

You must enroll in the High Deductible Health Plan to be eligible for the HSA. In addition, you may NOT be eligible if:

- You or your spouse are participating in a Health Care Flexible Spending Account (Health Care FSA) or you are enrolled in Medicare.
- You are claimed as a dependent on another person's tax return.
- You are a veteran who has received medical treatment through the Veterans Health Administration within the last three months (excluding all dental care, vision care, preventive prescription drugs and preventive medical treatments for you or your children, or treatments received related to a disability incurred while in military service).

Coverage Level	McLeod Contribution	Maximum Annual Contribution Employee + Employer
Employee Only	$250	$4,500
Family	$500	$9,000

For more details about Health Savings Accounts

See Publication 969 at **www.irs.gov.**
For more information, go to **www.mcleodoracle.com**.

Medical Options at a Glance

Administered by Blue Cross Blue Shield of South Carolina

PLAN PROVISIONS	Core Plan		Enhanced Plan		HDHP Plan	
	McLeod Network (Tier 1)	BCBS Network (Tier 2)	McLeod Network (Tier 1)	BCBS Network (Tier 2)	McLeod Network (Tier 1)	BCBS Network (Tier 2)
Annual Deductible	Individual $850 Family $2,550	Individual $1,500 Family $4,150	Individual $700 Family $2,100	Individual $1,400 Family $3,900	Employee Only Coverage: $2,000	Employee Only Coverage: $2,000
	Deductibles are combined	Medical annual deductible is separate from the pharmacy plan	Deductibles are combined	Medical annual deductible is separate from the pharmacy plan	Employee + Dependent Coverage: $3,500 per person $4,000 per family	Employee + Dependent Coverage: $3,500 per person $5,600 per family
					Medical and pharmacy annual deductibles are combined	
Annual Out-of-pocket Maximum	Individual $4,600 Family $9,200	Individual $6,500 Family $13,000	Individual $3,600 Family $7,200	Individual $6,300 Family $12,600	Employee Only Coverage: $6,550 Employees + Dependent(s) Coverage: $6,550 per person $13,100 per family	
	Medical and pharmacy annual out-of-pocket maximum are combined		Medical and pharmacy annual out-of-pocket maximum are combined		Medical and pharmacy annual out-of-pocket maximum are combined	
McLeod HSA Maximum Contribution[1]	N/A		N/A		Employee only: $250 Family[1]: $500	
MD Office Visit Primary Care	100% of allowable charges after $35 per visit copay –No deductible	$50 copay 70% coinsurance after deductible may apply for other services	100% of allowable charges after a $35 per visit copay –No deductible	$50 copay 75% coinsurance after deductible may apply for other services	100% of allowable charges after $35 per visit copay and deductible	
MD Office Visit Specialist	100% of allowable charges after $50 per visit copay –No deductible	70% of allowable charges after deductible	100% of allowable charges after $50 per visit copay –No deductible	75% of allowable charges after deductible	80% of allowable charges after deductible	70% of allowable charges after deductible
McLeod Telehealth	100% of allowable charges after $35 per visit copay and deductible		100% of allowable charges after $35 per visit copay and deductible		100% of allowable charges after $35 per visit copay and deductible	

[1] Family coverage tier includes Employee + Spouse and Employee + Child(ren) coverage tiers.

The high deductible plan is not eligible for the McLeod copay only program.

Medical Options at a Glance

Administered by Blue Cross Blue Shield of South Carolina

PLAN PROVISIONS	Core Plan		Enhanced Plan		HDHP Plan	
	McLeod Network (Tier 1)	BCBS Network (Tier 2)	McLeod Network (Tier 1)	BCBS Network (Tier 2)	McLeod Network (Tier 1)	BCBS Network (Tier 2)
Preventive Colonoscopy, Low Dose CT, Breast Cancer at Risk Services[2]	100% of the allowable charges No deductible	Not covered	100% of allowable charges No deductible	Not covered	100% of allowable charges No deductible	Not covered
Preventive Services Under PPACA3	100% of allowable charges No deductible	70% of allowable charges No deductible	100% of allowable charges No deductible	70% of allowable charges No deductible	100% of allowable charges No deductible	70% of allowable charges No deductible
Maternity	$500 copay	$1,600 copay then 65% after deductible	$500 copay	$1,600 copay then 65% after deductible	80% after deductible	65% after deductible
Physical Therapy, Occupational Therapy and Speech Therapy	$35 copay	$50 copay then 65% after deductible	$35 copay	70% after deductible	80% after deductible	65% after deductible
X-ray and Ultrasounds	$100 copay	$300 copay then 65% after deductible	$100 copay	$300 copay then 65% after deductible	80% after deductible	65% after deductible
MRI and CT Scans	$200 copay	$300 copay then 65% after deductible	$200 copay	$300 copay then 65% after deductible	80% after deductible	65% after deductible
Fertility	$25,000 lifetime maximum for fertility benefits. Covered services include but are not limited to: Assisted Reproductive Technologies (ART), Frozen Embryo Transfer cycle, Insemination procedures, Ovulation induction, and Reciprocal Fertility Services (IVF). Please contact BCBSSC if you have specific questions about this benefit.					

High deductible plans are not eligible for the McLeod copay only program.

[2] For more information refer to **www.healthcare.gov**.

For more information about What's New for 2027, please visit:

benefits.mcleodhealth.org/whats-new/

Surcharge and Tobacco Cessation

Spousal Surcharge

If you choose to cover your legal spouse under our medical plans and your spouse has coverage available through his or her own employer, you will pay a spousal surcharge of $60 per pay period (24 paychecks annually).

This surcharge is in addition to the Employee + Spouse or Family contribution rate and applies even if your spouse does not take his or her employer's coverage.

The surcharge does not apply if your spouse:

- Is unemployed.
- Has or is eligible for Medicare, unless he/she is eligible for coverage though their employer.
- Works for McLeod Health.

You will be required to list your spouse's employer and contact information and to certify that the information you are providing is true and accurate to the best of your knowledge. Falsification or significant omissions will be grounds for denial or retroactive termination of benefit coverage, recoupment of benefits improperly paid and it may result in termination of employment. If both you and your spouse are employees of McLeod Health: McLeod does not permit "double coverage," that is, you may not elect coverage as both an employee and a spouse. Only you or your spouse can elect coverage for your eligible dependent child(ren). Dependent children may not elect coverage as an employee if covered as a dependent by a parent who is employed by McLeod.

Contact Healthier You for more details

HealthierYou@McLeodhealth.org

888.808.7466

Tobacco-Use Surcharge

- If you're a new hire: You must complete the Employee Tobacco-Use Attestation as part of your new hire enrollment. If you elect to cover your spouse under a health plan, you will also be required to complete a Spousal Tobacco Attestation.
- If you become benefits-eligible during the year: You must complete the Employee Tobacco-Use Attestation within 31 days of your qualifying life/work event. If you elect to cover your spouse under a health plan, you will be required to complete a Spousal Tobacco-Use Affidavit.

COMMIT TO QUIT—AND PAY LESS!

Find out how you can avoid the tobacco surcharge and give your health a boost by participating in our free tobacco cessation program.

Call Healthier You for Tobacco Cessation details:
843.777.5191

Prescription Drug Coverage

When you choose one of the McLeod medical plan options, you automatically receive prescription drug coverage. Benefits through the Core and Enhanced Medical Plans offer pharmacy coverage with the convenience of copays without having to meet an annual deductible if you use the McLeod Choice Pharmacy. With the HDHP plan, your medical and pharmacy annual deductibles and out-of-pocket maximums are combined. Out-of-network providers are not covered.

PLAN PROVISIONS	Core Plan			Enhanced Plan			HDHP Plan		
	McLeod Network (Tier 1)		BCBS Network (Tier 2)	McLeod Network (Tier 1)		BCBS Network (Tier 2)	McLeod Network (Tier 1)		BCBS Network (Tier 2)
Annual Pharmacy Deductible	No deductible		$200 deductible per member	No deductible		$200 deductible per member	Medical and pharmacy annual deductibles are combined.		
Maximum Days Supplied	30 days	90 days	30 days	30 days	90 days	30 days	30 days	90 days	30 days
Generic	$5	$10	$15 after pharmacy deductible	$5	$10	$15 after pharmacy deductible	$5 after pharmacy deductible	$10 after pharmacy deductible	$15 after pharmacy deductible
Preferred Brand	$35	$70	$50 after pharmacy deductible	$35	$70	$50 after pharmacy deductible	80% after deductible; $60 max	80% after deductible; $120 max	70% after deductible; $80 max
Non-preferred Brand	$60	$120	$80 after pharmacy deductible	$60	$120	$80 after pharmacy deductible	60% after deductible; $100 max	60% after deductible; $200 max	50% after deductible; $150 max
Specialty (restricted to a 30 day supply)	80% $250 max	Not covered	Not covered	80% $250 max	Not covered	Not covered	80% after deductible; $250 max	Not covered	Not covered

All maintenance medications must be filled at McLeod Pharmacy.

The McLeod Choice Pharmacy

Save a phone call by viewing prescription information from the MyChart app. Download the app by searching MyChart in your app store.

Prescription Drug Coverage

McLeod Choice Pharmacy

The McLeod Choice Pharmacy has convenient locations at the Florence and Seacoast campuses.

We also offer delivery to our other campuses in Loris, Dillon, Carolina Forest, Clarendon and Cheraw. Our knowledgeable pharmacists and staff provide free patient consultations, answer questions, address concerns and provide important facts about your medications. The McLeod Choice Pharmacy in Florence also offers compounding for prescriptions that require a personal or specialized touch.

The McLeod Choice Pharmacies accept most major insurance providers including Medicare Part D, and employees have a variety of payment options including payroll deduction. McLeod Choice Pharmacy in Florence and Seacoast offer a large selection of over-the-counter products.

The hours of our locations vary, check with your local pharmacy site for current hours. Saturday and evening hours are available.

Pharmacy Network

The McLeod Health Plan uses the Advanced Choice pharmacy network. This network offers access to a wide variety of pharmacy options, including McLeod Choice Pharmacy, Florence, and Seacoast locations; all CVS, Walgreens, Walmart and Kroger pharmacy locations, plus many grocers and independent pharmacies.

Contraceptive Coverage

In accordance with the Affordable Care Act, McLeod covers certain generic contraceptives at no charge (copay or deductibles) for employees and dependents covered under a McLeod Medical Plan.

Weight Loss Medication

McLeod Health covers certain weight loss medications if dispensed at the McLeod Choice Pharmacy or the McLeod Choice Pharmacy Seacoast. Please contact either pharmacy with questions.

Maintenance Drug Mail Order Service

Maintenance drugs are medications prescribed for chronic, long term conditions and are taken on a regular, recurring basis. Most maintenance medications can be mail ordered. It is preferred to have prescriptions written for a 90-day supply. Over-the-counter (OTC) items can be delivered in combination with your prescriptions. Usually, prescriptions are delivered to your home address within four business days.

All maintenance medications must be filled at McLeod Pharmacy.

For mail order, call the McLeod Choice Pharmacy at **843.777.2166** or McLeod Choice Pharmacy Seacoast at **843.366.3107** or visit **www.mcleodchoicepharmacy.org**.

Cost-savings through Step Therapy

The Step Therapy Program is designed to encourage cost-savings by promoting generic drug use and providing consumer education. When you fill your prescription, you will automatically receive the generic equivalent of the medication, if it is available. If your history shows that the generic drug was previously dispensed and your physician has completed and received approval through the Medication Prior Authorization process, the brand or higher cost medication can be dispensed.

Not all medications are included in the Step Therapy Program. For specific information on your prescription, contact the McLeod Choice Pharmacy at **843.777.2166** or McLeod Choice Pharmacy Seacoast at **843.366.3107**.

For more information about prescription drugs, go to **www.southcarolinablues.com**.

McLeod Choice Pharmacy at McLeod Regional Medical Center
Pharmacy Hours:
Monday through Friday: 7 a.m. – 7 p.m.
Saturday: 9 a.m. – 1 p.m.
Sunday: 1 p.m. – 5 p.m.
Convenient parking is available near the pharmacy entrance.

McLeod Choice Pharmacy at McLeod Health Seacoast
4000 Highway 9 East, Little River, SC
Pharmacy Hours:
Monday through Friday: 7 a.m. – 7 p.m.
Saturday: 7:30 a.m. – 12 p.m.

Dental Plan Options

Administered by Delta Dental of South Carolina

McLeod offers two dental plan options that cover routine cleanings and basic restorative care:

- Basic Plan
- High Plan

When you enroll in the dental plan, you will be covered for a full range of dental services in four basic categories: preventive, basic procedures, major procedures and orthodontic procedures. There are two levels of dental coverage offered in the dental plan: Basic and High. Most providers in the region accept the Delta Dental of South Carolina dental insurance. Contact your provider to confirm their acceptance of Delta Dental of SC dental insurance.

TYPE	BASIC PLAN	HIGH PLAN
Deductible	Individual $50 Family $100	Individual $50 Family $100
COVERAGE		
Calendar Year maximum	$1,000	$1,650
Type A: Preventative and diagnostic	100%	100%
Type B: Basic restorative	80%	80%
Type C: Major restorative (includes implants)	Not covered	50%
ORTHODONTIA		
Orthodontia maximum*	Not covered	$1,500
Type D: Orthodontia Coverage includes all covered members with no age limitations.	Not covered	50%

Restrictions may apply. Contact Delta Dental with any questions.

For more information contact Delta Dental of SC at **800.529.3268** or review the Summary Plan Description and Policy in Oracle Benefits and Leave Documents Tile.

- To find a network provider, go to **www.DeltaDentalSC.com**.
- Then, go to "Find a Provider". The Plan network is the Delta Dental PPO Plus Premier.

Vision Insurance

Administered by Community Eye Care with Companion Life

McLeod offers a vision plan to help meet your basic vision needs. When you enroll in the Vision Plan through Companion Life, you will receive coverage for eye exams and allowances for eyeglasses and contacts. Companion Life has a large provider network of ophthalmologists and optometrists within South Carolina. Members will access the Community EyeCare Network to receive In-Network benefits.

BENEFIT (RECURRENCE)	IN-NETWORK	OUT-OF-NETWORK*
COPAYMENTS		
Eye Exam (every 12 months)	$15 copay	$15 copay
Materials (every 12 months)	$15 copay	$15 copay
ALLOWANCES		
Prescription Eyeglass (lenses and frames) AND/OR Contact Lenses (every 12 months)	$200 allowance, discounts apply after allowance	Up to $200 less materials copayment
Contact Lens Fitting Fee	$15 copay	$15 copay
Refractive Surgery (Including Lasik)	10% – 15% discount	N/A

Members who obtain exams and/or eyewear from an out-of-network provider will still receive the full covered benefit. After submitting a claim form, you will be reimbursed minus any applicable copays.

Important Information

All members will be mailed a Companion Life membership card.

- You are responsible for payment to the providers for any amount exceeding the material allowance, including but not limited to any copays and contact lens fitting fees.
- Medical and surgical treatments of the eyes are not covered benefits.
- Material allowance does not cover non-prescription lenses, non-prescription or cosmetic contact lenses, or non-prescription sunglasses.
- Certain providers do not offer discounts on some services or provide eye exam services. Ask your provider which services are provided through Companion Life.
- Spherical daily wear, extended wear and disposable contact lens are considered standard contact lens; any other contact lens types are considered non-standard.

To find a network provider, go to **www.cecvision.com.**

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside tax-free dollars from your pay to cover eligible health and dependent care expenses up to plan limits.

Health Care Flexible Spending Account

The Health Care FSA allows you to pay for certain out-of-pocket medical, dental, vision and prescription expenses with tax-free dollars. The amount you save through this account is deducted from your paycheck before taxes are calculated and withheld. You can submit receipts to receive reimbursement or use your MyChoice Accounts FSA debit card and have the pre-tax dollars taken from your account at the time of the purchase.

Health Care FSA: You can contribute $4 – $141.66 per pay period up to $3,400* maximum per year

Other features of the Health Care FSA include:

- When you use the MyChoice Accounts Benefits card, no documentation is needed for an office visit, prescription, or facility copay of $50 or less.
- Most over-the-counter items are not eligible expenses without prescription from your physician.
- Leftover funds greater than $680 will be forfeited at the end of the year.
- You can submit claims for reimbursement until March 31 of the next plan year for eligible expenses incurred through the end of the previous plan year.

If you enroll in the High Deductible Health Plan, which features a Health Savings Account, you may not be eligible to participate in a Health Care Flexible Spending Account.

Dependent Care Flexible Spending Account

The Dependent Care FSA is designed to let you pay for certain childcare or adult day or home care expenses with tax-free dollars. You must first elect to have a specified amount of pre-tax money deducted from each paycheck and put into your Dependent Care FSA. You will then pay your dependent care provider, fill out a reimbursement claim form, and submit the form along with other required documents for reimbursement to BenefitSolver.

Dependent Care FSA: You can contribute $4 – $312.50 per pay period up to $7,500* maximum per year

Leftover funds in the Dependent Care FSA will be forfeited at the end of the year.

*Maximum contribution limits for Health Care and Dependent Care FSAs are determined each year by the Internal Revenue Service (IRS).

For more information on eligible expenses for the FSAs, visit Oracle, located in the left panel of the Compass, or **www.businessolver.com/mychoice-accounts**

INCOME PROTECTION

Life Insurance

McLeod offers you basic, voluntary life and accidental death and dismemberment insurance benefits that can provide income to your family in the event of your death, accidental injury or the death of a covered dependent.
For more information, contact New York Life at **888.737.3855**.

- Basic and Supplemental Life Insurance
- Dependent Life Insurance
- Accidental Death & Dismemberment Insurance

Life Insurance Benefits at a Glance

BENEFIT	COVERAGE
Basic Life	1 x base salary ($10,000 minimum)
Supplemental Life	1 x base salary, up to a total of 3 x base salary*
Dependent Life	Dependent child – $10,000 or $15,000 Spouse – $10,000, $20,000 or $30,000
Accidental Death & Dismemberment	$10,000
	$20,000
	$30,000
	$40,000
	$50,000
	$100,000
	$200,000
	$300,000
	Limit: Up to 10 x base salary to maximum of $300,000

*Maximum benefit: $1 million, basic and supplemental coverages combined.

Conversion and Portability Privileges If you have a change in status or are no longer eligible for life insurance coverage, you may be able to convert to a private policy or port your life insurance policy. Within 31 days of your life insurance coverage ending or reducing, you will receive a packet from New York Life with your portability and conversion options. The individual policy will be issued without evidence of insurability (EOI) and will contain life insurance benefits only.

Disability Coverage

McLeod Health offers two levels of disability protection: short-term and long-term disability coverage.

McLeod pays 100% of the cost of basic coverage if you are budgeted to work at least 72 hours per pay period. Full-time employees budgeted to work 72 or more hours per pay period automatically receive at no cost basic short and long-term disability benefits of 50% of covered salary.

Employees classified as part-time or full-time (budgeted to work 40 or more hours per pay period) are eligible to enroll in the optional STD and LTD Buy-Up Plans, which pays a benefit of up to 60% of covered salary.

Short-Term Disability

Short-Term Disability (STD) provides income protection for illnesses and injuries that last longer than 14 consecutive calendar days.

Newly benefits eligible employees will have a 12 month waiting period to become eligible for STD. This coverage will begin on the first day of the next month following the initial waiting period. (Please see page 18 for details on an optional voluntary STD plan).

Effect on Benefits

Employees whose leaves are protected under Family Medical Leave Act (FMLA) and/or who are receiving GSP will remain benefit eligible during the period of FMLA approved leave and/or GSP availability. As long as the employee is benefit eligible, health insurance benefits will be maintained at the same level and under the same conditions as if the employee continued to work. It is the employee's responsibility to contact the HR Service Center to obtain information on the effect on benefits while on FMLA Leave, including arrangements for payment of the employee's portion of the required premiums.

If you are receiving social security benefits, please note that your short-term disability payments may be offset by that amount. If you are not receiving social security benefits but you are eligible to do so, you may be required to provide New York Life documentation from the Social Security Administration that your benefit has been postponed.

Long-Term Disability

Long-Term Disability (LTD) provides income replacement for a disabling injury or illness that lasts more than 180 consecutive days. Please refer to the chart below for additional information on the LTD benefits.

LTD Benefits	LTD 50% BASIC PLAN	LTD 60% BUY-UP PLAN
Maximum earnings on which benefit is based	$144,000	$200,000
Maximum monthly benefits	$6,000	$10,000
Minimum monthly benefit	$100 or 10% of the Gross Monthly Benefit, whichever is greater	
Excludes	Other income benefits and earnings	
Own occupation duration	24 months	

Age at disability	MAXIMUM BENEFIT PERIOD
Less than age 60	To age 65 (but less than 5 years)
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

Disability Coverage

If you need to take a leave of absence

For information on application and approval of any and all continuous and/or intermittent leaves of absence, FMLA and/or short-term disability benefits, you should inform your manager, Human Resources Leave Manager and New York Life. Leave may be available regardless of your tenure with McLeod Health.

Follow your department's call-in procedure on or before your first day or partial day out of work. Tell your director when and for how long you plan to be absent, arrive late or leave early for a qualifying Family and Medical Leave, Leave of Absence or Intermittent Leave.

Contact New York Life within your first day or partial day out of work at **888.842.4462** or fill out a claim form online at **www.myNYLGBS.com**.

Provide details and inform New York Life about your illness, injury or pregnancy including symptoms and/or diagnosis, doctor, hospital or physician visits, including dates and contact information.

In order to approve or deny your leave request, New York Life will review the details of your leave request and may request information from McLeod, your physician or hospital. New York Life will send you a letter that explains the decision to either approve or deny your request, along with your necessary next steps. If you have questions, contact the HR Service Center at **843.777.2595**.

New Hire Short-Term Disability

Insured by Unum

- During the 12-month waiting period for STD, employees are eligible for the Voluntary STD benefit through Unum.
- Eligible the first of the month following or coinciding with start/hire date.
- Once eligible for the New York Life STD plans (after 12 month waiting period), employees are no longer eligible for the Unum Voluntary STD plan; they become eligible for the NY Life STD / buy up STD based on those current plan rules.

COVERAGE AMOUNT	
60% of your weekly earnings ($15 minimum weekly benefit/$2,000 maximum weekly benefit)	
Waiting Period	The benefit waiting period for a disability caused by an accidental injury is 7 days The benefit waiting period for a disability caused by a sickness is 7 days
How Long Benefit Payments Last	Short-term disability Income Insurance is intended to replace income for a disability that lasts just a few weeks. The maximum amount of time that you're able to receive short-term Disability benefit payments is 26 weeks.

Other Programs That Add Balance

McLeod offers you a variety of programs to help you achieve a healthy life balance.

ID Theft Protection

MetLife Identity & Fraud Protection (powered by Aura) is a comprehensive service that provides employees and eligible dependents the most comprehensive and affordable tools for identity theft protection, financial fraud protection, and on-line privacy. **MetLife Identity & Fraud Protection (powered by Aura) will now include Life 360 Platinum for you and your family and a Cyber Insurance Policy which includes up to $5,000 in coverage for cyber crime, scams, cyber extortion, and more.**

Merchant Discount Program

Local businesses, working in partnership with McLeod, make available a large number of discounts and other offerings to our employees. To receive discounts at participating merchants, simply request the discount and show your ID badge. View discounts at **www.mcleodhealthmerchantdiscounts.com**.

McLeod Health & Fitness Centers

McLeod Health & Fitness Centers provide a welcoming environment to help you make your health and wellness a priority. With convenient locations in Clarendon, Florence and Loris, our centers offer quality fitness equipment, group exercise classes, aquatics, personal training and more. McLeod employees are eligible for discounted membership rates at all McLeod Health & Fitness Center locations. For membership information and current employee pricing, contact the McLeod Health & Fitness Center in Florence at **843.777.3000**, the Center for Health & Fitness McLeod Loris at **843.716.7111**, or the McLeod Health & Fitness Center in Clarendon at **803.435.5200**.

Employee Emergency Fund

Unexpected emergencies can cause a financial hardship for you and your family. The McLeod Employee Emergency Fund was set up by McLeod employees to assist other employees who have experienced an emergency that could not have been anticipated (such as a house fire or lengthy illness) and has resulted in their inability to meet basic expenses, limited to mortgage, rent, power bill, water bill, and car payments only. The fund is not designed to help with financial problems unrelated to an emergency nor for non-necessities. Prior to seeking assistance, employees must have been employed for at least six months with an employment status of Full-Time or Part-Time and benefits eligible. Employees may receive assistance only once within a 24-month period and may receive no more than three awards in a lifetime. The maximum assistance per application is $800.

The fund receives money from generous contributions of fellow McLeod employees. Each request is reviewed by a committee comprised of volunteers representing all of McLeod campuses. Without knowing the identity of the applicant, they consider the entire circumstances and decide what action to take.

Child Development Center

The McLeod Child Development Center provides quality care for your child(ren) and, if you have legal custody, your grandchild(ren). Fully licensed and accredited, this center offers childcare services Monday through Friday. Children six weeks to 12 years of age can attend this private, not-for-profit child development center. Enrollment is on a first-come, first-served basis. Fees are based on a child's age, and you can simplify payment through payroll deduction.

Whole Life Offered by Aflac

If something happened to you, would the financial future of your loved ones be protected? Help ease your mind with coverage that you and your family can rely on. The Whole Life benefit includes a long-term care feature that allows participants to accelerate a portion of the death benefit each month if you are confined to a nursing or assisted living facility or receive home health care or adult day care.

Ex-Program

The Ex-Program is a tobacco cessation program to help employees and dependents stop using tobacco products. The program is 100% digital and each participant will receive personalized support from a dedicated coach and the ability to have live support 24 hours a day, 7 days a week.

FreeWill

In partnership with the McLeod Foundation we will offer FreeWill an online platform that allows all users to develop a legally valid will at no cost. FreeWill allows employees to successfully complete a valid will, for free, in less than 30 minutes. For more information, contact the McLeod Foundation at **843.777.2694**.

MASA - Medical Transport Solutions (MTS)

A MASA MTS insurance policy provides the ultimate peace of mind at an affordable rate for you and your family dependents for emergency ground and air transportation expenses and other associated services. You can rely on this coverage regardless of whether the ambulance provider is in or out of your group healthcare benefits network.

Pet Insurance

If they never leave your side, they deserve to be insured. No matter what unpredictable antics your furry family member gets into, your family isn't complete without them. With MetLife Pet Insurance, you can feel confident that their health and your wallet are protected if you're faced with an unexpected trip to the vet.

Earned Wage Access

Rain is a financial wellness benefit. Through the Rain app, you can take out advances on your upcoming paycheck. You can access up to 40% of your earned wages.

Critical Illness, Accident Protection & Hospital Indemnity

Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident insurance pays you benefits for specific injuries and events resulting from a covered accident. You can use this money however you like, for example: deductibles, child care, housecleaning, groceries or utilities. Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

A Hospital Indemnity plan provides cash benefits to help pay for some of the costs — medical and non-medical — associated with a covered hospital stay due to a sickness or accidental injury. The plan helps you focus on getting better, not worrying about how you'll pay your bills. Unum pays cash benefits directly to you, giving you the flexibility to use your benefits any way you see fit, either on costs related to treatment or to help with everyday living expenses. Benefits are paid regardless of any other medical insurance.

Employee Assistance Program

Different seasons and cycles of life can be both challenging and stressful at the same time. Stress can affect your family life, your job performance, and even your health. The Employee Assistance Program (EAP) offers free, confidential and professional guidance to you and your family to help manage personal difficulties or life challenges. Make an appointment by calling **843.317.4949** or **877.317.4949**.

Be-Well Wellness Benefit

If you enroll in critical illness or accident insurance coverage, available through Unum Employee Benefits, you have access to the Wellness Benefit. The Wellness Benefit provides an annual benefit if you complete a health screening test, whether or not there were any out-of-pocket costs. The tests can help screen for a wide range of potential illnesses and diseases. This benefit is designed to encourage you to maintain a healthy lifestyle.

Work-life Benefits

Balancing your work and personal life is just as important to your well-being as proper exercise and nutrition. McLeod offers you the resources you need to achieve that balance.

Additional benefits include:

- Jury Duty Pay
- Bereavement Pay
- Military Leave
- Educational Leave
- Adoption Benefit
- McLeod Advantage Payroll Deduction Program
- Lunch and Learns
- On-site Cafeteria Discount
- Free Parking
- McLeod Healthier You
- Accessible ATM
- McLeod News Articles
- And many more

Please know your benefits by reviewing the HR policies through Oracle. Take the time to explore the Compass for important updates and to discover events happening each week at McLeod.

Breast Pump Support and Education Classes

Expecting employees or covered spouses under a McLeod medical plan are eligible to receive one breast pump per birth through the McLeod Resource Center. The McLeod BCBS plan includes full coverage for a standard breast pump, with upgrade options available at the employee's expense. Breast pumps may be picked up at the MRMC Resource Center or delivered to a local McLeod hospital. To receive a pump, employees should obtain a prescription from their OB or healthcare provider and submit it via fax or email to the Resource Center.

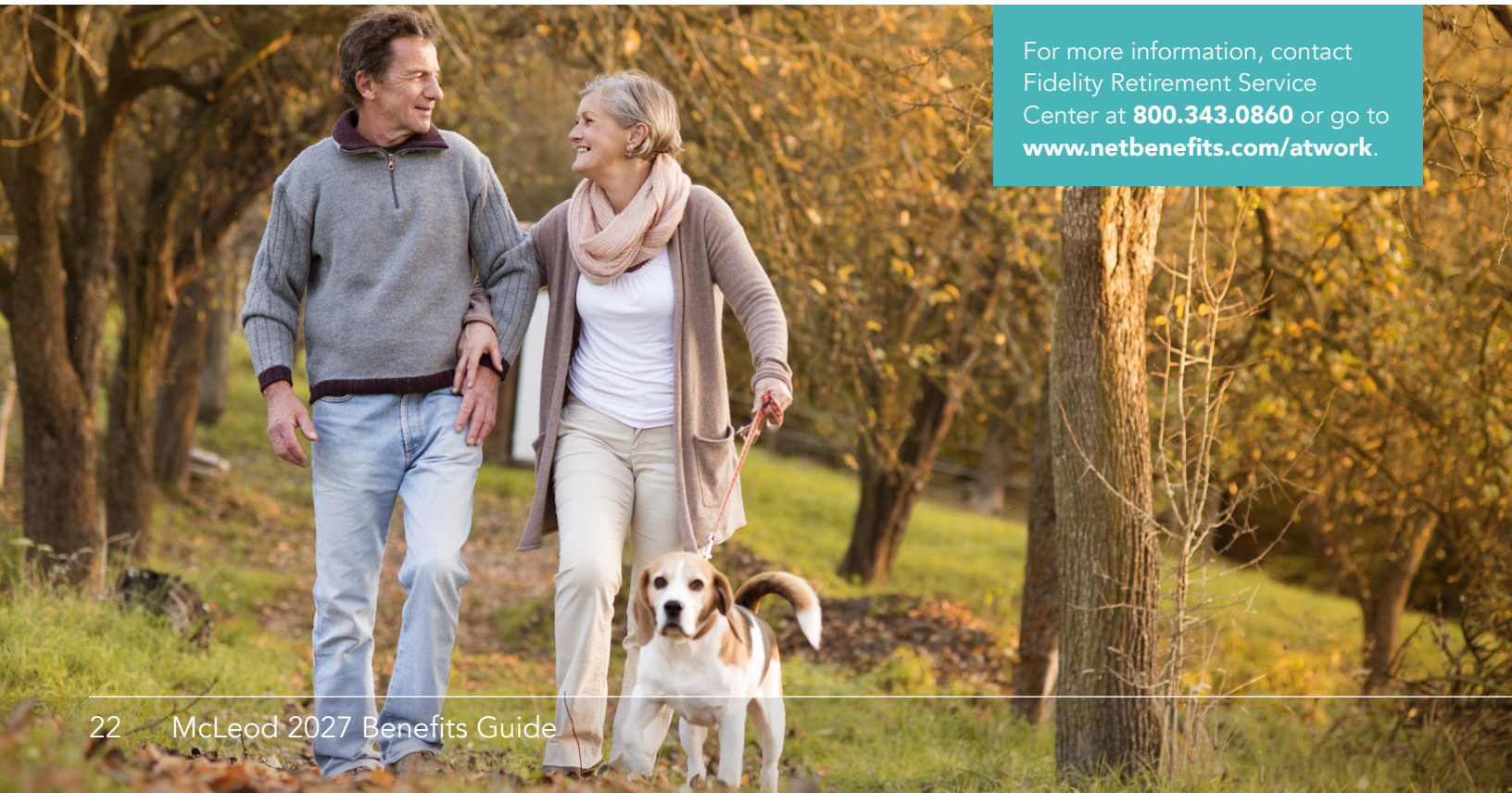
The Resource Center also offers educational classes, including childbirth preparation and infant/child CPR, to help families feel confident and ready for their new arrival. For questions or additional details, please contact the McLeod Resource Center directly at **843.777.6361.**

Retirement Savings

McLeod understands that preparing for a comfortable retirement is a shared responsibility. That's why we offer a 401(k) plan, which can help you save for the future and ensure your financial security. This plan offers you, if eligible, ways to save using before- and after-tax dollars from your pay.

McLeod helps your savings grow by matching your contributions.

Who is eligible	All active employees are eligible to contribute following 30 days of employment.
Plan administrator	Fidelity Investments
Your contributions	**Before-Tax** - Money you contribute is before taxes, so it costs you less today to save. **After-Tax (Roth) Contributions** - Money you contribute is after taxes, saving you taxes when you withdraw money from your retirement account. **Catch-Up Contributions** - Individuals who are 50 or older may elect to make additional "catch up" contributions to their account.
McLeod matching contributions	McLeod contributes $1 for every dollar on the first 1% and $.50 on the next 2% to 6% that you contribute, if eligible.
Changing contributions	You can increase, decrease or suspend contributions at any time.
Tax-deferred growth	Any earnings on your accounts grow on a tax-free basis.
Vesting	You become 100% vested in the McLeod Health matching contribution after two years of vesting credit. See the Summary Plan Description at Oracle located in the left panel of the Compass for details.
Automatic deferrals	You are automatically set up to defer 3% but you can increase or decrease this amount. These contributions are automatically deducted from your paycheck and added to your account.
Auto escalation (up to 10%)	If you do not make an active election, your contribution will increase 1% each year, after the first full year.
Investment options	A broad range of investment options are available to help you build, diversify and maintain your savings over time based on your needs and savings goals.



For more information, contact Fidelity Retirement Service Center at **800.343.0860** or go to **www.netbenefits.com/atwork**.

2027 Pay Schedule Dates

The tables below outline your bi-weekly pay periods and pay dates for the 2027 calendar year. The highlighted pay dates show the months you will receive three paychecks in a single month. During these three-paycheck months, **benefit deductions are generally not taken from the third paycheck**, resulting in a larger net paycheck. Certain deductions, such as retirement contributions, taxes, garnishments, and other voluntary deductions, may still apply. Please review your pay statement for details.

MCLEOD HEALTH PAYROLL PERIOD DATES 2027			
	PAY PERIOD BEGINNING	PAY PERIOD ENDING	ACTUAL PAYDATE
1ST QTR 2027			
	12/27/2026	1/9/2027	1/14/2027
	1/10/2027	1/23/2027	1/28/2027
	1/24/2027	2/6/2027	2/11/2027
	2/7/2027	2/20/2027	2/25/2027
	2/21/2027	3/6/2027	3/11/2027
	3/7/2027	3/20/2027	3/25/2027
2ND QTR 2027			
	3/21/2027	4/3/2027	4/8/2027
	4/4/2027	4/17/2027	4/22/2027
	4/18/2027	5/1/2027	5/6/2027
	5/2/2027	5/15/2027	5/20/2027
	5/16/2027	5/29/2027	6/3/2027
	5/30/2027	6/12/2027	6/17/2027
3RD QTR 2027			
	6/13/2027	6/26/2027	7/1/2027
	6/27/2027	7/10/2027	7/15/2027
	7/11/2027	7/24/2027	7/29/2027
	7/25/2027	8/7/2027	8/12/2027
	8/8/2027	8/21/2027	8/26/2027
	8/22/2027	9/4/2027	9/9/2027
	9/5/2027	9/18/2027	9/23/2027
4TH QTR 2027			
	9/19/2027	10/2/2027	10/7/2027
	10/3/2027	10/16/2027	10/21/2027
	10/17/2027	10/30/2027	11/4/2027
	10/31/2027	11/13/2027	11/18/2027
	11/14/2027	11/27/2027	12/2/2027
	11/28/2027	12/11/2027	12/16/2027
	12/12/2027	12/25/2027	12/30/2027

Paid Time Off (PTO)

Paid Time Off (PTO) is a special bank of time for you to use for vacation, holidays, personal days or other absences due to your own illness or that of a family member. Before taking PTO, you must get pre-approval from your supervisor in accordance with your department's time-off processes. Attendance policies and department call-in procedures apply.

How You Earn PTO

You will receive PTO based on your years of continuous benefits-eligible service and budgeted status (64 hours or greater). You will accrue a prorated amount of PTO each pay period for every hour you work, up to your annual maximum accrual. The maximum PTO accrual allowed is one and a half times your annual accrual rate. For example: If you accrue at a rate of 160 hours, your accrual maximum will be 240 hours per year.

If you change to a benefit-ineligible status before completing one year of continuous benefit-eligible service, any unused PTO time will be forfeited.

PTO At A Glance				
Years Of Benefit-Eligible Service	Per Hour	Budgeted FTE**	Budgeted Hours Per Pay Period	Maximum Hours Eligible To Accrue Per Pay Period
< 4 Years	.080769	1.0 and Over	80	6.461538
		0.9	72	5.815368
		0.8	64	5.169216
4 to 9 Years	0.096153	1.0 and Over	80	7.692240
		0.9	72	6.923016
		0.8	64	6.153792
9+ Years	0.115384	1.0 and Over	80	9.230720
		0.9	72	8.307648
		0.8	64	7.384576

Paid Time Off (PTO) Accrual is based on Hours Worked and PTO Hours paid during eligible pay periods. It does not accrue while on a Leave of Absence or above the maximum amounts listed above.

**Full-time equivalent (FTE) is a unit that standardizes part-time workers' hours against those working full-time.

Please see PTO policy for maximum hours eligible to accrue per year.

When your years of benefit-eligible service increase to the next level, your PTO accrual will automatically change to the new rate. Your PTO balance and the number of hours you use and accrue each pay period can be viewed in Oracle located in the left panel of the Compass.

Helpful Applications

Download and use these apps when you enroll

APP ICONS, NAME AND DESCRIPTIONS		APPLE	GOOGLE
	Blue Cross Blue Shield - My Health Toolkit® My Health Toolkit® is the Blue Cross Blue Shield app that provides you with a convenient way to access your health coverage. With My Health Toolkit®, you'll be able to check your claims status, view and share your digital ID card, confirm your coverage, and more. SEARCH: My Health Toolkit for BCBS		
	McLeod Telehealth The McLeod Telehealth app lets you visit a doctor anytime from anywhere. With the McLeod Telehealth app, get quickly diagnosed by a board-certified physician for recurring conditions, minor or common illnesses. SEARCH: McLeod Telehealth		
	Hinge Health The Hinge Health app is a digital clinic for joint and muscle pain. It combines wearable sensors and AI vision technology to help reduce the likelihood of back and joint pain, surgeries and opioid use. The app provides exercises, care team communication and educational information about various conditions. SEARCH: Hinge Health		
	Benefitsolver MyChoice app allows you to sign up for your McLeod Health benefits or view your current benefits. Other benefits of MyChoice are that you can store pictures of your ID Cards, upload dependent verification documents and more. SEARCH: MyChoice Mobile		
	Retirement Savings Manage your retirement savings through the Fidelity NetBenefits app. The app includes a retirement income estimator, insights, resources, and tools to help you get where you want to be.		
	Prevent becoming a victim of identity theft MetLife Identity & Fraud Protection (powered by Aura). Download the app from the App Store or Google Play.		
	MetLife Pet App With the MetLife Pet mobile app, pet parents can manage their furry family member's health and wellness all in one location.		
	Rain Rain is a low-cost tool to access your earnings before payday. SEARCH: Rain Instant Pay		

Contact Information

Benefit	Administrator	Contact	Website
Enrollment / Changes During the Year	Benefits Call Center	844.436.7172	www.mcleodoracle.com
Medical Coverage	BlueCross BlueShield of South Carolina PO Box 100300 Columbia, SC 29202	800.760.9290 – Customer Service 800.810.2583 – PPO Network Providers 800.334.7287 – Pre-certification 843.317.4949 – Mental Health and Substance Abuse Pre-certification	www.SouthCarolinaBlues.com
Hinge Health	Hinge Health	855.902.2777 hello@hingehealth.com	www.hingehealth.com
Health Savings Account (HSA)	Fidelity Investments PO Box 28003 Albuquerque, NM 87125-8003	800.544.3716	www.netbenefits.com/atwork
Prescription Drug Coverage	Optum	800.760.9290	www.SouthCarolinaBlues.com
Dental Coverage	Delta Dental of South Carolina PO Box 8690 St. Louis, MO 63126	800.529.3268	www.deltadentalsc.com
Vision Coverage	CEC with Companion Life P.O. Box 100102 Columbia, SC 29202	888.254.4290	www.cecvision.com
Health & Dependent Care Flexible Spending Accounts	MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168	843.777.2595 Email: claims@mychoiceaccounts.com	www.businessolver.com/ mychoice-accounts
Short-Term Disability, Long-Term Disability and Leave of Absence	New York Life PO Box 22328 Pittsburgh, PA 15222	888.842.4462	www.myNYLGBS.com
Basic Life, Supplemental Life and Dependent Life	New York Life PO Box 22328 Pittsburgh, PA 15222	888.737.3855 – Portability and Conversion	www.myNYLGBS.com
Critical Illness, Accident Insurance and Hospital Indemnity	Unum P.O. Box 100158 Columbia, SC 29202	866.679.3054	www.unum.com
Whole Life Insurance	Aflac Group Insurance PO Box 84069 Columbus, GA 31908-4069	800.433.3036	www.aflac.com
Pet Insurance MetLife	MetLife Pet Insurance 400 Missouri Avenue Jeffersonville, IN 47130	1.800.GET.MET8	www.metlife.com/getpetquote
Emergency Transport Services MASA	MASA Global 1250 S. Pine Island Road, Suite 500 Plantation, FL 33324	954.334.1901 - Claims 877.503.0585 Member Services	www.masamts.com/member

For more information, visit the benefits website at: **benefits.mcleodhealth.org**

Contact Information Continued

Benefit	Administrator	Contact	Website
Identity Theft Protection	MetLife Identity and Fraud Protection (powered by Aura)	844.931.2872	my.aura.com/start
Rain Instant Pay	Rain	424.369.7246	www.rainapp.com
Proof of Employment	Experian Verify	404.382.5400 verify.support@experian.com	www.experianverify.com (log in or register as a Verifier)
Retirement Plan	Fidelity Investments PO Box 28003 Albuquerque, NM 87125-8003 Fidelity Retirement Service Center: Monday -Friday 8:30 a.m.-midnight ET	800.343.0860	www.netbenefits.com/atwork
Workers' Compensation / Employee Health	McLeod Employee Health	843.777.5146	
Employee Assistance Program	McLeod Resource Center	Main: 843.317.4949 Pee Dee: 843.655.9438 Coastal: 877.317.4949	www.mcleodhealth.org
McLeod Choice Pharmacy		Florence: 843.777.2166 Seacoast: 843.366.3107	
Breastfeeding Support		843.777.2890	
Information Systems Help Desk		843.777.2288	
Payroll Services		843.777.2593	
McLeod Healthier You		843.777.5191 888.808.7466	
HR Service Center		843.777.2595	
529 College Savings Plan	Raymond James, Gene Swindle, AAMS®	843.416.1033 Gene.Swindle@RaymondJames.com	www.raymondjames.com/genefswindle

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

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