Ochsner Health and Partners

2027 Benefits Guide

Benefits with a Purpose

For team members of Ochsner Health, Ochsner LSU Health, Southern Regional Medical Center and Slidell Memorial Hospital.

If there is any discrepancy between this guide and the Summary Plan Description (SPD), the SPD will prevail. Refer to your specific Benefits at a Glance in Workday for premiums, disability plans and time-off benefits.

Benefits with a Purpose

Every day, you show up, give your best and make extraordinary care possible for the people who count on us.

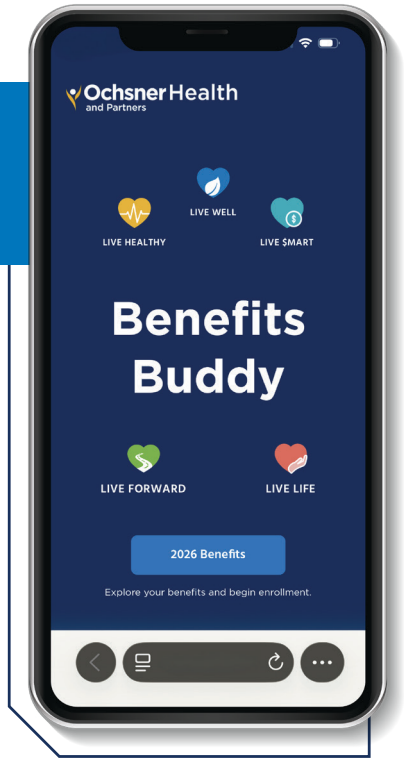
That commitment matters. That's why we're intentional about investing in you, both at work and in the life you build outside of it. We listened closely to what you need and shaped a benefits offering that supports your physical, mental, emotional and financial well-being through many of life's important moments.

We partner with trusted providers, so you receive high-quality care, helpful resources and meaningful support—all at affordable rates. And we make it simple: easy-to-use programs, complimentary and discounted resources, and personalized support that puts real value within reach.

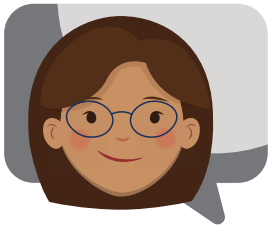
Most of all, our benefits reflect what connects us: our shared mission, our commitment to one another and the excellence we create together. Caring for you is one of the clearest ways we live out that purpose every day.

Thank you for all you do for this organization, our patients and one another.

Say Hello to a New, Improved Benefits Buddy



Olivia is your go-to for all things benefits! Now, she's mobile-friendly, which makes it easier than ever to get the answers and support you need:



- **Available 24/7:** Get answers anytime
- **Easy at-home access:** No login required for you or your spouse/partner
- **More resources:** Find helpful information in one place
- **Step-by-step guidance:** Learn how to use your plans

Questions?
Open a case in the Help Center in Workday or call 504-842-4748 (Option 6).

Throughout the guide, you'll find the benefits categorized according to the five guiding pillars: Live Healthy, Live Well, Live $mart, Live Forward and Live Life.

Benefits marked in bold are only available to enroll in or change **during Open Enrollment**. All other benefits are available at any time, whenever you need.

Note: Your current elections will automatically roll forward to 2027, except for Flexible Spending Accounts (FSA) or Health Savings Accounts (HSA). These require re-enrollment each year. If you don't re-enroll, your FSA or HSA will not carry over to the next year.

LIVE HEALTHY | Pages 6-15

- **Medical and Pharmacy**
- **Pathway to Wellness**
- Fitness Discounts
- WeightWatchers
- Ochsner Digital Medicine
- **Dental**
- **Vision**

LIVE WELL | Pages 16-19

- Employee Assistance Program (EAP)
- Virtual Peer Support and Mindfulness (Cabana)
- **In-person and Virtual Mental Health Visits**
- In-person Peer Support (C.O.P.E.)
- Everyday Well-being Platform

LIVE $MART | Pages 20-25

- **Accident Insurance**
- **Short-Term Disability**
- **Critical Illness Insurance**
- **Long-Term Disability**
- **Hospital Indemnity Insurance**
- **Life Insurance and AD&D**
- **Flexible Spending Accounts**
- **Health Savings Accounts**
- Auto/Home Insurance
- Identity Theft
- Pet Insurance
- Legal
- Business Travel Accident

LIVE FORWARD | Pages 26-31

- Money Coaching
- Money-Saving Discounts
- Retirement Plan
- Ochsner Career and Life Solutions Center
- Earned Wage Access
- Student Loan Assistance
- Tuition Assistance
- Quick Relief Loans
- Will Preparation Services
- Advance Directives
- Team Member Assistance Fund

LIVE LIFE | Pages 32-35

- Paid Parental Leave
- Adoption Assistance
- Backup Child and Eldercare
- **Fertility Support**
- Paid Time Off
- Paid Holidays
- Bereavement Leave
- FMLA
- Jury Duty
- Military Leave

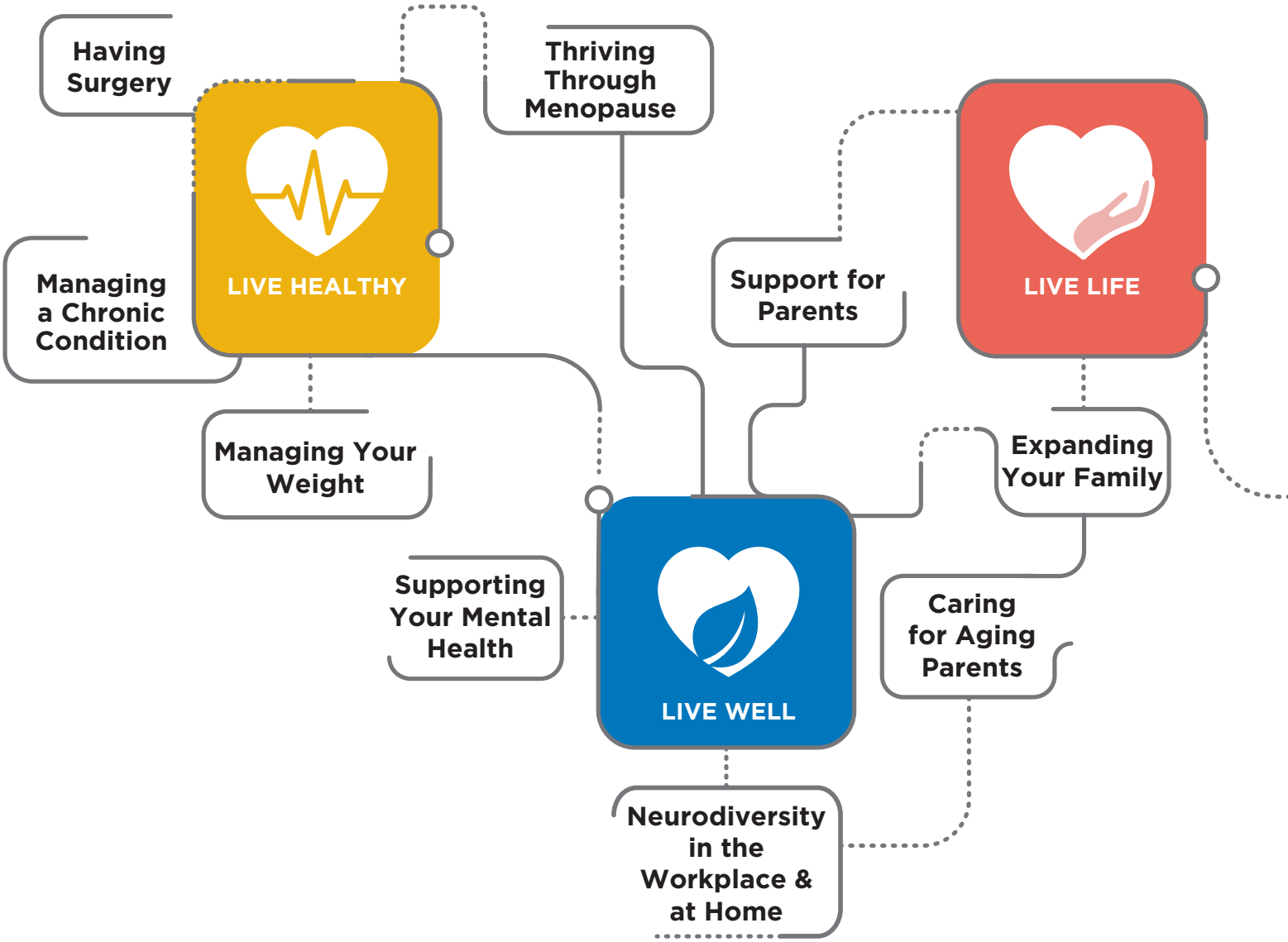
Eligibility

You are eligible for medical benefits if you work a minimum of 72 hours every quarter. You are eligible for other benefits if you work at least 24 hours per week. You may also cover your spouse/domestic partner and eligible dependents.

Want to know which benefits you can sign up for? Check out your Benefits at a Glance to see what's available to you.

Moments That Matter

Life can present moments when you need access to multiple benefits or resources at once. That's why we're here—to help you navigate those times with the support you deserve.

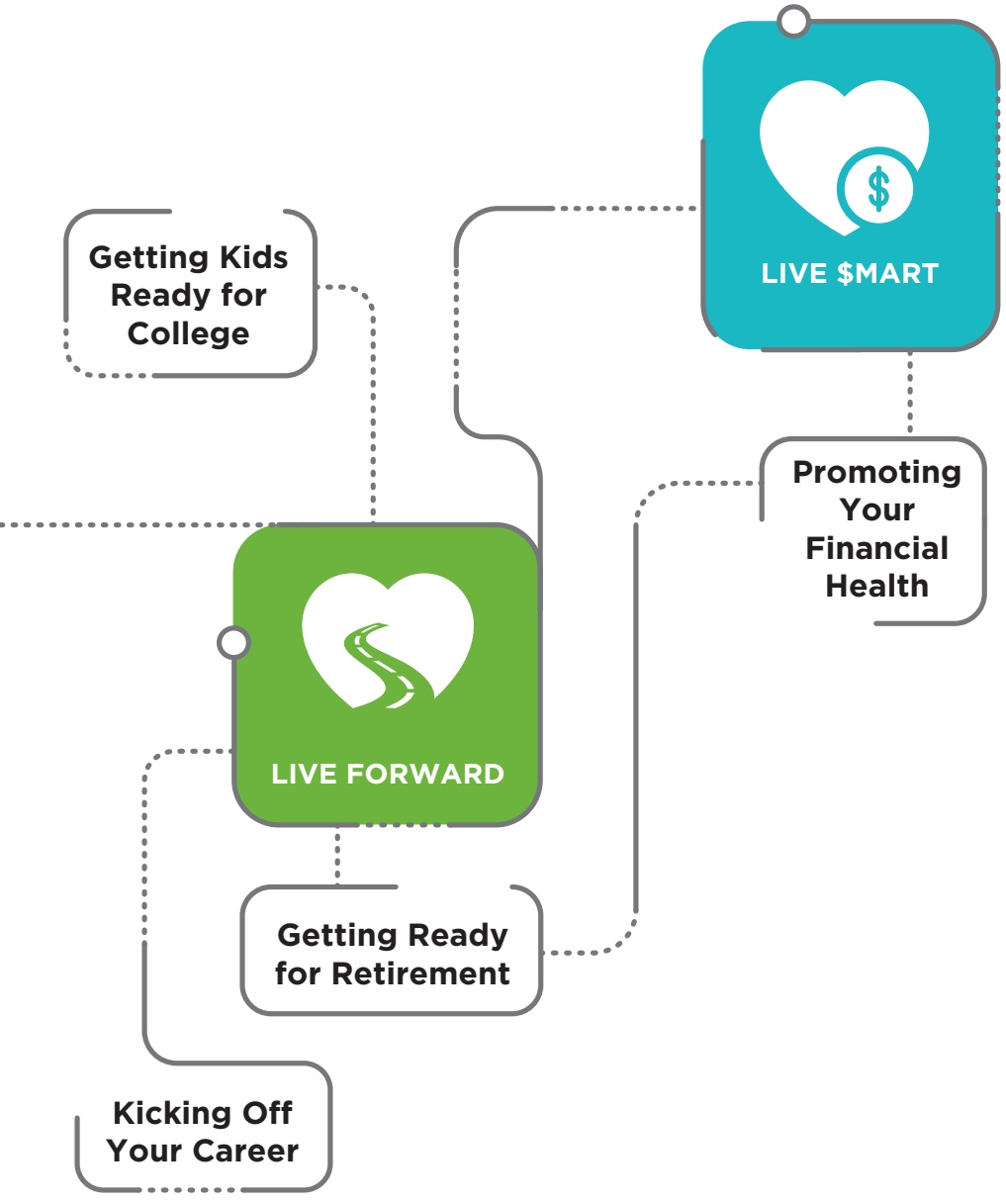


Moments That Matter:

Life moves quickly, and some of life's biggest moments often come with a lot of questions. That's why we created **Moments That Matter**—a collection of easy-to-follow guides designed to help you understand the benefits available to you during key life events.

Whether you're welcoming a new baby, recovering from surgery, getting married or experiencing another life milestone, you'll find clear guidance, helpful resources and support—all in one place.

Visit your Benefits Buddy to explore our **Moments That Matter** guides today.



Live Healthy

Physical health is foundational to your well-being. From medical, dental and vision coverage to fitness discounts and wellness incentives, we've purposefully provided benefits to help you live healthy!

Medical Plans

- **All Plans:** High-quality providers, no-cost preventive care and prescription coverage
- **OchPlus 1:** Best if you want lower costs when you actually use the plan
- **OchPlus 2:** Best if you want a balance
- **OchPlus 3:** Best if you want the lowest payroll deduction and don't expect to use much care

Find a Network Medical Provider

Louisiana Blue (formerly Blue Cross Blue Shield of Louisiana)
lablue.com

844-718-2583

When you're not feeling well, the Emergency Room may feel like the safest bet—but it's not always the most efficient and cost-effective choice.

Pass Go and Head Straight to the ER: When you have an illness, injury, symptom or a condition that's life-threatening or could cause serious harm

Put the Brakes on the ER: When you need help deciding where to go, call **Ochsner on Call at 800-231-5257**

	OchPlus 1	OchPlus 2	OchPlus 3
Who May Like It	**The risk shy:** Prefer predictable costs and don't mind paying higher premiums	**The budget balancer:** Want a balance between premiums and cost-sharing	**The cost saver:** Want the lowest premiums possible; comfortable with the risk of higher expenses when you receive care
Getting Care	Can see any provider, but you will pay less when you see a provider in the OchPlus Network		
Paying for Care	Pay copays for services	Pay copays or full cost of services before deductible	Pay full cost of services before deductible
Premium	Highest ($$$)	Middle ($$)	Lowest ($)
Deductible	Lowest ($)	Middle ($$)	Highest ($$$)
Out-of-Pocket Maximum	Lowest ($)	Middle ($$)	Highest ($$$)
Preventive Care	No cost to you*		
Optional Funding Account (Use to pay health expenses)	Flexible Spending Account	Flexible Spending Account	Health Savings Account
	Learn more on pages 20-21		

* When you see an OchPlus provider.

Below are the costs you pay by plan for common medical services.[8]

Copays and coinsurance apply AFTER you meet the deductible in most cases, with the exceptions outlined below.

- **OchPlus 2:** Primary care, specialist and urgent care copays apply **BEFORE** deductible.

	OchPlus Network Out-of-Area Network: Blue Cross Blue Shield National PPO Network			Out-of-Network
	OchPlus 1	**OchPlus 2**	**OchPlus 3**	
Deductible	$0 individual/ $0 family	$1,000 individual/ $2,000 family	$3,500 individual/ $7,000 family	$7,500 individual/ $15,000 family
Out-of-Pocket Maximum	$4,000 individual/ $12,000 family	$5,000 individual/ $15,000 family	$5,800 individual/ $17,400 family	Unlimited
Physician Visit (Face-to-face or MyOchsner App Virtual)				
Primary Care	$25 copay	$40 copay	$50 copay	50%
Specialty Care	$45 copay	$60 copay	$75 copay	
Maternity Care (physician fees) [1, 2]	$250 copay	$350 copay	$500 copay	
Urgent Services				
Ochsner Urgent Care, Pelican Urgent Care (Slidell & Picayune locations) [3]	$25 copay	$40 copay	$50 copay	N/A
Non-Ochsner Urgent Care	$45 copay	$60 copay	$75 copay	
Urgent Care Virtual Visits	$0 copay, unlimited visits			Not covered
Emergency Room [4]	$350 copay			
Diagnostic Services, Labs, Imaging				
Lab & X-ray	$0 copay	$40 copay per provider/day	$50 copay per provider/day	50%
Advanced Diagnostic Services (MRI, MRA, PET, CAT, SPECT)	$75 copay	$100 copay	$125 copay	
Rehabilitation (Calendar year maximums apply)				
Acupuncture (max 15 visits)	$25 copay	$40 copay	$50 copay	50%
Physical & Occupational Therapy (one virtual PT visit at no cost [5], combined max 60 visits)				
Speech Therapy (max 60 visits)				
Chiropractic Care (max 30 visits)				
Connected Back (virtual)	$0 copay		Not covered	
Healthy Back Program (in-person) [6] (includes 1 year of care from initial physical therapy visit)	100% Deductible does not apply		Not covered	
Equipment				
Home Medical Equipment, Prosthetic Appliances, Ostomy Supplies, Insulin Pump & Accessories [7]	20%		50%	

[1] Our plan provides coverage for the employee or spouse/domestic partner.

[2] In most cases, the one-time maternity copay covers all prenatal and post-delivery services rendered by the OB/GYN and billed under the global maternity bill. If a global maternity bill is not submitted, additional charges may apply.

[3] The only Pelican Urgent Care Centers in-network are the Slidell and Picayune locations. All other locations are out-of-network.

[4] The in-network deductible applies to ER services both in and out-of-network. If admitted to hospital, the ER copay is waived and inpatient benefit applies.

[5] No cost visit is for providers only in LA, MS, TX and AL.

[6] A member may continue to participate in the program under the physical therapy benefit; copays will apply.

[7] Prior authorization is required. Only authorized providers are covered. See Summary Plan Description (SPD) for details.

[8] A full list of covered services is available in your Benefits at a Glance in Workday.

How to Pick the Right Medical Plan

Choosing a medical plan is a big decision. Healthcare needs can change from year to year, so it's important to take a minute to think about what you need and choose the plan that makes the most sense for you.

Resources to Help You Choose the Best Plan

We have tools to help you determine which plan is best for you. You can review the comparison charts on pages 6-7 or use one of the tools below.

Olivia, your Benefits Buddy, with a **medical plan calculator** to run the numbers

Medical plan quiz to help you gauge the best plan for you

Video with **team member scenarios** to better understand which plan fits you

To help make your decision, ask yourself these three questions:

1) Who am I covering?

We have five coverage levels to choose from. Costs increase with the number of people you cover:

- Employee only
- Employee + spouse
- Employee + child
- Employee + children
- Employee + family

2) How much do I/we use the medical plan?

Look at how often you visit the doctor, need labs or X-rays, get prescriptions, need urgent care, etc.

- Need help figuring out how often you use healthcare services? Log into **lablue.com** to see your current and prior years' claims.

3) What does it cost?

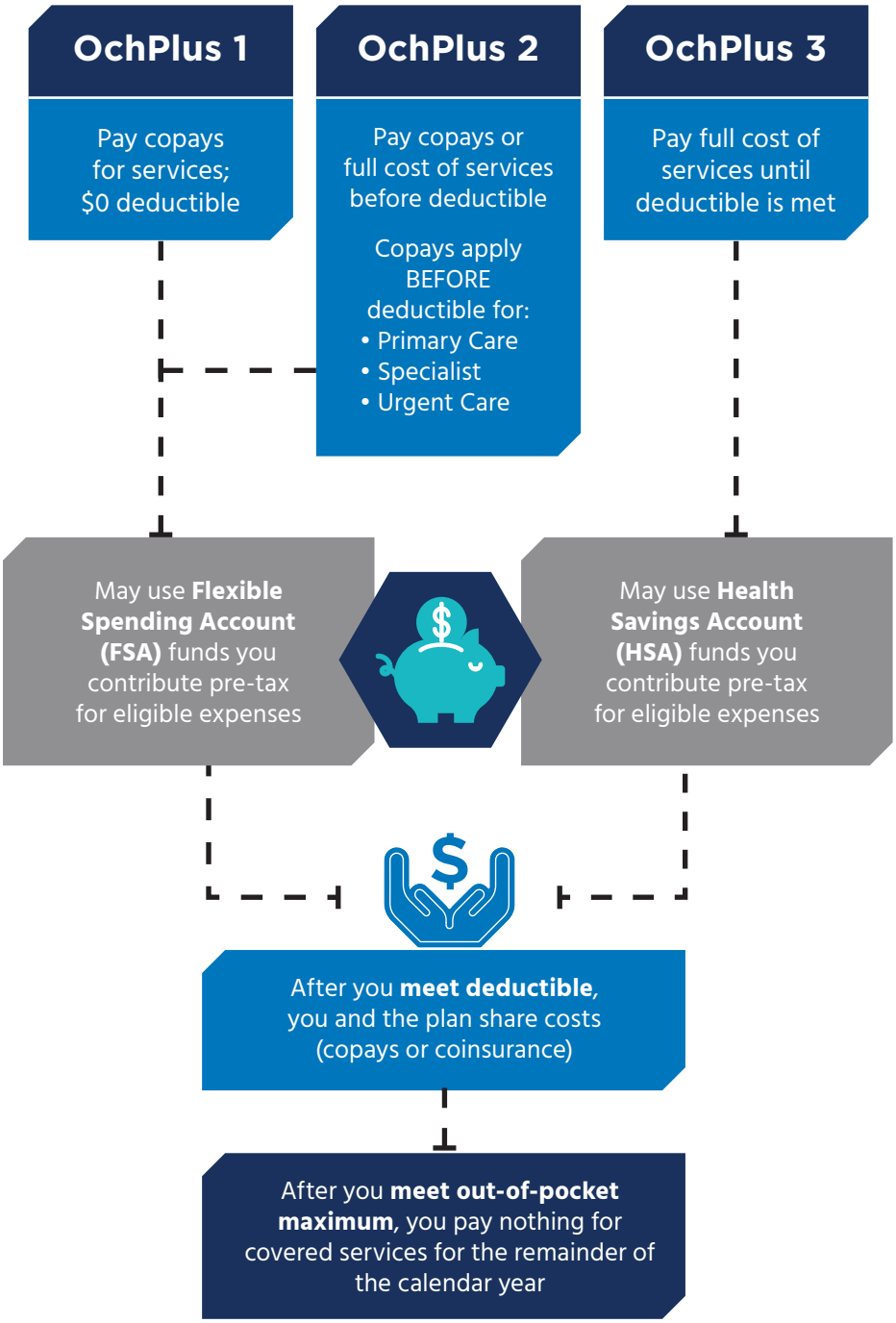
Ochsner covers most of the cost of having medical insurance, but you contribute through paycheck premiums. You'll also pay copays or full costs until meeting your deductible. Compare total costs across plans in Benefits at a Glance on Workday.

See how the costs break down on page 10.

For Employee Only coverage level listed in question 1, we include examples of how much team members use healthcare services (low, medium or high) and the average costs for each.

Scan the QR code to see examples of all other coverage levels.

How the Medical Plans Work



Terms to Know

Coinsurance: Percentage of costs you pay for covered services after you meet your deductible

Copays: Amount you pay at the time of service for doctor visits or medical services; generally applies after you meet deductible
(See exception in chart for OchPlus 2)

Deductible: Amount you pay before the plan covers any medical expenses or copays take effect

Out-of-pocket maximum (OOPM): Highest amount you would pay for covered medical and prescription expenses annually

Premium: Amount you pay each pay period for coverage deducted from your paycheck

Network Options

In-network: OchPlus Network—all Ochsner providers and facilities; highest level of benefits available

Out-of-network: Provider or facility not in the OchPlus Network; lowest level of benefits

Out-of-area: Coverage level provided when you and/or your dependents live outside of the local geographic area and cannot use the OchPlus Network; based on your home address zip code in Workday

Scan the QR code to see examples of all other coverage levels.

Coverage: Employee Only

Step 1: Determine who you are covering.

Done! You only need coverage for yourself on the medical plan. Go to step 2.

Step 2: Consider how much you typically use the medical plan.

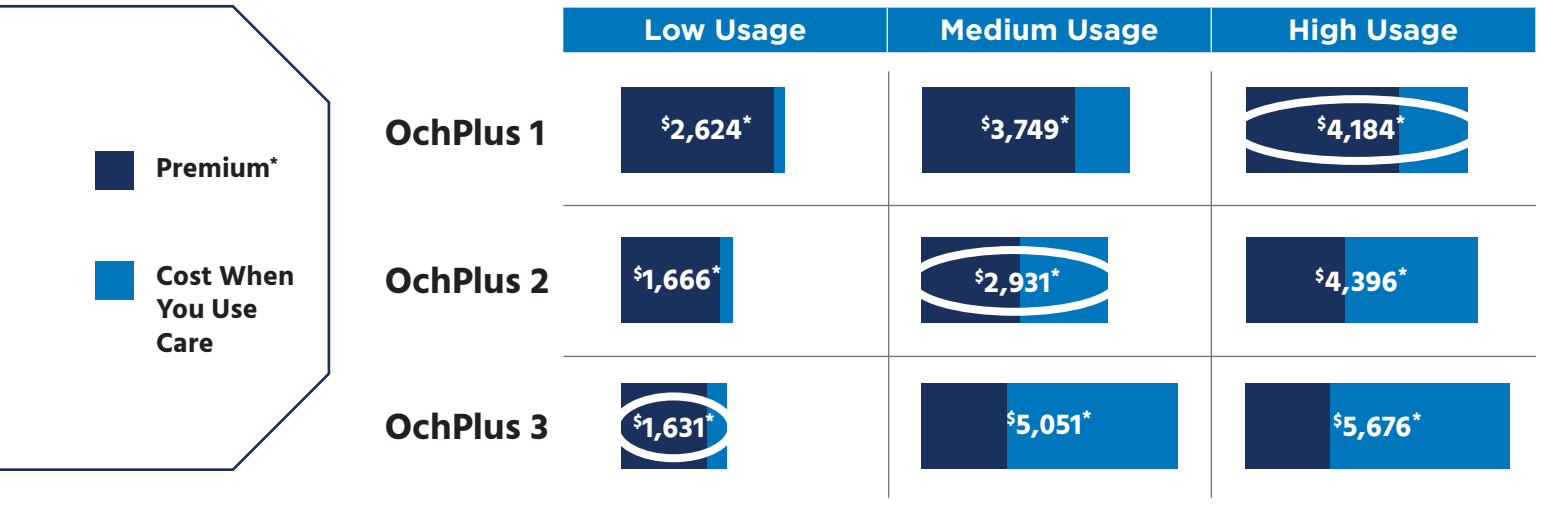
Review the three examples of low, medium and high usage in the chart below to figure out which one most closely matches how often you typically visit the doctor, have tests performed, get prescriptions and more.

Tip: When thinking about your estimated usage, remember not to include your preventive care visits, since those are free when you see an in-network provider.

	Medical Plan Usage Examples		
	Low	**Medium**	**High**
Physician Visits	1 visit	1 visit	4 visits
Specialist Visits	-	1 visit	4 visits
Urgent Care Visits	1 visit	1 visit	-
Simple Labs	-	1 lab	2 labs
Advanced Diagnostic Services	-	-	-
ER Visits	-	-	-
Outpatient Surgeries	-	-	1 surgery
Overnight Hospital Stays	-	-	-
Prescriptions	-	(Asthma & Diabetes)	(Asthma & Diabetes)

Step 3: Compare costs.

Now that you've determined how much you typically need healthcare services, the next step is to compare costs. Look at the premium (amount deducted from every paycheck) as well as what you pay when you receive care.
The total costs shown below include the premium, plus what you pay out of pocket when seeking care.



* Based on 2027 premiums for Regular Full-Time Employees.
Please refer to your specific Benefits at a Glance in Workday for your 2027 premium rates.

Support Programs

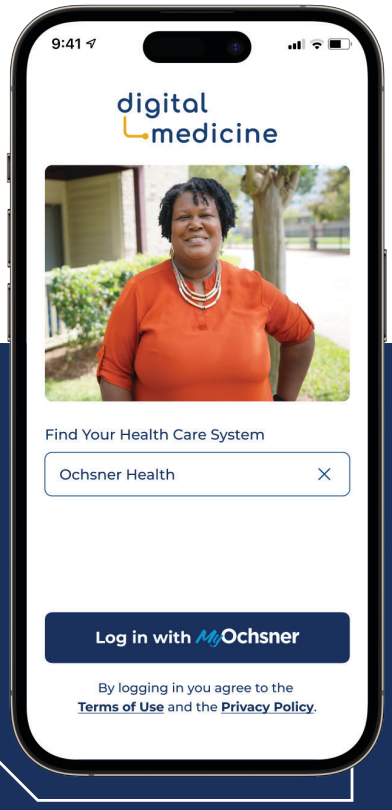
We offer specialized programs—from Digital Medicine that helps you manage chronic conditions between office visits to dedicated care for women in every stage of menopause—so you can feel confident in your health journey.

Ochsner Digital Medicine

Ochsner Digital Medicine is a proven program that helps you manage high blood pressure, Type 2 diabetes, or weight with care beyond the clinic—because what happens between office visits matters.

- **What it includes:** Support for high blood pressure, Type 2 diabetes and weight management, including a dedicated care team that monitors your readings and helps manage your medications between office visits
- **Who qualifies:** Team members, spouses/domestic partners and dependents age 18+ (weight management program only) enrolled in an OchPlus medical plan
- **What it costs:** Devices, supplies and select medications covered at 100%, with the majority of the cost for weight loss medications (Wegovy and Zepbound) covered by us*

*Applies to OchPlus 1 and 2; OchPlus 3 members must first meet deductible before Ochsner begins covering most of the cost.



Ochsner Digital Medicine

ochsner.org/DMOE26

866-273-0548

Comprehensive Menopause Care

Every menopause journey is unique. The Ochsner Menopause and Women's Wellness Center provides whole-person care that addresses the physical, emotional and lifestyle changes you may experience.

- Symptom management for hot flashes, sleep issues, mood changes, weight gain, etc.
- Hormonal and non-hormonal medications and supplements
- Preventive screenings for cancer, bone density and cardiovascular risk
- Cancer survivor support, including meditation and mindfulness, chiropractic care, acupuncture, etc.
- Individualized nutritional and fitness plans

Available to any team member (not required to be on an OchPlus medical plan).
To get started or set up an appointment, call 504-703-8721, Monday – Friday, 8 a.m. – 5 p.m.

Pharmacy

Your medical plan includes comprehensive prescription drug coverage, giving you convenient access to the medications you need to stay healthy—whether it's for routine maintenance, acute treatment or specialty care.

Ochsner Pharmacy & Wellness offers convenient in-person pickup and free two-day mail delivery.

- Save with our maintenance drug program for drugs you take regularly for chronic conditions.
- Get a 100-day supply for two copays (instead of three) at Ochsner Pharmacies or OScripts.
- Transfer medications via the MyOchsner app, **ochsner.org/services/pharmacy** or at your nearest Ochsner Pharmacy.

Find a Network Pharmacy Provider

Plan Administrator: MedImpact
mp.medimpact.com/mp

844-587-7390
(MedImpact)

504-842-3205
(Ochsner Pharmacy & Wellness)

855-312-4193
(Ochsner Specialty Pharmacy)

Did you know Ochsner has 22 retail pharmacies, two specialty pharmacies and three home and outpatient infusion suites ready to serve your needs?

Prescription Deductibles **OchPlus 1 & 2: $0** **OchPlus 3: $3,500/$7,000** (Combined Medical + Rx) You must meet the deductible in OchPlus 3 before copays apply.	**Ochsner Pharmacies**		**In-Network: CVS, Sam's Club, Walmart**	
	30-day fill	**Up to 100-day fill**	**30-day fill**	**Up to 100-day fill**
Preventive Medications**	$0	$0	$0	$0
Tier 1 – Preferred Generic	$9	$18	$15	$45
Tier 2 – Preferred Brand	$35	$70	25% up to $75	25% up to $225
Tier 3 – Non-Preferred Brand and Generic	$55	$110	25% up to $125	25% up to $375
Tier 4 – High-Cost Drugs (Brand and Generic)	25% up to $250	N/A	25% up to $250	N/A
Tier 4 – Specialty			Not covered	
Weight Loss Medications	Up to $250 per 30-day script***	N/A	Not covered	

** See MedImpact website for full list of medications.

*** Ochsner Specialty Pharmacy only.

Prescriptions must be on the list of drugs to be covered under the plan. Prescriptions filled outside of network are not covered. Rx copays and coinsurance apply to the out-of-pocket maximum. Additional limitations and restrictions apply. Please see SPD for more information.

Wellness

We care about you! That's why we offer free or low-cost benefits to help you feel your best—body, mind and everything in between.

Pathway to Wellness

Our wellness program partner, Personify Health, focuses on your total wellness, including physical, emotional and financial health.

- Gift card rewards for wellness activities
- Fun, competitive challenges
- Self-directed wellness journeys, daily cards, health tips, tracking tools and more

Who's Eligible:

Free benefit to those covered by our medical plans.
Team members not covered by one of our medical plans may enroll in Pathway to Wellness for a small fee per pay period.

Wellness Reward

You can earn up to $500 through Pathway to Wellness!

Get Started:
Access via the **Personify Health** app or the Pathway to Wellness page on **Ochweb > Employee Resources**

Scan the QR code to download the app

WeightWatchers

We cover 80% of the WeightWatchers program fee if enrolled in one of our medical plans or Pathway to Wellness.

Visit **weightwatchers.com/us/ochsner** for more information and to enroll.

Active&Fit DIRECT™

Fitness discount program

Stay active from anywhere with 12,200+ gyms, 9,700+ workout videos and more.

- National network of gym and fitness memberships with no annual fees or long-term contracts.
- Memberships start at $28/month (single gym access) or $45/month (multi-gym access). Digital access is always free!

Visit **the Help Center in Workday** to learn more.

Did You Know?

Earn a $100 Pathway to Wellness incentive when you complete a biometric screening at an on-site event or with your healthcare provider.

Dental

Taking care of your teeth is a big part of staying healthy! We've got two dental plans you can choose from, so you can pick the one that works best for you and your family.

Preventive Plus

- Lower premiums and level of benefits
- Cleanings, exams and X-rays

Comprehensive

- Higher premiums and level of benefits
- Preventive (cleanings, exams and X-rays) plus fillings, crowns, root canals and other restorative treatment
- Orthodontia covered for adults and children

Find a Network Dental Provider

Plan Administrator: Humana Dental
humanadental.com
800-233-4013

Did You Know?
Humana provides convenient access to virtual dental care for prescriptions, emergency triage, consultations, treatment monitoring, oral hygiene guidance and referrals to in-network specialists.

	Preventive Plus	Comprehensive
Annual Deductible	$50 per individual, $150 per family	
Annual Plan Maximum (The most that the plan pays)	$1,250 per individual	$2,000 per individual, excluding orthodontia
Preventive Care		
Routine Oral Exams & Cleanings (2 per calendar year)	All in-network preventive care is covered at 100%, no deductible	
Routine X-rays		
Basic Care		
Fillings & Extractions	20% after deductible	20% after deductible
Root Canal Therapy	Discounted services for network providers	
Gum Disease (Periodontics)		
Major Care		
Dentures	Discounted services for network providers	50% after deductible
Bridges		
Orthodontia for Adults and Children		50% (Plan pays 50% of cost, with a one-time cap of $2,000 per person)

Vision

Seeing clearly helps you do your best every day! Our vision plan helps cover eye exams, glasses and contacts so you can keep your eyes happy and healthy.

Plan Details

- Visit any provider, although you'll always receive the highest level of coverage with a Humana EyeMed provider
- Fixed copays on eligible lens options
- 40% retail discount on additional eyeglasses
- Free standard polycarbonate lenses after copay (for dependents age 18 and younger)
- Free in-network diabetic eye care
- Online contact lens orders

Find a Network Vision Provider

Plan Administrator: Humana
humanavisioncare.com
877-398-2980

Note: You can use your vision benefit for either contacts or frames/lenses, but not both within the same year.

	EyeMed Insight Network (Participating Provider)	Non-Participating Provider
Exam (once per calendar year)	$10 copay	$30 allowance
Frames (once every 2 years)	$150 retail allowance [1]	$65 retail allowance
Standard Lenses (once per calendar year)		
Single	$15 copay	$25 allowance
Bifocal	$15 copay	$40 allowance
Trifocal	$15 copay	$60 allowance
Contact Lenses (once per calendar year)		
Elective	$150 retail allowance	$140 retail allowance
Medically Necessary	Covered 100%	$200 retail allowance

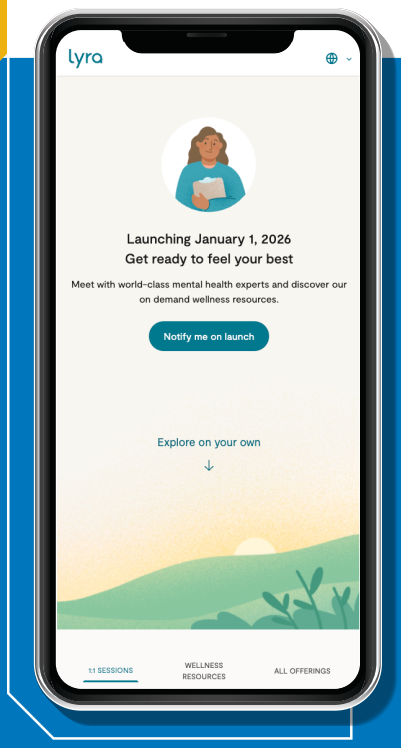
[1] If a member prefers contact lenses, the plan provides an allowance in lieu of all other benefits (including frames).

You will get exclusive discounts at an **Ochsner Vision Center**.

Live Well

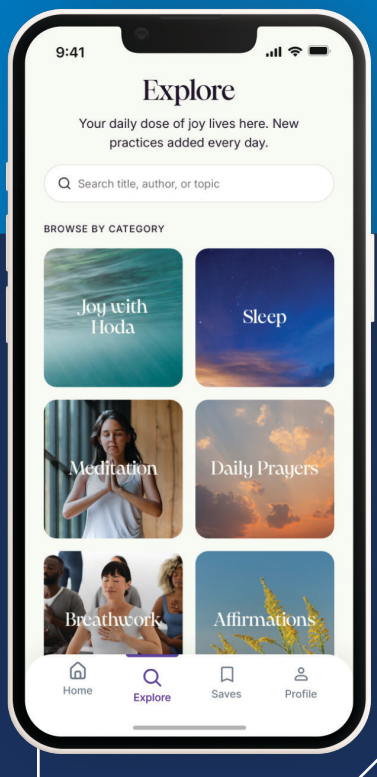
Life isn't always easy, and that's okay. We're here to help you through tough times with benefits that support your mental health, give you someone to talk to and help you feel your best.

Employee Assistance Program (EAP)



Lyra, our Employee Assistance Program, is a free, confidential benefit that gives you quick support when life gets heavy, whether that's stress, family issues, money worries or just needing a listening ear.

- Available to you and your household members (even if you aren't covered by a medical plan)
- **Six** confidential, personal counseling visits (in-person or virtual) per person, per year
- Free online self-care and emotional health tools
- Providers representing various races, genders, identities, faiths and cultural backgrounds, who understand your lived experience



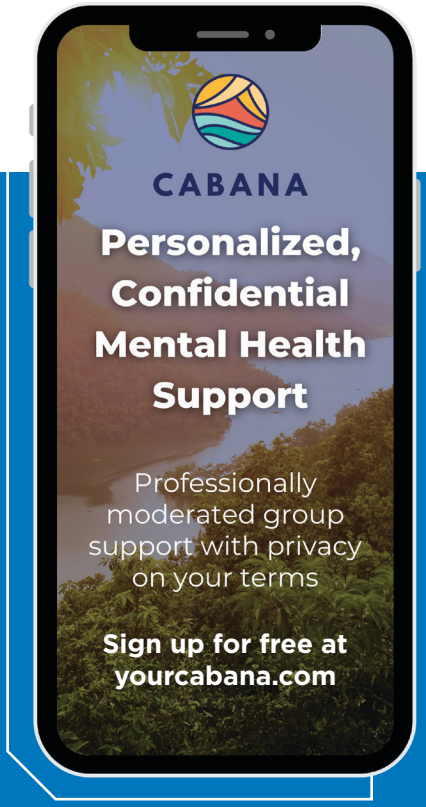
Get Started:
ochsner.lyrahealth.com
877-390-7273

Joy101 Well-being Platform

Boost your mood and find your grounding with **Joy 101**, a personalized daily wellness platform designed to support your everyday well-being. It features expert-led practices, guided meditations, breathwork, movement exercises and uplifting daily audio check-ins.

Get Started:
joy101.com/b2b/ochsner

Peer Support



Cabana, a digital platform designed specifically for healthcare workers, offers virtual peer group support, so you can connect with others who understand the joys and challenges of working in healthcare.

Cabana can help if you are seeking:

- A safe space that offers anonymity to work through difficult circumstances
- Confidential peer sessions that fit your schedule, moderated by licensed professionals
- Access to meditation, mindfulness or self-improvement exercises

Get Started: yourcabana.com

Mental Health Services
Included in our medical plans

If you are enrolled in one of our medical plans, you also have mental health resources available to you.	OchPlus Network Out-of-Area Network is Blue Cross Blue Shield National PPO Network		
	OchPlus 1	OchPlus 2	OchPlus 3
Physician Visit (In-person, Rula or Lyra)	$25 copay	$40 copay	$50 copay
Ochsner On Demand Virtual Visit [1] (Social worker or psychologist)	$25 copay	$40 copay	$50 copay
Inpatient [2] (copays up to 7 days per admission)	$250/day		
Outpatient (stays less than 24 hours)	$25 copay	$40 copay	$50 copay

Copays and coinsurance apply AFTER you meet the deductible in most cases. However, if enrolled in OchPlus 2 then primary care visits, specialist visits and urgent care copays apply BEFORE deductible.

[1] OchPlus 3 must meet the deductible before copays apply for Ochsner On Demand; deductible does not apply for OchPlus 1 or 2.

[2] Overnight stays in hospital or extended care require prior authorization. Only authorized providers are covered. See SPD for details.

You can keep seeing your Lyra therapist after your six free EAP visits if you are enrolled in an Ochsner medical plan.

What kind of support do you need?

Self-care options that support my physical, emotional and mental health

I want help:

- Assessing wellness
- Managing stress
- Dealing with money worries, such as budgets, debt and emergency savings
- Improving physical activity

I can connect through:

- **Joy 101** guided meditations, breathwork and daily audio check-ins
- **Personify Health** self-directed wellness journeys, daily cards, tips and tracking tools
- **Lyra** self-care and emotional health tools
- **Your Money Line** videos, tools and personalized financial action plans
- **Active&Fit Direct** gym and fitness center discounts

Peer support for mental health conditions

I want help:

- Coping with anxiety, depression or grief
- Supporting addiction recovery
- Managing workplace stress

I can connect through:

- **Cabana** anonymous group support sessions and virtual meditations
- **Connecting with our Peers Through Empathy (C.O.P.E.),** confidential peer support for stressful patient events
- **Pathway to Wellness,** where I can join peers in healthy challenges

General healthcare services from a primary care provider (PCP) or specialist

I want help:

- Diagnosing medical problems with mental health symptoms
- Coping with excessive worrying, sadness or withdrawal
- Managing sleep
- Managing medication concerns
- Managing physical and emotional changes with menopause or pregnancy/ post-birth

I can connect through:

- **Provider visits** through an Ochsner* medical plan (**lablue.com** or **844-718-2583**)
- Support through **Lyra,** (**ochsner.lyrahealth.com** or **877-390-7273**)
- **Ochsner Menopause and Women's Wellness Center** with specialty care and symptom management
- **Ochsner Perinatal Mental Health Clinic** for pregnancy, postpartum or pregnancy loss support up to one year postpartum

Moments That Matter:

Taking Care of Your Emotional Well-being

Life can have moments that hurt you, add stress or leave you feeling uncertain about how to move forward. Whether the difficulties are experienced at home or work, it's likely they affect multiple areas of your life. We offer several benefits to help you care for yourself while coping with life's challenges.

A licensed mental health professional who provides counseling support

I want help:

- Handling feelings
- Thinking more clearly
- Developing better habits
- Managing marriage and family problems
- Understanding a mental health condition

I can connect through:

- No-cost, confidential counseling sessions through **Lyra,** our Employee Assistance Program (**ochsner.lyrahealth.com** or **877-390-7273**)
- **Provider visits** through an Ochsner* medical plan, including mental health specialists** (**lablue.com** or **844-718-2583**)

A specialty provider to help diagnose or manage my mental health condition

I want help:

- Managing medications (e.g. ADD, ADHD, depression or anxiety)
- Managing depression or anxiety
- Coping with chronic pain
- Treating drug and alcohol use disorders
- Addressing sleep issues
- Diagnosing bipolar disorder or schizophrenia

I can connect through:

- **Provider visits** through an Ochsner* medical plan, including psychiatrists and psychologists (**lablue.com** or **844-718-2583**)
- **In-person** or **MyOchsner** virtual office visits (social worker, psychologist or psychiatrist)
- **Inpatient and outpatient** mental health services

*Refers to company-sponsored medical plans offered through Ochsner Health and Partners.

**Rula providers are in-network

Live $mart

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are great options to help you pay for health, dental, vision and pharmacy bills. Dependent Care FSAs are useful for covering child and elder care costs.

FSAs & HSAs

- With FSAs and HSAs, you can contribute pre-tax dollars (deducted from your pay each pay period) to set aside for your healthcare expenses.
- If you choose OchPlus 1 or 2, you can use an FSA.
- If you choose OchPlus 3, you have the option to open an HSA. Money in your HSA rolls over year to year and always belongs to you.
- You can have both a Dependent Care FSA and a Healthcare FSA or HSA.

Online Account Access

Plan Administrator:
Bank of America
myhealth.bankofamerica.com
800-328-5394
(FSA/DCFSA)
866-791-0250
(HSA)

You can adjust your HSA contributions anytime during the year, as long as they stay within the IRS annual limit.

Dependent Care FSA

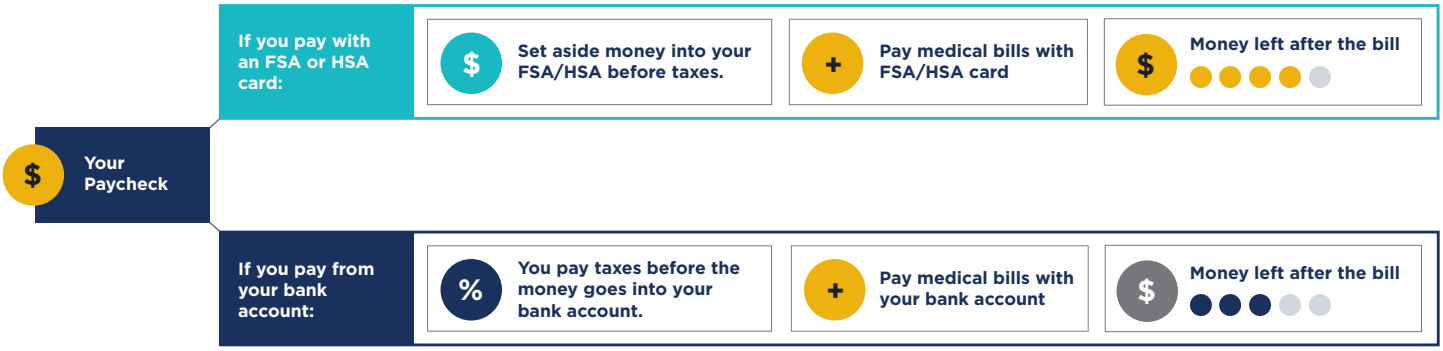
Use pre-tax dollars to pay for dependent child care (children under age 13) and adult care while you and your spouse work.

- Use for day care facilities, day camps, after-school care, senior centers, a private sitter (not an immediate family member) and elder care
- $5,000 maximum annual contribution
- March 15, 2028: Deadline to use 2027 funds
  May 31, 2028: Deadline to file 2027 claims
- Make the most of your funds—be sure to use them before the deadline!
- Funds are available 5–7 business days after payroll deductions each pay period
- Use with Bright Horizons Child Care and Enhanced Family Supports

Important to know: You cannot use your Dependent Care FSA for a child's medical bills. Use a Healthcare FSA or HSA instead.

Keep More of Your Paycheck with FSAs and HSAs

Keep more of your paycheck by lowering your taxable income and reducing the amount you pay in taxes.



The Differences Between FSAs and HSAs

While Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) share many of the same benefits, there are important differences, including contribution limits, availability of funds and carryover limits.

	Healthcare Flexible Spending Account	Health Savings Account
Medical Plan Used With	OchPlus 1 or 2	OchPlus 3 [1]
Maximum Contribution Limit	$3,500 [2]	$4,500 Individual $9,000 Family [3]
Eligible Expenses	Medical, dental, vision and over-the-counter items (for example, Tylenol and allergy medications)	
Funds Available	Full amount of funds available Jan. 1 or upon effective date.	Funds are available 5–7 business days after payroll deductions each pay period. You can adjust your contributions (increase or decrease) at any time.
Carryover Limits	Rolls over up to $680 of unused 2026 health FSA at the end of the year. You have until May 31 to file claims.* * Your FSA must be active as of Dec. 31 of the plan year.	Carries over year to year and always belongs to you (even if you leave Ochsner).

With both FSAs and HSAs, you choose your contribution during Open Enrollment. You must re-enroll each year.

[1] Eligible only if you enroll in OchPlus 3 and are not enrolled in Medicare, covered by another health plan or claimed as a dependent on another person's tax return.

[2] 2027 contribution limits should be released in late October by the IRS. Any changes to the limits will be shown in the enrollment system.

[3] Additional $1,000 catch-up contribution for those age 55 and older.

Additional Insurance Plans

When a serious illness or accident strikes, unexpected expenses can pile up quickly. Accident, critical illness and hospital indemnity insurance can help protect your finances and give you peace of mind.

Accident

Accident insurance pays cash directly to you when you are injured in an accident. It supplements your medical and disability plans.

Use your accident benefit to pay for:

- Medical treatment
- Hospitalization
- Diagnostic testing
- Follow-up care
- Transportation/lodging

For full details, visit the Help Center in Workday.

Example: How It Works

Rachel's 12-year-old son fractured his leg during a soccer game. With an urgent care visit, X-rays, prescriptions and follow-up visits, it doesn't take long for the bills to add up.

Thanks to her accident insurance, she received the following to help cover her bills:

Covered Care	Cash Benefits
Urgent care	$200
X-rays	$200
Leg fracture	$2,400

Life, AD&D, Disability

Plan Administrator:
The Hartford
thehartford.com/mybenefits
888-301-5615

Critical Illness, Accident and Hospital Indemnity

Plan Administrator: **Aflac**
800-840-6580, ext. 4

Short-Term Disability

- Insurance benefit that temporarily replaces a portion of your income if you cannot work due to a non-work-related injury, illness or pregnancy
- Reminder: Workers' Compensation coverage applies to work-related illnesses or injuries

View your Benefits at a Glance in Workday to find out how much it provides and for how long.

Critical Illness

If you experience a heart attack, stroke or another serious illness, critical illness insurance provides a lump-sum cash benefit to support you during that challenging time.

- Choose a $10,000 or $20,000 benefit
- Coverage for team member or team member + spouse
- Children are covered at 50% at no extra cost (up to age 26 with employee coverage)

Covered illnesses include:

- Heart attack, stroke, cancer, kidney failure
- Major organ or bone marrow transplant
- Coronary artery bypass surgery (partial benefit)

For full details, visit the Help Center in Workday.

Example: How It Works

Tom was on the porch with his wife when he struggled to speak and lost vision in one eye. Recognizing a stroke, she called 911. Thanks to her quick action, he fully recovered, but hospital stays, therapy and doctor visits added up.

With critical illness coverage, his $20,000 lump sum benefit covered most bills, protecting his savings.

Long-Term Disability

- Insurance that replaces part of your income if an illness or injury keeps you from working for an extended period
- Evidence of insurability (proof of good health) required if you elect long-term disability (LTD) after your initial eligibility
- Pre-existing condition exclusions may apply if a disability occurs within the first 12 months of new or increased coverage

Coverage levels can be found in your Benefits at a Glance in Workday.

Earn a **$50 annual wellness benefit** when you file your wellness claim under your critical illness or accident plan (or $100 if you enroll in both!).

Hospital Indemnity

Out-of-pocket costs from an inpatient hospital stay can be overwhelming.

Our hospital indemnity insurance gives you a cash benefit—paid directly to you—that can be used for medical or non-medical expenses. Coupled with your medical plan, this supplemental health insurance provides added protection should a covered hospitalization (including labor and delivery) occur. Coverage is available for you, your spouse and your children.

For full details, visit the Help Center in Workday.

Example: How It Works

Amanda had complications from diabetes and ended up in the intensive care unit for two days, with an additional three days in the hospital. During that time, she was not only off work, but her spouse took some time off, too.

Because she had hospital indemnity insurance, she received the following to help pay her bills:

Covered Care	Cash Benefits
Initial hospital admission	$1,000
Daily hospital stay	$150 per day
Intensive care unit admission	$150 per day

Did you know you can use the hospital indemnity cash benefit for more than medical bills?

- Transportation and meals
- Child care
- Support for time off work

Life & AD&D

- We offer basic life and Accidental Death and Dismemberment (AD&D) insurance—at no cost to you.
- Life insurance pays a benefit for any cause of death, while AD&D only covers death or serious injury from accidents.
- You may also choose optional life insurance (see Benefits at a Glance in Workday) for yourself and your dependents.
- Evidence of insurability (proof of good health) may be required.

Coverage levels can be found in your Benefits at a Glance in Workday.

Lifestyle Benefits

Lifestyle Benefit	Description	Enrollment System	Enrollment Period
Auto and Home	Provides exclusive team member savings and convenient payment options with national carriers (subject to carrier availability in your state)	These lifestyle benefits are available via the Lifestyle Benefits Portal at **ochsner.corestream.com.** **Plan Administrator:** Corestream 855-918-8400	Anytime
Identity Theft	Monitors financial transactions, social media, student loans, retirement accounts, etc., and helps restore your identity in the event of theft		
Pet Insurance	Helps you care for your pets with reimbursements to offset more than half the cost of treatment for accidents and illnesses		
Legal	Provides basic legal services such as family/personal law, home/real estate, civil lawsuits, etc., and includes 24/7 emergency assistance		
Business Travel Accident	We provide full-time team members with Business Travel Accident (BTA) coverage at no cost. BTA coverage provides extra protection if you die or sustain certain types of injuries in an accident while you are traveling on business. Full-time team members are automatically enrolled with a $500,000 coverage amount. Additional coverage is available for team members who travel aboard company-operated aircraft for the purpose of emergency medical treatment.		

Not sure which plans to pick?
Corestream's online decision tool helps you select the plans that make sense for you!

Visit: **ochsner.corestream.com**

Live Forward

We know money can be tricky—balancing today's bills and tomorrow's dreams! That's why we offer financial wellness benefits to help you plan smart and live forward.

Money Coaching

Money is one of life's top stressors, and our money coaching benefit from **Your Money Line** helps you get a handle on how you spend, save and budget. The platform offers full spectrum support based on your age, life event or specific financial goal—all for free to you.

Financial guides provide unbiased, confidential approach to financial planning.

Services include:

- Unlimited 1:1 virtual support with a live money coach
- Financial health assessment
- Personalized financial action plans
- On-demand video courses and tools
- Your Money Line interactive dashboard
- Student debt tools and resources

Download the Your Money Line App

Make smart money moves with the **Your Money Line** app

- Connect your accounts to see your money in one place
- Create smart budgets
- Track your spending
- See your credit score
- Get alerts if something looks off
- Learn about your money personality

Your Money Line

ochsner.yourmoneyline.com
answers@yourmoneyline.com
833-890-4077

Monday – Friday
9 a.m.—9 p.m. EST

Money-Saving Discounts

PerkSpot

This one-stop shop provides exclusive team member discounts to hundreds of merchants nationwide, including travel, cell phones, restaurants, auto, apparel, electronics and more.

Visit **ochsner.perkspot.com** to sign up.

Retirement Plan

Your well-being is important to us and that includes your financial health. That's why all team members are eligible to participate in the retirement plan.

Savings for your future!

Types of employer contributions

- **Matching contribution:** Earned when you contribute
- **Retirement contribution:** Provided even if you don't contribute (discretionary and may change)
- **Eligibility** varies by position.*

Vesting

- You are always 100% vested in your own contributions, meaning they're yours to keep. Employer contributions become yours over time, based on years of service (with 1,000 hours).

Change Your Contribution At Any Time

You can change your contribution level any time during the year. Simply go to **vanguard.com/retirementplans** to manage your investments, change your contribution levels and use any of their online tools.

Retirement Plans

	Employee Contribution	Matching Contribution	Retirement Contribution*
Ochsner	401(k)	401(k)	401(k)
SRMC	457(b)	401(a)	401(a)
SMH	457(b)	401(a)	401(a)
OLHS	401(k)	401(k)	401(k)

* We contribute to full-time and part-time team members after you complete one year of service with at least 1,000 hours. (Residents, Fellows and PRN team members may participate but are not eligible for the matching or retirement contributions.) OLHS also has a 1-year waiting period before team members can participate.

There is a $250,000 compensation limit for matching and retirement contributions, so any pay above that is not eligible for contributions to the 401(k) plan.

4 Ways Vanguard Helps You Plan for the Future

My Financial Wellness Hub

Want to build a budget, pay down debt or figure out how much to save? This hub offers easy-to-use tools to get you started.

Retirement Readiness Tool

Are you on track? This tool shows if your current savings will support your retirement goals.

Healthcare Cost Estimator

Healthcare is one of the biggest costs in retirement. Estimate what you might spend and how much to save now.

One-Time Personalized Financial Advice Consultation

Have questions about your investments? Talk one-on-one with a financial expert about what matters most to you.

Vanguard
vanguard.com/retirementplans
800-523-1188

Career and Life Solutions Center

The Ochsner Career and Life Solutions Center helps employees navigate their careers through:

- Personalized coaching
- Career assessments
- Resume reviews and interview preparation
- Available virtually and in person at Ochsner Medical Center–New Orleans

The Center goes beyond career support, connecting employees with essential resources to help you thrive in work and life:

- **Financial support:** Hardship assistance, budgeting, financial literacy
- **Housing support:** Shelter referrals, transitional housing, rental assistance
- **Parental assistance:** Childcare resources, expectant mother programs, parenting classes
- **Food security:** Access to food pantries, SNAP benefits, meal programs
- **Mental health:** Crisis intervention, EAP, mental health hotlines
- **Domestic violence support:** Safety planning, legal advocacy, crisis counseling
- **Utility support:** Relief programs, emergency utility assistance

To get started visit **ochsner.org/careercenter** or contact **mycareer@ochsner.org** or **504-842-HR4U** (option 5)

Resources to support your professional development.

Team Member Learning & Development

You can further your skills and knowledge with Workday Learning, which allows you to personalize your learning path to match your interests and career aspirations.

Key features of Workday Learning include:

- **Flexibility:** Complete courses that are assigned to you, or search for ones of interest based on your career goals.
- **Various learning styles:** Digital and instructor-led courses are available.
- **Friendly reminders:** Get email notifications as you approach the due date if a course is incomplete.
- **Future learning hub:** Save courses for later using "My Library."

Financial Well-being

Your well-being, including your financial health, is important to us. These employer-paid benefits are available to you at low or no cost.

"The Rain app gave me hope that my employer sees the struggle is real and it gave me one more reason to continue to work at Ochsner."

– Team member

	Benefit	Description	Cost
Education Assistance	Student Loan Assistance	We've partnered with Savi to offer student loan guidance and financial education. Whether you are navigating federal student loan repayment, exploring forgiveness programs or simply looking for ways to lower monthly payments, Savi provides personalized guidance and clear next steps. Support may include identifying the right repayment plan, understanding eligibility for Public Service Loan Forgiveness (PSLF) or other forgiveness options and improving overall financial wellness through practical tools and learning content. To get started, visit **ochsner.bysavi.com** and register for an account.	$
	Tuition Assistance	You're eligible each year for tuition assistance to further your education (up to $3,000 for regular full-time, up to $2,000 for regular part-time). • Annual maximums apply per calendar year. • An "A" or "B" grade is required for reimbursement.	Free
Day-to-Day Support	Instant On-Demand Pay	Get your earned wages early—before payday. With the Rain app, you can transfer up to 50% of your wages to your bank account or debit card instantly (small fee) or within three days (free). Download the Rain app to get started.	$
	Team Member Assistance Fund	If you're faced with financial hardship, you can apply for assistance to help pay for expenses. Team members have used funds for funeral expenses, medical bills, car repairs or expenses associated with natural disasters. You can find the application in Workday under Emergency Assistance.	Free
	Quick Relief Loans	Credit4Work! offers financial education and personal loans to help team members get back on track and to establish good credit. There is a $25 one-time fee for all loans, and the loan amounts range from $250 to $10,000 with no credit check. For your convenience, bi-weekly loan payments are made via payroll deductions, and payment history is reported to the credit bureaus to help you build credit. This benefit is available to full-time team members* with at least one year of service, verifiable personal information and no open bankruptcy. To learn more, visit **creditworksonline.com** and enter code **OHS#1** or call 800-409-3765. *Team members must be residents of Louisiana, Mississippi or Florida. Regular part-time, part-time and PRN team members, and executives and physicians are not eligible.	$
Long-Term Planning	Will Preparation	FreeWill helps you create a free and valid will through a 20-minute, step-by-step process at **freewill.com/ochsner**. No further obligations are required.	Free
	Empathy	There are both emotional and practical challenges that come with the loss of a loved one. Through our partnership with **The Hartford**, team members may have access to **Empathy**, which provides bereavement, legal and funeral planning support to beneficiaries of our life insurance plans. Call **888-563-1124** to determine your eligibility for Empathy's complimentary services.	Free
	Advance Directives	Outline your healthcare wishes for your loved ones in the event you're sick and unable to make your own decisions at **ochsner.org/services/palliative-care/advance-directives.**	Free

What kind of support do you need?

Services marked with a **$** indicate a fee, but many offer a free initial consultation.

Money Coaching & Tools

to help manage and save my money

I want help with:

- Building a plan to be more in control of my money
- Budgeting and organizing my finances
- Pay down or managing debt
- Understanding savings strategies and financial goal setting
- Tracking spending and seeing all my accounts in one place
- Understanding debt, taxes, mortgages and college funding

I can connect through:

- **Your Money Line** coaching, videos, tools and personalized financial action plans
- **My Secure Advantage/Lyra** coaching, educational resources and digital tools $

Day-to-Day Support

to stay on track with my finances

I want help with:

- Navigating financial "life admin" stressors
- Getting legal support or guidance (family, housing, car, etc.)
- Dealing with identity theft
- Accessing earned pay before payday
- Covering an unexpected expense
- Understanding my paycheck

I can connect through:

- **Your Money Line** coaching for short-term cash planning
- **Lyra Work-Life Services** for free consultations, discounts and a free ID theft emergency kit $
- **LegalEase** for basic legal services, such as family law, real estate or civil lawsuits; 24/7 assistance $
- **Allstate Identity Theft** protection and identity restoration $
- **Rain,** which allows me to transfer up to 50% of my wages early $
- **Credit4Work!** personal loans to get back on track $
- **PayrollOrg free ebook** on paycheck basics like direct deposit, deductions and more
- **Psychology of Money course**

Emergency Help & Support

to help handle life's unexpected moments

I want help with:

- Getting support for food insecurity
- Finding housing or utility support
- Dealing with expenses from a natural disaster
- Covering funeral expenses
- Managing financial hardships

I can connect through:

- **Life Solutions team** that provides financial, housing, food, utility and mental health resources
- **PTO GPT/VAC sellback** to convert eligible unused paid time off into extra pay
- **Team Member Assistance Fund** for help with funeral expenses, medical bills, car repairs or expenses associated with a natural disaster
- **Lyra** emergency and crisis support
- **Empathy (The Hartford)** grief support
- **Vanguard** loans or hardship withdrawals from retirement plan $

Moments That Matter:
Taking Care of Your Financial Well-being

The more financial tips and tools you take advantage of, the more likely you are to make money-smart decisions that keep you financially stable. We can help you manage your financial well-being both now and in the future.

Loans, Credit or Student Debt Support to reduce stress, manage loans and improve my credit score

I want help with:

- Improving or understanding my credit
- Managing student loans or building a payoff plan
- Planning for education expenses (now or later)
- Accessing a personal loan option

I can connect through:

- **Your Money Line** for managing debt and building credit
- **My Secure Advantage/Lyra** coaching, educational resources and digital tools $
- **Savi** student loan support for federal student loans, forgiveness programs and personalized guidance $
- **Vanguard** loans or hardship withdrawals from retirement plan $
- **Credit4Work!** personal loans to get back on track $

Savings & Discounts to save more and spend less

I want help with:

- Cutting costs on everyday purchases
- Saving on fitness and well-being support
- Accessing affordable pet care
- Paying for school
- Finding affordable child or elder care

I can connect through:

- **PerkSpot discounts** for restaurants, auto, apparel, electronics, etc.
- **Active & Fit Direct** discounts for fitness centers and free workout videos $
- **MTS membership** (Acadiana) for $25/month $
- **Ochsner Fitness Center** (Southshore) membership discounts $
- **Ochsner Performance Center** for discounted, unlimited classes $
- **WeightWatchers,** which is 80% covered $
- **Pet insurance** that offsets treatment costs $
- **Tuition assistance and discounts** for furthering my education
- **Tuition-free K-8 charter schools** via Discovery Schools partnership
- **Bright Horizons** for affordable child or elder care $

Retirement & Long-Term Planning to secure my future

I want help with:

- Building retirement savings
- Planning for longer-term goals (retirement readiness, savings strategy)
- Establishing an estate plan

I can connect through:

- **Retirement savings plan,** which includes annual matching and retirement contributions from Ochsner Health and Partners
- **Your Money Line** coaching, retirement planning tools and personalized action plans
- **My Secure Advantage/Lyra** coaching, educational resources and digital tools $
- **FreeWill** to create a will in minutes
- **Empathy (The Hartford)** will preparation services
- **Five Wishes advance care planning**
- **Estate planning** article in the Help Center in Workday

Live Life

No matter your age or goals, we offer benefits to help you balance work and life—and live the life you dream about!

Paid Parental Leave

Our paid parental leave provides time off to bond with a new child as well as income protection to ease some of the financial challenges that arise with the addition of a new family member.

- Available to full-time team members, including APPs and physicians, based on your length of employment.
- An eligible child must be under the age of 13 and new to the team member's home.
- Limited to one benefit per 12-month rolling year.
- Applies to the birth or adoption of a child.

Years of Employment	Paid Leave
Less than 2 years	100% pay for 3 weeks
2 – 5 years	100% pay for 4 weeks
5+ years	100% pay for 6 weeks

Family-friendly benefits are available to you at little or no cost.

Adoption Assistance

Adoption assistance provides up to $4,000 per calendar year for:

- Adoption fees, court costs, attorney fees
- Travel expenses
- Medical expenses for birth mother
- Other adoption-related expenses

Adoption assistance is available to full-time team members, including APPs and physicians, on the first day of employment. You must be actively working full-time when the event is finalized.

Retirement funds for birth/adoption: Withdraw up to $5,000 from your retirement plan when you have a birth or adoption. To request this withdrawal, call Vanguard at **800-523-1188**.

Work and Family Resources

Whether you're growing your family, caring for children or supporting older loved ones, our family-friendly benefits are here to help.

Backup Child & Elder Care

Bright Horizons provides affordable on-demand (non-emergency) care options for full-time and regular part-time team members.

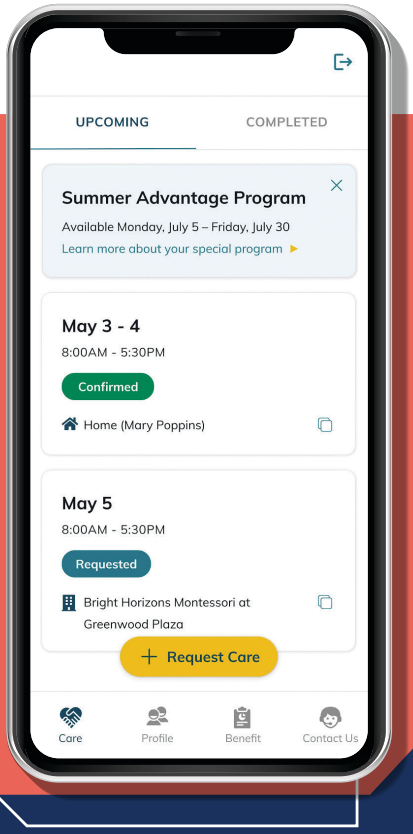
- Child care in home or in high-quality care centers
- In-home caregivers for an adult
- Virtual tutoring sessions for children and adult learners

Enhanced Family Supports offers resources for:

- Sitters, nannies, pet sitters and housekeepers
- Discounts on tutors and test prep (ACT/SAT) services
- Senior care solutions

Visit clients.brighthorizons.com/ochsner to learn more.

Please note: The IRS requires you to pay income taxes on this benefit (approximately $7 – $29 based on your salary). Please see the QRG available in the Help Center in Workday for additional details.



Fertility Support

Progyny, our fertility benefit partner, supports many paths to family building, including IUI and IVF.

- **Individual support:** A Patient Care Advocate is paired with you to support you every step of the way. Digital tools are also available.
- **Full spectrum:** Support begins with preconception wellness and coaching, including robust support for male-factor infertility, oncofertility, underlying health conditions and more.
- **Benefit per family:** 2 smart cycles; deductible (if applicable), then 30%
- **Eligibility:** OchPlus 1 and OchPlus 2 enrollees

"You gave me hope. It was everything."

Hear how one Ochsner team member used Progyny to support family-building.

Time Away From Work

Everyone needs a break sometimes. Our paid time off options give you the flexibility to rest, recharge and take care of yourself.

Paid Time Off

Paid Time Off programs include General Purpose Time (GPT) and Vacation for eligible team members.

- GPT and Vacation are accrued based on your length of service. We offer a GPT sellback program through which non-management team members can sell back GPT for cash in 40-hour increments. You must maintain a minimum of 40 hours in your bank.

Your Benefits at a Glance in Workday has more specific information about the plans you are eligible for, as well as accrual rates and maximum banks.

Paid time off and disability coverage give you flexibility and assurance.

Holidays

Holidays are a time to step away from work, recharge and spend time in ways that are meaningful to you.

Ochsner Health + Partners observe designated holidays each year, giving you an opportunity to rest, celebrate or observe traditions that are important to you.

Please refer to your Benefits at a Glance for details about the time off available to you.

Leaves of Absence

To request a leave, you must provide 30 days' notice or as soon as reasonably practicable.

Type of Leave	Description
Bereavement Leave	Full-time team members receive up to 24 hours of bereavement pay per occurrence for the loss of an immediate family member, in-law or miscarriage, with a maximum of two leaves per year. Additional time requires using GPT, Vacation or Work Life Days.
Family and Medical Leave Act (FMLA)	FMLA offers eligible team members unpaid, protected leave with continued medical benefits for qualifying reasons. Eligibility requires 12 months of employment and 1,250 hours worked in the prior year. FMLA may overlap with short-term disability (STD), and paid time off (GPT, Vacation or Work Life Days) is required if STD or Workers' Compensation doesn't apply.
Personal Leave of Absence (PLOA)	A personal leave provides unpaid time off for personal, non-medical needs. You may qualify if you are a regular or part-time employee who works enough hours, have been employed for at least six months and have no recent disciplinary issues. PRN, temporary and low-hour employees are not eligible. See the full policy for additional details.
Jury Duty or Court Service	We offer time off to eligible team members when they perform their civic and public service obligations. The benefit is paid at a rate equal to the team member's base hourly rate of pay for the shift.
Military Leave	Military members on extended leave or annual training receive pay differential for up to 15 working days per rolling year. Returning team members are reinstated to their job or an equivalent job if they meet service limits and notice requirements.

Leaves of absence give you the time and flexibility to address life's demands.

Your Benefits Buddy
Olivia is here to help you make the most of your benefits at every step of your journey at Ochsner.

	Service	Vendor	Contact
Live Healthy	COBRA	Wage Works	877-452-6272 | mybenefits.wageworks.com
	Dental	Humana, Inc. **OCH:** 592694, **SMH**: 404292, **SRMC:** 808631, **OLHS**: 828092	800-233-4013 | humana.com
	Dependent Verification	HMS	866-868-8991 | verifyOS.com
	Medical	Louisiana Blue (formerly Blue Cross Blue Shield of Louisiana) **OCH:** 78T04ERC, prefix: OCF **SRMC:** 78T05ERC, prefix: SRE **SMH:** 78T06ERC, prefix: SLM **OLHS:** 7A046ERC, prefix: HOL	844-718-2583 | lablue.com Network: OchPlus or National Provider Directory (for Out-of-Area only)
	Pathway to Wellness	Personify Health	888-671-9395 | pathwaytowellness@ochsner.org support@personifyhealth.com
	Pharmacy	MedImpact **OCH:** OHN01, **SMH:** OHN02, **SRMC:** OHN08, **OLHS:** OHN09	844-587-7390 | mp.medimpact.com
		Ochsner Pharmacy & Wellness	504-842-3205, 855-312-4193 (Specialty) ochsnerpharmacy.com ochsnerspecialtypharmacy.com
	Vision	Humana, Inc. **OCH:** 592694, **SMH**: 404292, **SRMC:** 808631, **OLHS:** 828092	877-398-2980 | humanavisioncare.com
Live Well	EAP (Employee Assistance Program)	Lyra	877-390-7273 ochsner.lyrahealth.com
	Wellness Hub	Office of Professional Well-Being	ochsnerhealth.sharepoint.com/sites/wellness
	Everyday Well-being Platform	Joy 101	joy101.com/b2b/ochsner
Live $mart	Accident, Critical Illness & Hospital Indemnity	AFLAC | Policy Number: 25568	Gallagher AFLAC Customer Service 800-840-6580, ext. 4 aflacgroupinsurance.com/customer-service
	Disability	The Hartford | Policy Number: 715642	888-301-5615 | thehartford.com/mybenefits
	FSA & HSA	Bank of America	800-328-5394 (FSA/DCFSA) 866-791-0250 (HSA) myhealth.bankofamerica.com
	Life and AD&D	The Hartford | Policy Number: 715642	888-301-5615 | thehartford.com/mybenefits
Live Forward	Earned Wage Access	Rain	424-369-7246 | care@rain.com
	Lifestyle Benefits	Voluntary Benefits Help Desk	855-918-8400 | ochsner.corestream.com
	Money Coaching	Your Money Line	833-890-4077 | yourmoneyline.com/ochsner
	Money-Saving Discounts	PerkSpot	866-606-6057 | ochsner.perkspot.com/login
	Payroll Loans	Credit4Work	800-409-3765 creditworksonline.com | Access Code: OHS#1
	Retirement Plan	Vanguard **OCH:** 401(k) 094115 403(b) 094116; 457(b) 078108 **SRMC:** 401(a) 094556, 457(b) 070048; **SMH:** 403(b) 099228, 401(a) 099227, 457(b) 070033 **OLHS:** 401(k) 090484	800-523-1188 | vanguard.com/retirementplans
	Student Loan Assistance	Savi (formerly Fiducius)	833-382-3175 | ochsner.bysavi.com
	Team Member Assistance Fund	Ochsner Clinic Foundation	504-842-4748 | hrsba@ochsner.org
Live Life	Fertility Support	Progyny	866-960-3994 | progyny.com
	Leave of Absence	The Hartford | Policy Number: 715642	888-301-5615 | thehartford.com/mybenefits

Answers to Frequently Asked Questions

Refer to the Summary Plan Description (SPD) for Ochsner's benefit plan details and other questions not listed here. Open Workday, click on the **Benefits** Information worklet and select **Summary Plan Description.**

When does my coverage begin?

In general, benefits begin on your date of hire or first of the month following a status change. Refer to your addendum for specific effective dates of each benefit.

How will I receive my ID cards?

If newly enrolled in any plan, your ID cards will be mailed within 10 to 14 business days after your enrollment.

- Medical (BCBSL) Louisiana Blue: lists employee name only
- Pharmacy (MedImpact): lists employee name only
- Dental (Humana): lists employee name only
- Vision (Humana): receive only if newly enrolled

How do I confirm if my medical provider is in-network?

Register at lablue.com Find a Doctor | Louisiana Blue, or use: lablue.com/findcare to confirm in-network providers and facilities.

Login and click **OchPlus Network** under the Quick Links section.

Can I have dual life insurance coverage if my spouse also works for Ochsner?

If you and your spouse or child (under age 26) work for Ochsner and are in benefits-eligible positions, each of you may take employee coverage, or one of you may cover the other as a dependent. Also, you and/or your spouse may carry one another on spouse life insurance and may both carry any eligible dependent children for child life insurance coverage.

When does my coverage end?

Your benefits end on the earliest of the following:

- Last day worked at Ochsner
- The beginning of the period for which you fail to make the required contributions
- End of the month in which you no longer meet eligibility requirements

Your dependents' coverage ends:

- The day your coverage ends
- The day on which your dependents no longer meet eligibility requirements
- The last day of the month following your child's 26th birthday if not disabled

What happens to my benefits if I am not working, and on an approved leave of absence?

Your coverage is protected if you continue making your required contributions. If you continue to receive pay while on leave, your required deductions will be deducted from your pay.

If you do not receive pay, or the pay you receive is not enough to cover the required contributions, you must remit timely payment.

Mail your check payable to Ochsner Clinic Foundation:

Ochsner Health – HR Benefits
P.O. Box 54991, New Orleans, LA 70154-4491

You can also remit payment via credit card through Capital One BillPay. To submit an online payment, click here.

How do I apply for leave of absence?

Contact The Hartford by calling 888-301-5615 or by visiting thehartford.com/mybenefits. Policy Number: 715642.

Answers to Frequently Asked Questions

Refer to the Summary Plan Description (SPD) for Ochsner's benefit plan details and other questions not listed here. Open Workday, click on the **Benefits** Information worklet and select **Summary Plan Description.**

What are my options if I become eligible for Medicare?

If you remain covered as an active employee or dependent, and enroll in a Medicare Part B Plan, the OchPlus plan will continue as the primary payer and Medicare Part B will be secondary. If you enroll in a Medicare plan and drop your Ochsner coverage, be aware that you (and your dependents) will not be eligible for Ochsner coverage again unless you are an active employee and you enroll during Open Enrollment or have a change in status.

For more information, refer to the SPD, visit www.medicare.gov or call 800.633.4227.

Special Notifications

Patient Protections Disclosure

The Ochsner Clinic Foundation Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit BCBSLA.com or call 844-718-2583.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from Ochsner Clinic Foundation Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Workday Help Center at 504-842-4748.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

- OchPlus 1 Tier 1 benefits: $0
- OchPlus 2 Tier 1 benefits: $1,000
- OchPlus 3 Tier 1 benefits: $3,500

If you would like more information on WHCRA benefits, please call your Plan Administrator at Workday Help Center at 504-842-4748.

Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Special Notifications

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid

http://myalhipp.com/
1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
http://myakhipp.com/
1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

http://myarhipp.com/
1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/
State Relay 711
Health Insurance Buy-In Program:
https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

https://www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website:
https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website:
https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

Special Notifications

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=e n_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3739

MISSOURI – Medicaid

http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

MONTANA – Medicaid

http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext. 5218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/
Medicaid Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website:
http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid

http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

http://www.eohhs.ri.gov/
1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

https://www.scdhhs.gov 1-888-549-0820

SOUTH DAKOTA - Medicaid

http://dss.sd.gov 1-888-828-0059

TEXAS – Medicaid

Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Medicaid: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website:
https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

https://www.dhs.wisconsin.gov/badger-careplus/hipp.htm
Phone: 1-800-362-3002

WYOMING – Medicaid

https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

AAccording to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Special Notifications

HIPAA Notice Of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Ochsner Health is committed to the privacy of your health information. The administrators of the Ochsner Clinic Foundation Health and Welfare Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the Workday Help Center at 504-842-4748

HIPAA Special Enrollment Rights

The Ochsner Clinic Foundation Health and Welfare Plan Notice of Your HIPAA Special Enrollment Rights Our records show that you are eligible to participate in the Ochsner Clinic Foundation Health and Welfare Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction). A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Coverage After Retirement - If your coverage ends due to retirement at age 55 and you have at least 10 years of service, or are age 65 and have at least five years of service, you may elect to continue your medical, dental and coverage if you pay the required contributions. Vision and dental coverage alone cannot be elected. Contact the Workday Help Center for more information.

Special Notifications

COBRA
If your coverage ends due to termination or becoming ineligible, you may elect to continue benefits through COBRA based on your benefit eligibility. Your COBRA offering may include medical, dental, vision, healthcare FSA or EAP. Please refer to the SPD for more information. COBRA election information is provided by Wage Works. You may also be eligible to continue health coverage under the provisions of the Family and Medical Leave Act/Uniformed Services Employment and Reemployment Rights Acts. Please refer to your SPD or contact the Workday Help Center for more information.

Important Warning
If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice Of Creditable Coverage

Important Notice from Ochsner Health about Your Prescription Drug Coverage and Medicare
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ochsner Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Ochsner Health has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

Special Notifications

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Ochsner Health coverage will not be affected. See your plan SPD for more information about your prescription drug coverage provisions/options. If you do decide to join a Medicare drug plan and drop your current employer-sponsored coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Ochsner Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ochsner Health changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1 800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Special Notifications

Date: October 16, 2026
Name of Entity/Sender: Ochsner Health
Contact—Position/Office: Workday Help Center
Office Address: 1450 Poydras Street, Suite 2600, New Orleans, LA 70112
Phone Number: 504-842-4748 option 6

Wellness Program Disclosures

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 504-842-4748 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Notice Regarding Wellness Program

Pathway to Wellness, is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a routine annual blood test as recommended by the U.S. Preventive Services Task Force. You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program may receive incentive rewards.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Workday Help Center at 504-842-4748.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

WWe are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Ochsner Health may use aggregate information it collects to design a program based on identified health risks in the workplace, Pathway to Wellness will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you

will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Workday Help Center at 504-842-4748.

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the

employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income. [1] [2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?
You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?
If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact the Workday Help Center at 504-842-4748.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer name: Ochsner Health
2. Employer Identification Number (EIN): 20-5296918
3. Employer phone number: 504-842-4748
4. Email Address: MyHR@ochsner.org
5. Employer address: 1450 Poydras Street, Suite 2600, New Orleans, LA 70112
6. Who can we contact about employee health coverage at this job? Ochsner Workday Help Center

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:

√ **Some employees. Active employees are:** Eligible for benefits if working a minimum of 72 hours every quarter (for OchPlus 3 medical). If working at least 24 hours per week you are eligible for the OchPlus 1, OchPlus 2 and OchPlus 3 medical plans. Refer to the Benefits Guide for additional information.

- With respect to dependents:

√ **We do offer coverage. Eligible dependents are:** Eligible employees may cover their spouse/ domestic partner and eligible dependents as outlined in the Ochsner Health SPD.
- We do not offer coverage.

√ **If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

Special Notifications

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.