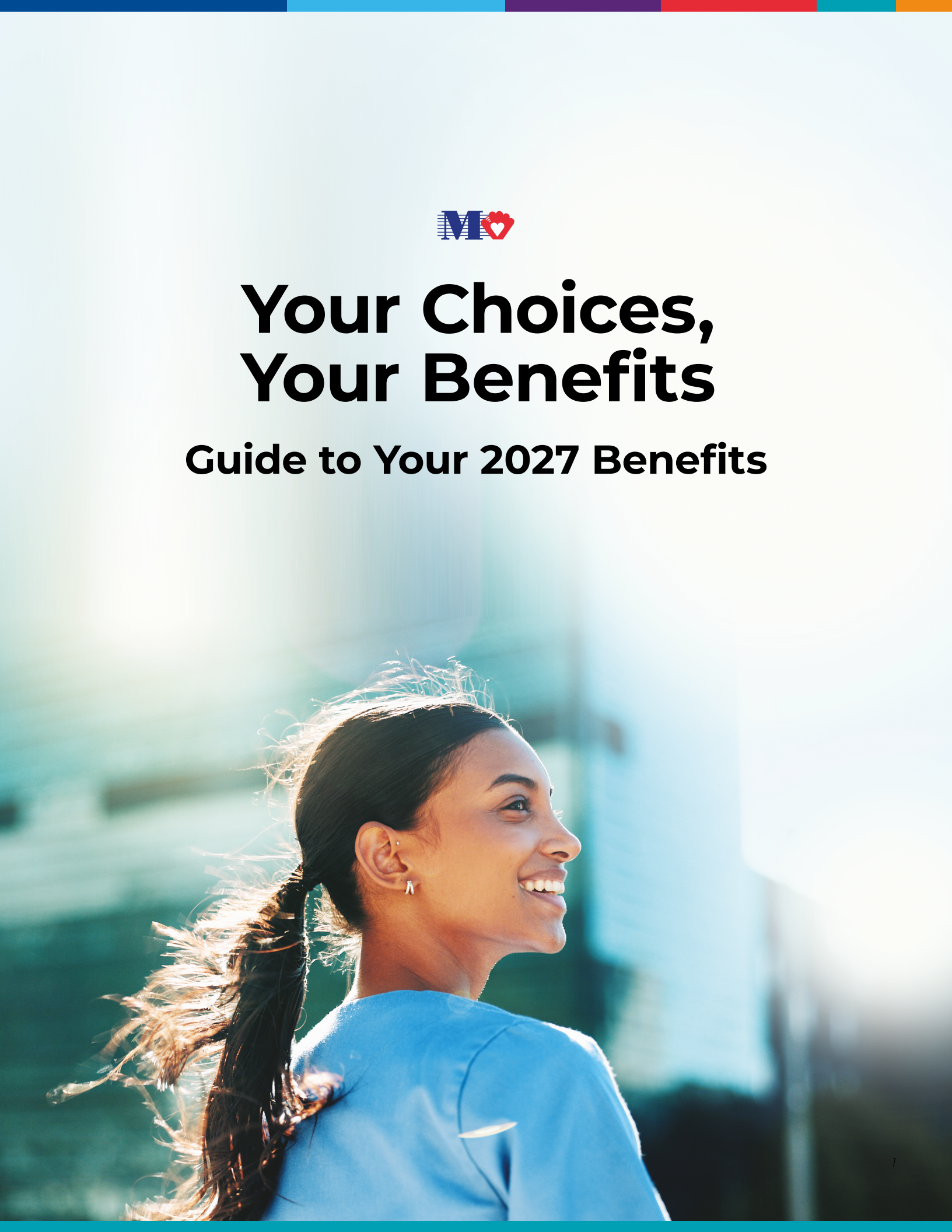
Your Choices, Your Benefits

Guide to Your 2027 Benefits



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Letter from Margie Vargas

Dear Memorial Family,

This guide contains all the information you'll need to enroll in your 2027 benefits at Memorial Healthcare System. Please read it carefully as you consider what benefits you want for yourself and your family next year. It's important to stay healthy, and these benefits will help you do that.

Memorial believes in providing great benefits because they demonstrate our commitment to enhancing and maintaining your overall wellbeing.

If you have any questions concerning your benefits, please call HR Shared Services at (954) 265-5903, or submit a case via the Workday Assistant.

Thank you for everything you do for patients and families at Memorial.

Sincerely,



Senior Vice President and Chief Human Resources Officer,
Memorial Healthcare System

All about you.

Your wellness is our priority.

We are committed to providing you with a benefits program that is comprehensive and competitive.

We offer medical, dental, and vision coverage, as well as a number of other benefits to keep you and your family happy and healthy.

Use this guide as a resource to learn more about our benefits and to choose the coverage that is the right fit for you and your family.



Eligibility

Who can participate? Memorial employees can participate in our benefits program after they satisfy the new-hire waiting period, and again, annually, during Open Enrollment.

You can make changes every year during Open Enrollment, or within 30 days of a qualifying event throughout the year, listed here.

- Marriage or divorce
- Death of your spouse or dependent
- Birth of a child (within 60 days)
- Adoption of a child (within 60 days)
- Your spouse losing a job or getting a new job, affecting your eligibility for coverage
- You or your spouse switching employment status from full-time to part-time or vice versa, affecting your eligibility for coverage
- If you are changing your status to Per Diem, you must waive your medical plan if you no longer want to have medical benefits
- Significant cost or coverage changes, or
- Your dependent no longer qualifying as an eligible dependent

You must notify and submit any applicable forms and/or documentation to the Human Resources Shared Services Department (HRSS) within 30 days of a life event – with the exception of adding a newborn or adopted child, in which case you may add that child to your medical plan within 60 days of the birth.

Act promptly: Start the process of reviewing and updating your benefits as soon as the qualifying event occurs.

Understand your options: Make sure you fully understand the changes you can make and how they will impact you.

Keep track of the deadline: Mark the end of the 30-day window on your calendar to ensure you don't miss it.

Follow up: Follow up with the Human Resources Shared Services Department (HRSS).

Remember, failing to make changes within the 30-day window could result in your changes not being allowed under the plan rules.

HRSS will review your request and determine if the change you are requesting is allowed. Only benefit changes that are consistent with the qualifying life event are permitted.

Dependents

Your dependents can take advantage of your benefits as well. Below is a list of all eligible dependents. When adding any dependent, applicable documentation is required to submit the elections.

For legal spouse you will need to provide a marriage license and for any child/ children, you will need to provide a birth certificate.

Contact HR Shared Services for additional questions.

- Your legal spouse
- Your child(ren) up to age 26
- A biological child
- A stepchild
- A legally adopted child
- A child placed for adoption
- A child placed for foster care

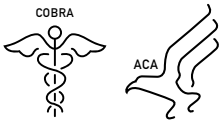
COBRA and ACA

If you become eligible for benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 or the Affordable Care Act (ACA) of 2010, there are benefits in this guide that you can still participate in.

Continuing COBRA coverage applies if your hours of employment are reduced or you leave Memorial. COBRA benefits are available to you as described on pages 49 & 50 of this guide.

The ACA states that employers' health plans must cover 10 essential health benefits, including doctors' services, inpatient and outpatient care, prescription drug coverage, and more. If your employment status changes or if you're not benefits-eligible due to your current status, under the provisions of the ACA, you must be allowed to participate in these essential benefits.

In this guide, benefits that are available under either COBRA or ACA are designated by these symbols:



If you have questions, contact HR Shared Services at (954) 265-5903 or submit a case via the Workday Assistant.

Who pays for benefits?

Some benefits are paid for by Memorial. Some are split between you and Memorial. Some are offered to you at a group discount, and others are paid for by you. Memorial invests nearly 60% of its operating budget on employee benefits and salaries. We care about keeping you healthy – body, mind, and spirit.

Paid by Memorial

- 401(a) retirement plan
- Memorial's match contribution to your 403(b) plan
- Adoption assistance
- Basic AD&D (Accidental Death & Dismemberment)
- Basic life insurance
- Basic long-term disability
- Extended Illness Bank time off (EIB)
- Education assistance
- Employee Assistance Program (EAP)
- MEET (Memorial Employee Engagement Team)
- MEFCU (Memorial Employees Financial Credit Union)
- Memorial DOCNow telehealth (if you're enrolled in MMCP or MCHP)
- Paid time off (PTO)
- Parental leave pay
- Pension plan (if eligible)
- PerkSpot

Paid by you

- Accident insurance
- Critical illness insurance
- Dependent care FSA
- Healthcare FSA
- Hospital indemnity insurance
- Identity theft protection
- Legal services
- Long-term care
- Long-term disability buy up coverage
- Pet insurance
- Short-term disability
- Supplemental life insurance
- Your 403(b) contribution
- Your 457(b) contribution

Shared cost

- Medical insurance, including prescription medication and a behavioral health benefit
- Dental insurance
- Vision insurance
- Discounts
- Reproductive medicine
- Transportation options

Your options:
Medical, Dental, and Vision

Memorial offers two different medical plans, giving you the freedom to choose a plan that works better for you. Both plans are administered by Community Care Plan.

Glossary of benefits terms

Annual deductible:
The amount of money you must first pay out of pocket before your plan begins paying for services. You are responsible for meeting your deductible before your plan starts paying for services.

Coinsurance:
The percentage of covered expenses shared between you and the plan. In some cases, coinsurance is paid after you meet a deductible. For example, if the plan pays 80 percent of an in-network covered charge, you pay 20 percent as coinsurance.

Copayment (copay):
The fixed dollar amount you pay for certain in-network services.

Non-preventive services:
The treatment or diagnosis for an illness, injury, or other medical condition.

Out-of-pocket maximum:
The most you would pay for your services before your plan pays 100 percent.

Preventive care services:
Services that are generally aligned to routine wellness exams.

Examples:

- Annual wellness exam
- Mammograms
- Pap smears, pelvic exams
- Sigmoidoscopies and colonoscopies

Medical plans

Memorial Managed Care Plan (MMCP)



This plan is similar to an HMO. Specific copays apply when you receive healthcare services that are covered by the plan (after you meet the annual deductible). However, MMCP does not cover services by providers who are out of the Memorial Health Network (and the Aetna network if you live in Palm Beach County), except in an emergency or if a service can't be offered in-network (you'll need prior authorization before you receive care).

Your deductible is the dollar amount you have to pay for covered healthcare services out of your pocket before MMCP kicks in.

Once you've met your deductible ($100 for individuals, or $300 for families), you'll be responsible only for your copays for the remainder of the plan year until you've reached your out-of-pocket maximum. Keep in mind that prescriptions are not part of your deductible, but they are part of your out-of-pocket maximum.

Enroll only during Open Enrollment, when you are a new hire, or when you have a qualifying life event.

Memorial Consumer Health Plan (MCHP)



This plan is similar to a PPO.

It includes an annual deductible and coinsurance. It has out-of-network benefits, which means you can receive care from providers who are out of the Memorial Health Network (and the Aetna Signature Administrators network if you live in Palm Beach), at a slightly higher cost to you.

Your deductible is the dollar amount you have to pay for healthcare services out of your pocket before MCHP kicks in. You are responsible for the first $1,000 (individual) or $2,000 (family) of the allowable amount in healthcare services before you begin paying coinsurance.

Once you've met your deductible, you'll be responsible only for your coinsurance for the remainder of the plan year until you've reached your out-of-pocket maximum. Keep in mind that prescriptions are not part of your deductible, but they are part of your out-of-pocket maximum.

Enroll only during Open Enrollment, when you are a new hire, or when you have a qualifying life event.

Save money on your medical premium

Did you know there are two ways to save money on your medical insurance? Lower your premium today by completing wellness-related activities to earn a Wellness Benefit (or two).

Here's what you have to do:

Get an annual preventive health exam. Your annual preventive health exam is more than just a routine check-up. It's a crucial opportunity for your PCP to identify potential health issues early on, recommend essential screening tests, vaccinations, and more. Plus, it's a chance to have meaningful conversations about living a healthy lifestyle tailored to your needs. Complete your physical before Sept 30 of the current year and your Wellness Benefit will be applied to next year's premium cost.

Wellness Benefits are available only to regular full-time and regular part-time Memorial employees enrolled in the Memorial Employee Health Plan (MMCP/MCHP).

Remain tobacco-free. Or complete a smoking-cessation program if you are a tobacco user. This applies to both you and your covered spouse.

In-network advantage

The percentage you pay out of your pocket is based on a negotiated fee when you use an in-network provider, which is usually lower than the actual charges. You may be responsible for the difference of the Usual, Customary, and Reasonable (UCR) charges and what the provider charges if you visit an out-of-network provider. You may also need to submit claim forms when you use an out-of-network provider.

Memorial Health Network

The Memorial Health Network (MHN) is a group of more than 2,200 physicians who are participating providers.

Aetna network

The Aetna Signature Administrators network is a regional network for Memorial employees who live in Palm Beach County.

Benefits at-a-glance
Memorial Managed Care Plan (MMCP)

Memorial Managed Care Plan (MMCP) benefit/service	In-network member responsibility	Out-of-network member responsibility
Calendar year deductible (CYD)		
Individual	$100	Not covered *unless emergency*
Family *(employee + spouse, employee + child(ren), employee + family)*	$300	Not covered *unless emergency*
Out-of-pocket maximum		
Individual	$4,000	Not covered *unless emergency*
Family *(employee + spouse, employee + child(ren), employee + family)*	$8,000	Not covered *unless emergency*
Lifetime maximum	None	Not applicable
Coinsurance	0%	Not applicable
Physician services		
Primary care physician office visit	$20 copay	Not applicable
Specialist office visit	$30 copay	Not applicable
Preventive care	No charge	Not applicable
MemorialDOCNow	No charge	Not applicable
Labs	No charge	Not covered *unless emergency*
X-rays	$50 copay	Not covered *unless emergency*
MRI, MRA, CT, and PET scans	$100 copay	Not covered *unless emergency*
Hospital services		
Inpatient *waived for maternity*	$150/day (max. $750/ admission)	Not covered *unless emergency*
Outpatient	$250 copay	Not covered *unless emergency*
Emergency care	$200 copay (waived if admitted)	$200 copay (waived if admitted)
Walgreens / CVS Minute Clinic	$20 copay	Not applicable
Memorial Primary Care clinics	$20 copay	Not applicable

Benefits at-a-glance
Memorial Managed Care Plan (MMCP)

Memorial Managed Care Plan (MMCP) benefit/service	In-network member responsibility	Out-of-network member responsibility
MHS Urgent Care Center	$20 copay	Not applicable
MD Now	$75 copay	Not applicable
Holy Cross Urgent Care	$20 copay	Not applicable
Selected Broward Health Urgent Care	$75 copay	Not applicable
PM Pediatric Care *(Parkland-Coral Springs, Pembroke Pines, and Plantation locations only)*	$20 copay	Not applicable
Pharmacy – Retail (30-day supply)		
Tier 1 Generic	$10 copay	Not covered
Tier 2 Brand-Preferred	$35 copay	Not covered
Tier 3 Brand Non-Preferred	40% ($50 min $150 max)	Not covered
Pharmacy – Retail (90-day supply)		
Tier 1 Generic	$20 copay	Not covered
Tier 2 Brand-Preferred	$70 copay	Not covered
Tier 3 Brand Non-Preferred	40% ($150 min $210 max)	Not covered
Pharmacy – In-house (30-day supply)		
Tier 1 Generic	$10 copay	Not covered
Tier 2 Brand-Preferred	$20 copay	Not covered
Tier 3 Brand Non-Preferred	40% ($35 min/$135 max)	Not covered
Specialty Drugs	40% ($150 min/$300 max)	Not covered
Pharmacy – In-house (90-day supply)		
Tier 1 Generic	$20 copay	Not covered
Tier 2 Brand-Preferred	$55 copay	Not covered
Tier 3 Brand Non-Preferred	40% ($55 min/$195 max)	Not covered
Pharmacy – Mail Order (90-day supply)		
Tier 1 Generic	$20 copay	Not covered
Tier 2 Brand-Preferred	$70 copay	Not covered
Tier 3 Brand Non-Preferred	40% ($70 min/$210 max)	Not covered

Benefits at-a-glance
Memorial Consumer Health Plan (MCHP)

Memorial Consumer Health Plan (MCHP) benefit/service	In-network member responsibility	Out-of-network member responsibility
Calendar year deductible (CYD		
Individual	$1,000	$4,000
Family (employee plus spouse, employee plus child(ren), employee plus family)	$2,000	$8,000
Out-of-pocket maximum		
Individual	$4,000	$10,000
Family (employee plus spouse, employee plus child(ren), employee plus family)	$8,000	$20,000
Lifetime maximum	None	None
Coinsurance	20%	40%
Physician services		
Primary care physician office visit	20% after CYD	40% after CYD
Specialist office visit	20% after CYD	40% after CYD
Preventive care	No charge	$150+40% after CYD
MemorialDOCNow	No charge	No charge
Labs	20% after CYD	40% after CYD
X-rays	20% after CYD	40% after CYD
MRI, MRA, CT, and PET scans	20% after CYD	40% after CYD
Hospital services		
Inpatient	20% after CYD	40% after CYD
Outpatient	20% after CYD	40% after CYD
Emergency care	20% after CYD	20% after CYD
Walgreens / CVS Minute Clinic	20% after CYD	Not applicable
Memorial Primary Care clinics	20% after CYD	Not applicable

Benefits at-a-glance
Memorial Consumer Health Plan (MCHP)

Memorial Consumer Health Plan (MCHP) benefit/service	In-network member responsibility	Out-of-network member responsibility
MHS Urgent Care Center	20% after CYD	Not applicable
MD Now	20% after CYD	Not applicable
Holy Cross Urgent Care	20% after CYD	Not Applicable
Selected Broward Health Urgent Care	20% after CYD	Not applicable
PM Pediatric Care *(Parkland-Coral Springs, Pembroke Pines, and Plantation locations only)*	$20 copay	Not applicable
Pharmacy – Retail (30-day supply)		
Tier 1 Generic	$10 copay	Not covered
Tier 2 Brand-Preferred	$35 copay	Not covered
Tier 3 Brand Non-Preferred	40% *($50 min $150 max)*	Not covered
Pharmacy – Retail (90-day supply)		
Tier 1 Generic	$20 copay	Not covered
Tier 2 Brand-Preferred	$70 copay	Not covered
Tier 3 Brand Non-Preferred	40% ($150 min $210 max)	Not covered
Pharmacy – In-house (30-day supply)		
Tier 1 Generic	$10 copay	Not covered
Tier 2 Brand-Preferred	$20 copay	Not covered
Tier 3 Brand Non-Preferred	40% *($35 min/$135 max)*	Not covered
Specialty Drugs	40% *($150 min/$300 max)*	Not covered
Pharmacy – In-house (90-day supply)		
Tier 1 Generic	$20 copay	Not covered
Tier 2 Brand-Preferred	$55 copay	Not covered
Tier 3 Brand Non-Preferred	40% *($55 min/$195 max)*	Not covered
Pharmacy – Mail Order (90-day supply)		
Tier 1 Generic	$20 copay	Not covered
Tier 2 Brand-Preferred	$70 copay	Not covered
Tier 3 Brand Non-Preferred	40% *($70 min/$210 max)*	Not covered

Behavioral Health

Memorial partners with Evernorth to offer comprehensive, 24/7 mental healthcare services, offering flexibility, convenience, and a robust provider network for you and your covered dependents. These services can help you address everyday concerns as well as more serious issues.

Evernorth also provides access to virtual behavioral care, including virtual appointments, Talkspace, and Ginger, a text-based behavioral health support system. You can get advice from a behavioral health specialty coach and support services for such conditions as autism, eating disorders, opioid use and pain management, and substance abuse.

Visit well.evernorth.com or call (888) 736-7009.

Virtual doctor visits

If you can't make it to a doctor's office, you can use MemorialDOCNow via MyChart. You can consult online, via your phone or tablet, with a physician privately and securely – and at no cost if you participate in either MMCP or MCHP. Otherwise, it's $59 per visit. It's available to everyone, but it's free if you're enrolled in a Memorial medical plan.

Visit MemorialDOCNow.com.

Vaccines

Receiving your flu shot and other necessary vaccinations is an important way to protect yourself, your family, and the community we serve. Memorial's Employee Health Office offers you both yearly and as-needed vaccinations, plus TB screenings, at no cost. You may also receive vaccinations at retail pharmacies that fill your covered prescriptions.

Memorial MyChart™

Secure access to your valuable health information is available on your PC or smartphone with Memorial MyChart – a free online tool that offers a confidential view of important parts of your medical records.

- Communicate with your doctor online, from the comfort of home
- Get test results quickly – no need to wait for a phone call or letter in the mail
- Request prescription refills for any of your refillable medications
- Manage your schedule online and make appointments at your convenience

Take control of your health on the go with the Memorial MyChart mobile app.

Chiropractic Care

Administered by Chiro Alliance

Chiropractic care is available to you and your dependents through Chiro Alliance. The first visit does not require authorization. However, subsequent visits do require authorization.

Note: Chiropractic services are authorized by our contracted network. Benefits are provided for an initial (one-time) visit, per episode or condition, for evaluation of the need for chiropractic services when using a participating chiropractor. Additional chiropractic visits must be in accordance with the treatment plan developed by the chiropractor and approved by the plan's contracted network.

The initial visit without authorization has a $40 copay. Ongoing visits also have a $40 copay and require authorization (60-visit maximum). Chiropractic care is not covered out-of-network.

Call (877) 434-8258.



Dental plans

Feeling good about your smile is important. That's why we offer two dental plans with Cigna. They cover preventive services, basic and restorative care, major services, and orthodontia.

Dental HMO (DHMO) –
In this plan, you may only choose from in-network dentists. If you choose an out-of-network dentist, you'll pay the full cost for services.

Dental PPO (DPPO) –
In this plan, you can choose to see either an in-network or out-of-network dentist, but you may pay more out-of-network. You can always ask your dentist to predetermine your claim so you know the anticipated cost of your services.

Enroll only during Open Enrollment, when you are a new hire, or when you have a qualifying life event. For more information, contact Cigna at cigna.com or (800) 244-6224.

What's covered

Preventive and diagnostic services: Routine exams, cleanings, fluoride treatments, sealants, and X–rays

Basic services: Fillings, extractions, root canals, and oral surgery

Major services: Crowns, dentures, and gum disease treatment

Orthodontia: Braces, Invisalign, etc. for children and adults



Benefit/Service	Cigna DHMO (patient responsibility)	Cigna DPPO (in- and out-of-network patient responsibility)
Annual calendar year maximum	Not applicable	$2,500
Calendar year deductible (CYD) Single/family	Not applicable	$25/$75
Preventive services – class 1	No charge	No charge
Basic services – class 2	Refer to Patient Charge Schedule (P7XVO)	20% after CYD
Major services – class 3	Refer to Patient Charge Schedule (P7XVO)	50% after CYD
Implants – class 4	Not covered	50% after CYD
Orthodontia lifetime maximum	Refer to Patient Charge Schedule (P7XVO)	50% (No deductible) Children & adults $2,000

Late entrant waiting periods may apply if enrolling in the dental plan for the first time with a break in dental coverage of more than 63 days over the last 12 months (6 months for basic services and 12 months on all other services). DHMO $5 copay applies to all office visits.

Vision plan

Your vision is important to your health. Memorial's vision plans are administered by Humana and provide affordable, quality vision care nationwide. Through Humana's provider network, you can obtain a comprehensive vision exam, eyeglasses, or contact lenses.

For more information, contact Humana at humana.com or (866) 537-0229.

Enroll only during Open Enrollment, when you are a new hire, or when you have a qualifying life event.

Patients with diabetes are eligible to receive enhanced benefits under this plan. More details can be found on Memorial's intranet or by contacting Humana.

What's covered

The plan includes coverage for eye exams, eyeglasses, or contact lenses.

Benefit/Service	Humana in-network	Humana out-of-network
Exam – once every 12 months	$10 copay	Up to $30 allowance
Lenses – once every 12 months	$15 copay	$25 – $100 allowance (depending on lens type)
Frames – once every 24 months	$150 retail allowance	$65 retail allowance
Contacts instead of glasses – once every 12 months		
Fit & follow up	Standard: up to $55 Premium: 10% off retail	Not applicable
Elective – conventional/disposable	$150 allowance	$104 allowance
Medically necessary	Covered in full	Reimbursed up to $200

Your money:
Reimbursement accounts

Flexible Spending Accounts (FSAs)

Healthcare FSA

A healthcare FSA lets you set aside pre-tax earnings every pay period, which you can use all year to pay for eligible medical, dental, or vision expenses, as well as prescriptions that aren't covered or are only partly covered by your insurance. Memorial will automatically withhold your contribution from your paycheck so it doesn't count as taxable income. You will receive a debit card from P&A Group to use to pay for qualifying purchases if you don't already have one.

Remember, you have to use all money that you set aside in your FSA by March 15 of the following year, or you lose it.

Set aside up to $3,400 annually.

Dependent Care account

A dependent care FSA lets you set aside pre-tax earnings every pay period for child care, adult care, and other dependent care expenses. Your child must be under 13 years old as per IRS regulations in order to qualify for coverage. Memorial will automatically withhold your contribution from your paycheck so it doesn't count as taxable income. You must use these funds by December 31 or you will lose them.

Set aside up to $7,500 annually.

Enroll only during Open Enrollment or as a new hire.

Both types of FSA are administered by P&A group.
Contact them by visiting padmin.com or calling (800) 688-2611

Retirement Plans

Preparing for retirement is one of the most important things you can do to take control of your financial future.

Retirement income typically comes from three main sources – employer-funded plans (like our pension or 401(a) plan), YOUR own contributions (like our 403(b) and 457(b) plans), and Social Security. Together, these sources are designed to assist you with replacement income at retirement.

Memorial 403(b) plan

There's no reason not to participate in Memorial's 403(b) plan – you're saving for your family's future, plus Memorial will match up to 55% of 5% of your annual salary, based on your years of service, up to IRS maximums. Your contributions can be pre-tax (as a result tax- sheltered) or after-tax (Roth). The plan has a diversified investment menu to choose from and you can access your funds through certain types of withdrawals and loans while employed if necessary.

All full-time and part-time employees will automatically be enrolled after 45 days of employment at a contribution rate of 5%. You can change your contribution amount or investments at any time through *www.transamerica.com/portal/mhs*. You are 100% vested after three years of full-time employment which starts from your hire date. You may start contributing on the first day of hire.

403(b) retirement plan employer contribution

Your years of service	
Up to 3 years	30%
4 years	35%
5 to 9 years	45%
10+ years	55%

403(b) plan vesting

Your years of service	
1 year	0%
2 years	0%
3 years	100%

Memorial 457(b) plan

We also offer a 457(b) plan, which allows you to save up to the annual IRS limits and provides you more options to save towards your retirement.

The 457(b) plan does not have an employer match so make sure you maximize in the 403(b) plan first if you choose to contribute to both plans.

Memorial Pension plan

This plan, which is funded entirely by Memorial, is for employees who held full-time positions at Memorial for five or more years prior to November 1, 2011. It's computed by an employee's five-highest consecutive years over the previous 10 years, multiplied by the years of service.

Memorial 401(a) plan

If you were hired on or after November 1, 2011, age 21 or older and a full-time employee (expected to work 72 or more hours bi-weekly) you are eligible to participate in the plan. If you qualify, Memorial will contribute 3% of your annual salary into your 401(a)-plan account, up to IRS maximums. Contributions are posted to your account once a year - prior to the end of the first quarter of the following year.

To receive a contribution, employees must be actively employed on December 31st of the year the contribution is made for and be a full-time, benefits-eligible employee..

The plan has a three year vesting schedule which means you will own 100% of your account balance after three years of full-time service.

Each of your Memorial Healthcare Retirement Plans requires its own beneficiary designation.

Please make sure the money goes to the people you choose and love and set up your beneficiary for each of your retirement plan accounts.

Follow these 3 simple steps to set up your beneficiary:

- Log in at transamerica.com/portal/mhs and click "view details" for your account
- Hover over My Plan along the top navigation and select Beneficiaries
- Follow the prompts to name at least one beneficiary

For more information on any of these four retirement plans, contact Transamerica at (800) 755-5801 or visit transamerica.com/portal/mhs.

Time off

A healthy work-life balance is a key to success and important to our team's overall wellness. Because we are caregivers, it is natural for us to take care of others, but we often forget to take care of ourselves.

Please refer to HR policy B-09 for more information.

Accrual formulas for your paid time off (PTO)

Generally, employees who have worked for Memorial for less than thirty (30) days are not eligible to use paid time off (PTO). You may use PTO beginning with the first pay period after the date you complete 30 days of service. In certain circumstances – such as national holidays, a department closure, or shift cancellation – if you have less than 30 days of service, Memorial may advance you PTO as required by law.

None of the paid hours driving accruals include overtime.



Full-time employee

If you've been a full-time employee at Memorial for less than three years, your accrual rate is 0.0924 hours per hour paid. If you've been here full-time for three through nine years, your rate is 0.1116 hours per hour paid. And if you've been a full-time Memorial employee for 10 years or more, your rate is 0.1347 hours per hour paid. So, if you've been here less than three years and work 80 hours biweekly, you'll accrue 7.39 hours biweekly.

If you've been here three to nine years and work 80 hours/pay period, you'll accrue 8.93 hours biweekly.

If you've been here 10 years or more and work 80 hours/pay period, you'll accrue 10.78 hours biweekly.

Part-time employee

You'll accrue 0.0924 hours of PTO for every hour you are paid.

So, if you work 64 hours/pay period, you'll accrue 5.91 hours biweekly.

Graduate Medical Education (GME) resident paid time off accrual

If you're a GME resident, you are eligible for 25 days of paid time off each program year, starting on the first day of the program year. Any PTO hours not used during the program year will be forfeited at the end of the program year.

Administrative staff and physicians

If you've been at Memorial for up to nine years, your accrual rate is 0.1116 hours per hour paid.

Employees with 10 years or more accrue leave at 0.1347 hours per hour paid.

So, if you've been here nine years or less and work 80 hours/pay period, you'll accrue 8.93 hours biweekly.

If you've been here 10 or more years and work 80 hours/pay period, you'll accrue 10.78 hours biweekly.

Memorial Physician Paid Time Off Program: Designed to provide physician employees income during planned and unplanned time off, vacation, brief illnesses, and holidays. This policy applies to all regularly scheduled and employed physicians. This benefit does not apply to temporary employees and per-diem employees unless required by law.

Physicians on wRVU-based compensation plans receive a front-loaded annual PTO allotment of 29 days, prorated for part-time employees or mid-year hires/conversions. Up to 10 days may roll over into the next fiscal year, while unused balances above that are forfeited. These physicians are not eligible for PTO cash-outs, payouts at separation, hardship withdrawals, or donation programs, and PTO is used for recognized MHS holidays when practices are closed.

Employees on non-wRVU-based compensation plans accrue PTO each pay period based on hours worked and years of service, with rollover and annual cash-out options for balances above 360 hours. PTO may generally be used after 30 days of service, must align with scheduled hours, and runs concurrently with approved leaves such as FMLA. Eligible employees may receive PTO payouts at separation unless terminated for cause, while advanced PTO balances must be repaid if employment ends before accrual is restored.

Pharmacy residents

If you're a pharmacy resident, you are eligible for 12 days of PTO each program year, starting on the first day of the program year. Any PTO hours not used during the program year will be forfeited at the end of the program year.

Extended illness time off

If you have an illness, short-term disability, or accident that causes you to miss more than three days or a maximum of 24 hours of scheduled work time, extended illness time off can help. The accrual rate is .0308 hours per hour paid. Please refer to HR policy B-21 for more information.

Bereavement leave

If you're a full- or part-time employee, you can use three days of paid bereavement leave at any time for a death in your immediate family – such as your spouse, parent, stepparent, child, stepchild, grandchild, sibling, grandparent, mother-in-law, or father-in-law. Bereavement leave is also available for both parents due to the loss of an unborn child (miscarriage). Please refer to HR policy B-02 for more information.

Leave of absence

Memorial may grant leaves for up to 90 days for medical, personal, or educational reasons. Please refer to HR policy B-16 for more information.

Family and Medical Leave Act (FMLA) leave

You may be eligible for up to 12 weeks of job-protected leave under the FMLA if you meet specific criteria and experience a qualifying reason for leave.

For more information, please refer to HR policy B-20, or contact Absence Resources at www.absenceresources.com.

Parental leave pay

Memorial employees who are approved for FMLA leave may be paid parental leave for up to four weeks immediately following the birth, adoption, or foster care placement of a child.

Parental leave pay is paid at 100 percent of your regular hourly rate. See HR Policy B32, Parental Leave Pay, for details.

Military leave

You may be eligible for military leave under the Uniformed Services Employment and Re-Employment Rights Act (USERRA) of 1994. Please refer to HR policy B-19 for more information.

Jury duty

Jury duty is a civic obligation, so we encourage you to serve if you receive a summons from the court. You'll be compensated at your normal rate of pay for all scheduled hours of work that you miss during each day of jury service. Please refer to HR policy B-08 for more information.



Education

Organizational Development

Memorial wants you to find meaning and satisfaction in your work, because only then can you help us fulfill our mission of healing the body, mind, and spirit of those we touch. Beyond offerings within Memorial, we partner with local colleges and universities to offer varied degree programs. If you're interested in becoming a healthcare leader of tomorrow, we're committed to providing you with excellent learning opportunities and a nurturing professional environment.

All of our programs, present and future, aim to give you the resources you need at all levels to create an exciting and rewarding career.

Leadership Learning and Development

Memorial offers a variety of educational programs on-site, including self-development and management courses as well as continuing education credits.

Federal Student Loan Savings

As part of Memorial's commitment to supporting the financial wellbeing of our team members, we offer access to Tuition.io, a free student debt management benefit that can help eligible employees navigate the Public Service Loan Forgiveness (PSLF) program.

Memorial employees have access to unlimited one-on-one coaching with student loan experts and access to educational resources. Log into mhs.tuition.io for more information.

Scholarships

Memorial has scholarships for you and your kids, too! We offer community scholarships, employee dependent scholarships, as well as scholarships for nursing and a variety of other clinical programs. For more information email scholarshipcoordinator@mhs.net or call (954) 276-8372.

Student loan forgiveness

Forgiveness is available for student loans for college programs and for BSN scholarship programs in Florida public and private schools. For more information, contact the Human Resources Shared Services (HRSS) or visit the Human Resources section of Memorial's intranet.

Education assistance

Want to go back to school? We may be able to help. Memorial's Education Assistance Program can help pay for healthcare- and job-related undergraduate and graduate degrees through an approved, accredited college or university. You can receive a maximum Education Assistance benefit of $5,000 per calendar year, with no limits to the number of credits you may take per semester.

Refer to HR policy B-15 for more information.



Family-friendly benefits

Reproductive Medicine

Memorial has partnered with Progyny to offer specifically designed fertility benefits that can help support your journey to parenthood. It provides access to a premier network of fertility specialists across the US, and bundles all individual services, tests, and treatments you may need so you won't run out of coverage mid-treatment.

It also provides clinical and emotional support from dedicated Patient Care Advocates. And if you're not ready to become a parent yet but want to plan for the future, it offers coverage for egg and sperm preservation.

You must be enrolled in one of the MHS Medical Plans to be eligible.

Please contact
Progyny at Progyny.com
or call (833) 281-0088.

Adoption assistance

If adopting a child is one of your goals, you may be eligible for Memorial's Adoption Assistance Plan, which includes up to $10,000 in assistance for domestic or international adoptions (and a lifetime maximum of $20,000).

You're eligible if you've completed one year of service at Memorial in a regular, full-time position and are employed at the time that you incur the adoption expenses. Memorial will repay your expenses directly to you after you incur them.

Please contact
HR Shared Services at
(954) 265-5903.

Child Care Services

Memorial Child Care offers child care services for children of Memorial employees.

Memorial Child Care
1850 North Park Rd.
Hollywood FL
(954) 276-1414

Financial security

Disability

Long-term disability:

We provide all benefits-eligible Memorial employees with a base long-term disability plan, free of charge. It typically pays 50% of your salary (60% for employees on administrative payroll). This is subject to salary limitations set in place by the insurance coverage maximum.

For more information, visit Sun Life at sunlife.com. Effective January 1, 2027.

Short-term disability :

How would you cover your bills and other household expenses if a disability kept you out of work and prevented you from earning a paycheck? By paying 60% of your monthly salary, up to $5,000, voluntary short-term disability insurance helps replace a portion of your income if a covered injury or illness keeps you out of work. This benefit can help cover out-of-pocket expenses and make up for lost wages.

Premiums vary depending upon your age, the waiting period you elect, and other such factors.

Enroll only during Open Enrollment or when you are a new hire. For more information, visit Sun Life at sunlife.com. Effective January 1, 2027.

Hospital indemnity insurance

Even with medical insurance, a hospital stay can cost you thousands of dollars in deductibles and coinsurance.

Hospital indemnity insurance pays a benefit directly to you if you or a covered family member receives inpatient hospital care. The plan also offers newborn routine care, providing a lump sum benefit after birth (provided that the birth is not outpatient).

Plan features:

- Coverage is available for your spouse and child(ren)
- Benefits for rehabilitation, mental health, and observation stays are included
- Benefits are paid regardless of any other insurance you have
- No physical exams are required to enroll in the coverage

The plan pays each covered member a $50 wellness benefit for certain health screening tests.

For more information, visit Aetna at aetna.com or call (800) 607-3366.

Accident insurance

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact, which can be substantial. Accident insurance can help cover the out-of-pocket medical expenses and extra bills that can follow an accident.

The total benefit you receive is based on the type of injury, its severity, and the medical services you received in treatment and recovery.

The plan pays benefits for a variety of injuries and accident-related expenses.

Examples of covered injuries include:

- Fractures
- Dislocations
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

Plan features:

- Benefits are paid for accidents that occur on and off the job
- Earn up to a $75 Wellness Credit for certain medical activities
- There are no health questions or physical exams required

Receive an additional 25% benefit if the accident happens when you are playing in an organized sporting event.

Enroll when you are a new hire, or when you have a qualifying life event.

For more information, contact Securian at Securian.com/benefits or (888) 658-0193.

Critical illness insurance

Critical illness insurance reduces the financial impact of a major illness, such as a heart attack, stroke, or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition.

Even when you are covered by a quality medical plan, your financial exposure could be thousands of dollars, depending on the medical plan you choose. Critical illness insurance can help you eliminate or greatly reduce this exposure.

Examples of covered illnesses may include:

- Heart attack
- Major organ transplant
- End-stage renal (kidney) failure
- Cancer
- Stroke

Plan features:

- You do not have to be terminally ill to receive benefits
- Earn up to a $75 Wellness Credit for certain medical activities
- Coverage options are available for your spouse and children

Enroll only during Open Enrollment or when you are a new hire. For more information, contact Securian at Securian.com/benefits or (888) 658-0193.

Life insurance

Effective January 1, 2027, Memorial offers basic life insurance at the rate of one time your annual base pay, plus $10,000, not to exceed $500,000, in term life insurance coverage.

This is a free benefit to you – paid entirely by Memorial. Limits are determined by your status (full-time, part-time, etc.).

You may also buy supplemental life insurance coverage for yourself, your spouse, and dependent child(ren), not to exceed the total coverage amount you have for yourself.

You may enroll in Life Insurance if you are a regularly scheduled, full- or part-time, benefits-eligible employee who has not elected to waive benefits and once you've completed 30 days of employment.

Make changes at any time.

Effective January 1, 2027.
Contact The Hartford (888) 563-1124
8am – 8pm ET, Monday to Friday.

Employee discounts

Working at Memorial brings you even more benefits that support your physical and mental health and your family's security. These added benefits also provide resources you may need if times get tough. They're all part of our commitment to your wellness – in body, mind, and spirit.

Pet insurance

Our pet insurance plans offered through Nationwide provide your dog, cat, or other pet with medical coverage for services performed by any veterinarian – even specialists and emergency providers – anywhere in the US.

- Get cash back on your eligible vet bills
- Preferred pricing for Memorial employees
- Optional wellness coverage, including spay/neuter, dental cleaning, vaccinations, and more

Visit petinsurance.com/mhs or call (877) 738-7874 for your quote today. You may enroll at any time.

Transportation

Memorial has teamed up with South Florida Commuter Services to offer you cost-saving solutions and resources for traveling to and from work. As a Memorial employee, you're eligible for a $25 discount on 12-trip or monthly Tri-Rail passes, and for a $10 discount on 31-day passes for Broward County Transit.

Contact South Florida Commuter Services directly at 800-234-7433 or www.1800234ride.com for more information.

PerkSpot

PerkSpot is an exclusive discount program for Memorial employees, offering savings on everything from home goods and digital devices to big-ticket items and opportunities to save on your monthly bills. To create an account and view deals and discounts on your portal at any time, visit mhs.perkspot.com. You can also download the PerkSpot app from your app store.

Visit mhs.perkspot.com

Gift Shops

If you are a full- or part-time Memorial employee, you can save 10% off most of your purchases at any of Memorial's gift shops. You can also choose to pay for the items at the time of purchase or pay for them later via convenient payroll deduction. All proceeds from the gift shop go directly back to Memorial.

Memorial Employees Financial Credit Union

MEFCU is full-service, offers free checking and savings account services, and provides other benefits such as low-interest rates on home loans, car loans, and credit cards. With locations at many Memorial facilities, MEFCU is always just a few steps away.

Visit www.mefcu.org.



More benefits

Wellness

Our Employee Health Office holds wellness fairs at all Memorial facilities throughout the year, with free blood pressure and vision screenings, BMI evaluations, and flu shots.

Employee Assistance Program (EAP)

Memorial's Employee Assistance Program, in partnership with Telus Health, provides personalized services and solutions for issues you encounter in everyday life.

For more information, please contact Telus Health at (844) 664-0379, or visit login.lifeworks.com, using username: life password: solutions

Employee Relief Fund

Memorial's spirit has always been one of teamwork and having each other's backs. That's why Memorial has created the Employee Relief Fund, a source of assistance for Memorial employees dealing with financial hardship. With support from community donors and Memorial employees, the Employee Relief Fund serves as an additional resource for us during challenging times.

Interested in making a donation? Contact HR Shared Services at (954) 265-5903 or submit a case via the Workday Assistant.

Long-term care insurance

It's estimated that in Florida, the cost of long-term care can average up to $100,000 a year. Long-term care insurance can help you and/or your loved ones pay for long-term care needs, such as care received in a nursing home or at home. Memorial offers long-term care insurance through Mutual of Omaha to cover certain expenses that are not covered by traditional medical or disability insurance.

This coverage will help ensure you can pay for the necessary care in the event of age-related medical needs, a debilitating accident, or a disabling health condition – all while protecting your family and the assets that you've worked so hard for.

Our policies feature:

- Discounted rates
- Portable coverage

You can apply at any time.

Each policy is customized to the participant. Contact Lawrence D Share Co (954) 473-5011 with questions.

Identity theft protection

Memorial offers identity theft protection with ID Watchdog. With monitoring of credit reports, social media, the Dark Web, and high-risk transactions, plus theft insurance, fraud remediation, and more. ID Watchdog can help you safeguard the online identities of you and your family.

Call ID Watchdog at
(866) 513-1518
or visit idwatchdog.com

Metlife Legal

You can enroll in full coverage via Metlife Legal for most personal legal matters, including representation for tax audits, sale or purchase of a home, mortgages, will and living wills, adoption, divorce, civil litigations, driving privileges, and more.

Call Metlife Legal at (800) 821-6400
or visit info.legalplans.com



Community services programs

As a Memorial employee, you can take advantage of Memorial's Community Services programs, which connect Broward County residents to social supports such as educational and benefits programs, family planning, affordable child care, jobs and financial assistance, and high-quality, preventive healthcare, including behavioral health services.

Employee and Family Services

These programs can help you with a broad range of issues that affect your family's mental and physical health.

For more information, call (954) 276-0822.

Family TIES (Therapeutic Intervention to Empower and Strengthen)

Family TIES works to prevent substance abuse, preserving the family and promoting academic achievement.

Healthy Youth Transitions (HYT)

HYT promotes the skills that young people need to transition into living independently and productively.

Healthy Start

This program is a care coordination and home visiting program for at-risk moms. Its focus is on at-risk prenatal and postnatal women.

KISS (Kinship Initiative for Supportive Services)

KISS works to strengthen families and reduce risk factors for children in relative or non-relative kinship care.

MOMS (Mothers Overcoming Maternal Stress)

MOMS helps new moms who are experiencing depression or exhibiting stress-related risk factors.

New Beginnings

This program provides outpatient, individual, and group therapy for adolescent substance abuse, helping them improve their functioning and/or prevent their further deterioration.

Parenting Education Services

The following two programs are offered for parents who would like to know more about guiding their kids through life: **Guiding Good Choices** (for parents of children age 7 to 12), and **Staying Connected to Your Teen** (for parents of children 13 and older).

Both programs work to reduce alcohol and drug use, teen suicide, juvenile delinquency, gang involvement, child abuse, and domestic violence.

Memorial Senior Partners

Memorial Senior Partners is a social and wellness senior healthcare program designed especially for adults age 50 and older. A one-time fee of $25 allows participants to choose from a variety of senior activities every month, including exercise classes, health screenings, lectures and special events, yoga, and more.

For more information, call (954) 967-4235.

ALLIES (Adults Living Life Independently, Educated and Safe)

ALLIES provides in-home safety assessments, connections to local resources, and preventive education for older adults seeking to maintain their health and independence.

Contacts

Accident insurance	Securian	securian.com/benefits	(888) 658-0193
Behavioral health	Evernorth	well.evernorth.com	(888) 736-7009
Critical illness insurance	Securian	securian.com/benefits	(888) 658-0193
Dental plans (DPPO/DHMO)	Cigna	cigna.com	(800) 244-6224
Employee Assistance Program (EAP)	Telus Health EAP	login.lifeworks.com	(844) 664-0379
Flexible spending accounts *(Healthcare & Dependent Care)*	P&A Group	padmin.com	(800) 688-2611
Hospital indemnity insurance	Aetna	www.aetna.com	(800) 607-3366
Identity theft protection	ID Watchdog	IDWatchdog.com	(866) 513-1518
Leaves of absence	FMLAsource	fmlasource.com	(844) 242-6747
Legal services	MetLife Legal	legalplans.com	(800) 821-6400
Life and AD&D claims	The Hartford *(Effective Jan 1. 2027)*	www.thehartford.com/mybenefits	(888) 563-1124
Long-term care insurance	Mutual of Omaha	Lawrence D. Share Co., Inc. mhcpinfo@ldshare.com	(954) 473-5011
Long-term disability	Sunlife	www.sunlife.com/account	(866) 806-3619
Medical (MMCP/MCHP)	Community Care Plan	ccpcares.org	(954) 622-3499
MemorialDOCNow		memorialdocnow.com	
Memorial MyChart	MyChart	mhs.net/secure/mychart	(954) 276-7676
Pet insurance	Nationwide	petinsurance.com/mhs	(877) 738-7874
Prescription/ Mail order drug program	Liviniti	Liviniti.com	(800) 710-9341
Reproductive medicine	Progyny	Progyny.com	(833) 281-0088
Retirement savings – 403(b), 457(b), and 401(a)	Transamerica	Transamerica.com/portal/mhs	(800) 755-5801
Short-term disability	Sunlife *(Effective Jan 1. 2027)*	www.sunlife.com/account	(866) 806-3619
Specialty pharmacy	Memorial Specialty Pharmacy	mhs.net/services/specialty-pharmacy	(954) 276-6779
Vision plan	Humana	humana.com	(866) 537-0229
All other questions	HR Shared Services		(954) 265-5903

Required notices

Creditable coverage notice: 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 Memorial Healthcare System and about your options under Medicare's prescription drug coverage (if you are eligible for Medicare).

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.

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 better coverage for a higher monthly premium.

Memorial Healthcare System has determined that the prescription drug coverage offered under the MMCP and MCHP group healthcare plans under the Memorial Healthcare System Group Insurance Plans 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.

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 thereafter. You may enroll from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-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 Memorial Healthcare System coverage will not be affected. If you drop your coverage with Memorial Healthcare System and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. 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.

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 Memorial Healthcare System 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 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 19 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 your Benefits Administrator.

Note: You'll get this notice each year. You may receive this notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You 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 *medicare.gov.*

Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.

Call (800) MEDICARE (633-4227). TTY users can call (877) 486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available from the Social Security Administration (SSA.)

Remember: Keep this notice

If you enroll in one of the Medicare-approved plans offering prescription drug coverage, you may need to provide a copy of this notice when applying for the coverage to show that you are not required to pay a higher premium amount.

Date:	October 2026
Entity:	Memorial Healthcare System
Contact:	Jacqueline Vaquer
Address:	3501 Johnson Street Hollywood, FL 33021
Phone:	(954) 265-7800

Women's Health And Cancer Rights Act Of 1998

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy; reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prosthesis and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes). The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

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 20, 2026. Contact your State for more information on eligibility.

Dependent coverage

Memorial Healthcare System allows dependents to continue coverage up until December 31st of the year you turn 30 years old if you meet these qualifications:

You are unmarried and do not have a dependent of your own

You are a resident of the state of Florida or a full-time or part-time student

You are not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or are not entitled to benefits under Title XVIII of the Social Security Act

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 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS **Medicaid**	http://myarhipp.com 1 (855) MyARHIPP (692-7447)
CALIFORNIA **Medicaid**	Health Insurance Premium Payment (HIPP) Program: http://dhcs.ca.gov/hipp (916) 445-8322, Fax: (916) 440-5676 hipp@dhcs.ca.gov
COLORADO **Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**	Health First Colorado: 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 (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1 (855) 692-6442
FLORIDA **Medicaid**	https://www.flmedicaidtplrecovery.com/flmedicaidtplrecover y.com/hipp/index.html 1 (877) 357-3268
GEORGIA **Medicaid**	GA HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp (678) 564-1162, Press 1 GA CHIPRA: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra (678) 564-1162, Press 2
INDIANA **Medicaid**	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/hip/ 1 (877) 438-4479 All other Medicaid: https://www.in.gov/medicaid/ 1 (800) 457-4584
IOWA **Medicaid and CHIP (Hawki)**	Medicaid: https://dhs.iowa.gov/ime/members 1 (800) 338-8366 Hawki: http://dhs.iowa.gov/Hawki 1 (800) 257-8563 HIPP: https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp 1 (888) 346-9562
KANSAS **Medicaid**	https://www.kancare.ks.gov 1 (800) 792-4884 HIPP Phone: 1 (800)-967-4660
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 kihipp.program@ky.gov KCHIP: https://kynect.ky.gov 1 (877) 524-4718 Kentucky Medicaid: 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: https://www.mymaineconnection.gov/benefits/s/?language=en_US 1 (800) 442-6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms (800) 977-6740 TTY: Maine relay 711
MASSACHUSETTS Medicaid and CHIP	https://www.mass.gov/masshealth/pa 1 (800) 862-4840 TTY: 711 masspremassistance@accenture.com
MINNESOTA Medicaid	https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp 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 1 (800) 694-3084 HHSHIPPProgram@mt.gov
NEBRASKA Medicaid	http://www.ACCESSNebraska.ne.gov (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA Medicaid	https://dhcfp.nv.gov 1 (800) 992-0900
NEW HAMPSHIRE Medicaid	https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program (603-) 271-5218 HIPP program: 1 (800) 852-3345, ext 5218
NEW JERSEY Medicaid and CHIP	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ (609) 631-2392 CHIP: http://www.njfamilycare.org/index.html 1 (800) 701-0710
NEW YORK Medicaid	https://www.health.ny.gov/health_care/medicaid/ 1 (800) 541-2831
NORTH CAROLINA Medicaid	https://medicaid.ncdhhs.gov/ (919) 855-4100
NORTH DAKOTA Medicaid	https://www.hhs.nd.gov/healthcare 1 (844) 854-4825
OKLAHOMA Medicaid and CHIP	http://www.insureoklahoma.org 1 (888) 365-3742
OREGON Medicaid	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 1 (800) 699-9075
PENNSYLVANIA Medicaid	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx 1 (800) 692-7462 CHIP: Children's Health Insurance Program (CHIP) (pa.gov) 1 (800) 986-KIDS (5437)
RHODE ISLAND Medicaid and CHIP	http://www.eohhs.ri.gov/ (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	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 1 (800) 440-0493
UTAH Medicaid and CHIP	Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 1 (877) 543-7669
VERMONT Medicaid	https://dvha.vermont.gov/members/medicaid/hipp-program 1 (800) 250-8427
VIRGINIA Medicaid and CHIP	https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select ttps://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs 1 (800) 432-5924
WASHINGTON Medicaid	https://www.hca.wa.gov 1 (800) 562-3022
WEST VIRGINIA Medicaid and CHIP	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/badgercareplus/p10095.htm (800) 362-3002
WYOMING Medicaid	https://health.wyo.gov/healthcarefin/medicaid/programsand-eligibility/ 1 (800) 251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either of the following departments:

U.S. Department of Labor Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According 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.

Additional notices

Please contact your HR Director for additional information on the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Family and Medical Leave Act (FMLA) of 1993, and Continuation of Coverage rights under COBRA and other important legal notices.

Continuation coverage rights under COBRA

You are receiving this notice because you have recently become covered under a health group plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You must give notice of some qualifying events

For the other qualifying events (divorce or legal separation of the employee and spouse or dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days

after the qualifying event occurs. You must provide this notice to: Memorial Healthcare System Human Resources.

How is COBRA coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight months before the date on which his or her employment terminates, COBRA continuation coverage for his or her spouse and children can last up to 36 months after the date of the qualifying event (36 months minus eight months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation of coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the SSA to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or

both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, HIPAA, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Discrimination is against the law

Memorial Healthcare System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Instagram: @careersatmhs

Facebook: memorialhealthcaresystemcareers

LinkedIn: memorial-healthcare-system

Contact HR Shared Services:

(954) 265-5903
Monday-Friday 7:30 am–5 pm
or via Workday Case