SHANNON



Resident Physician Benefits

2027

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Shannon is proud to support our Resident Physicians' overall wellbeing with a variety of benefit options. This guide offers details on our 2027 offerings for you and your family. Contact the Human Resources department with any questions.

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See page 45 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Shannon Medical Center, Shannon Clinic, and Shannon Medical Management. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

What's New for 2027?

Premier Plan

- Resident Physician contributions will remain unchanged for 2027.
- Tier 1 hospital facility coinsurance is changing from 0% to 20%.
- Beginning in 2027, the medical plan will have two tiers instead of three.

Core Plan

- Resident Physician contributions will remain unchanged for 2027.
- Beginning in 2027, the medical plan will have two tiers instead of three.

HDHP Plan

- Resident Physician contributions will remain unchanged for 2027.
- Beginning in 2027, the medical plan will have two tiers instead of three.

Air Ambulance With Fly-U-Home

- There will be a decrease in rates for AMCN Emergent Coverage and Fly-U-Home Non-Emergent Coverage membership plans.



Eligibility

Shannon's benefits are designed to support your unique needs.

Eligibility

If you are a full-time or part-time Resident Physician of Shannon who is regularly scheduled to work at least 20 hours per week, you may be eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Coverage Start Dates

New Hires & Changes to a Benefit-Eligible Status

- Medical, Dental, Vision, and ID Theft: Coverage begins date of hire.
- Disability Benefit: Coverage begins date of hire.
- Supplemental Benefits: Coverage begins on the first day of the month following a 90-day waiting period from the eligibility date.

Open Enrollment Elections

- Coverage for all Open Enrollment elections begins on January 1 of the new plan year.

Life Events (Marriage, Birth, Adoption, Loss of Coverage, etc.)

- Coverage for benefits elected due to a Qualifying Life Event (QLE) begins on the date of the event, provided changes are submitted within 30 days.
- See page 7 for additional important information on QLEs.

Coverage End Dates

Coverage for all benefits ends on the last day of benefit-eligible status at Shannon if you:

- Transition to an ineligible status
- Leave employment
- Retire

Physicians enrolled in Medical, Dental, and/or Vision coverage must maintain at least part-time status, as defined by the Resident Physician Handbook, to remain eligible for benefits. Physicians whose hours fall below part-time status are subject to termination of coverage at the end of the third consecutive month in which hours remain below eligibility thresholds.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized).
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.

Dependent Verification Requirements

If you add dependents to your benefits, you are required to submit documentation that verifies the dependent meets the plan eligibility requirements. Dependent documentation must be received within 30 days from your hire date, status change date, or following Annual Enrollment deadline. If not received by deadline, your dependents will be removed from your plans and cannot be added to your benefits until next Annual Enrollment or a Qualifying Life Event occurs.

Now's the Time to Enroll!

What Are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs), as determined by the IRS, can allow you to enroll in health insurance or make changes outside of these times.

Following a Qualifying Life Event, you must request any coverage changes within 30 days of the event. **Your change in coverage must be consistent with your change in status**.

Reach out to Shannon's Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)



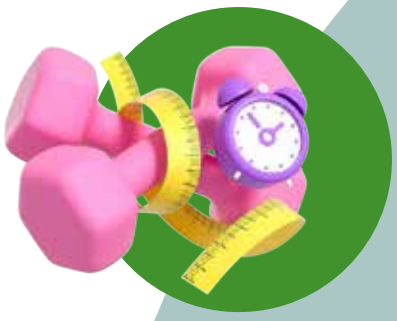
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace (Healthcare.gov)
- Changes in address or location that may affect coverage
- Turning 26 and losing coverage through a parent's plan

- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Engage

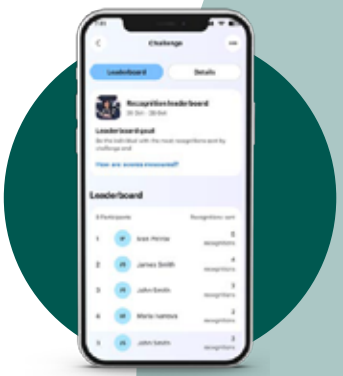
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Shannon's Wellness Platform



Your health and wellbeing are important to us. Shannon is providing this resource to all full-time and part-time Team Members as a fun and engaging way for you to learn new information and try new health-focused habits. You can also earn prizes while completing goals towards healthy living.

Goals & Challenges



Wellbeing isn't one-size-fits-all. The Goals & Challenges feature brings physical activity, healthy habits, and recognition-based challenges together in one integrated experience. Employees can participate in challenges, track steps, distance, and active minutes, build daily habits, and connect their fitness devices for automatic tracking! Leaderboards, streaks, and team challenges create social motivation and keep engagement going, making it easier for organizations to build a culture of wellbeing.

Wellbeing Center



The Wellbeing Center brings a full library of videos, audio sessions, articles, and recipes directly into the Engage app. Organized by topic, employees can find content that suits their interests, whether that's mental health, fitness, nutrition, or financial wellbeing.



Download the Engage App to be a part of upcoming challenges

Visit **myshannonhub.com** to learn more.

For more information, please email **Engagement@ShannonHealth.org**

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP with Lincoln Financial, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and five face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Shannon. You may access information, benefits, educational materials, and more by phone at 888-628-4824 or online at www.guidanceresources.com.

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

You can access GuidanceResources online from your smartphone. It gives you access to expert info on thousands of topics, search for child care, elder care, attorneys, and financial planners. Download the app today by searching GuidanceResources (one word), install GuidanceNow, and tap log in. You will be prompted to log in by entering your username and password (Username LFGSupport; Password: LFGSupport1).



Mental Health

The Big Five of Emotional Wellness

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.

Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.

Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.

Improve your outlook.

Treat people with kindness, including yourself.

Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.

Other Mental Health Resources

No matter your problem, whether you're a leader or entry-level Physician, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Medical Benefits

Medical benefits are provided through WebTPA. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind, your choice is effective for the entire 2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your contributions.

	PREMIER PLAN		CORE PLAN		HDHP PLAN WITH HSA	
	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME	FULL-TIME	PART-TIME
RESIDENT PHYSICIAN CONTRIBUTIONS (PER PAYCHECK)						
PHYSICIAN ONLY	$0	$0	$0	$0	$0	$0
PHYSICIAN + SPOUSE	$281.02	$337.23	$230.52	$263.89	$274.72	$305.66
PHYSICIAN + CHILD(REN)	$198.66	$238.39	$144.85	$186.54	$180.06	$216.08
PHYSICIAN + FAMILY	$432.92	$576.79	$323.38	$375.32	$377.89	$498.03

How to Find a Provider

Visit www.webtpa.com or call Customer Care at 877-305-2432 for a list of WebTPA (Network: Aetna) network providers. Provider directory can also be found on the Shannon Links page – Human Resources – Benefits.

Wellness/Tobacco Credit

The wellness credit and tobacco credit are available only to Resident Physicians and spouses who are enrolled in a Shannon medical plan.

Wellness Credit

Resident Physician will be eligible to earn the Wellness Credit of $25 per paycheck plus $25 per paycheck for their Covered Spouse if Wellness Requirements are met.

Tobacco Credit

Resident Physician will be eligible to earn the Tobacco Credit of $25 per paycheck plus $25 per paycheck for their Covered Spouse if Tobacco Requirements are met.



Medical Plan Summary

This chart summarizes the 2027 medical coverage provided by WebTPA. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

Medical Plan Coverage Tiers

Within each plan, there are two tiers of medical coverage to help meet your healthcare needs based on provider access and cost. Here's how each tier works:

Tier 1 — Shannon Providers & Facilities

Tier 1 offers the lowest out-of-pocket costs by utilizing Shannon providers and facilities. This tier includes:

- Lower deductibles and coinsurance
- Reduced copays

Choosing Tier 1 means maximizing your benefits while staying within the Shannon network.

Tier 2 — Aetna ASA Network Providers

Tier 2 includes providers and facilities within the Aetna network, outside of Shannon. This tier is designed for:

- Individuals who live outside the San Angelo area
- Situations where Shannon does not offer the required service

You'll experience higher deductibles, copays, and out-of-pocket costs when using Tier 2 providers.

	PREMIER PLAN[4]		CORE PLAN[4]		HDHP PLAN[4] WITH HSA	
	TIER 1 SHANNON FACILITY & PROVIDERS	TIER 2 AETNA ASA	TIER 1 SHANNON FACILITY & PROVIDERS	TIER 2 AETNA ASA	TIER 1 SHANNON FACILITY & PROVIDERS	TIER 2 AETNA ASA
CALENDAR YEAR DEDUCTIBLE Single | Family	$0 | $0	$4,500 | $9,000	$2,300 | $4,850	$6,000 | $12,000	$3,800 | $8,500	$4,600 | $9,200
CALENDAR YEAR OUT-OF-POCKET MAXIMUM Single | Family	$5,000 | $10,000	$7,000 | $14,000	$7,500 | $15,000	$10,150 | $20,300	$7,000 | $13,500	$8,500 | $17,000
PROVIDER (PHYSICIAN/MIDLEVEL)						
PCP	$20	$25	$35 Copay for first 3 visits, 20% after deductible	$35 Copay for first 3 visits, 30% after deductible	20%, after deductible	30%, after deductible
SPECIALISTS	$50	$60	20%, after deductible	30%, after deductible	20%, after deductible	30%, after deductible
URGENT CARE	$20	$25	$35 Copay for first 3 visits, 20% after deductible	$35 Copay for first 3 visits, 30% after deductible	20%, after deductible	30%, after deductible
TELEMEDICINE DEMAND TELEHEALTH	$10	N/A	$10	N/A	20%, after deductible	N/A
VIRTUAL OFFICE VISITS (PCP)	$20	$25	$35 Copay for first 3 visits, 20% after deductible	$35 Copay for first 3 visits, 30% after deductible	20%, after deductible	30%, after deductible
VIRTUAL OFFICE VISITS (SPECIALIST)	$50	$60	20% after deductible	30% after deductible	20%, after deductible	30%, after deductible
CHIROPRACTIC CARE	$50 (30 visits maximum)	$50 (30 visits maximum)	20%, after deductible (30 visits maximum)	30%, after deductible (30 visits maximum)	20%, after deductible (30 visits maximum)	30%, after deductible (30 visits maximum)
ABA THERAPY	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
INPATIENT PROVIDER CHARGES	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible	20%, after deductible	30%, after deductible
SURGERY - PROVIDER CHARGE (INPATIENT/OUTPATIENT)	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
EMERGENCY ROOM - PROVIDER CHARGE (EMERGENT)	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
EMERGENCY ROOM - PROVIDER CHARGE (NON-EMERGENT)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

	PREMIER PLAN[4]		CORE PLAN[4]		HDHP PLAN[4] WITH HSA	
	TIER 1 SHANNON FACILITY & PROVIDERS	TIER 2 AETNA ASA	TIER 1 SHANNON FACILITY & PROVIDERS	TIER 2 AETNA ASA	TIER 1 SHANNON FACILITY & PROVIDERS	TIER 2 AETNA ASA
DIAGNOSTICS & LABS (PHYSICIAN/MIDLEVEL)						
RADIOLOGY/IMAGING SERVICES	20%	30%, after deductible[2]	20%, deductible waived	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
DIAGNOSTIC LAB SERVICES	20%	30%, after deductible	20%, deductible waived	30%, after deductible	20%, after deductible	30%, after deductible
HOSPITAL/FACILITY CHARGES						
OUTPATIENT SURGERY	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
AMBULATORY SURGERY CENTER	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
INPATIENT (INCLUDING SURGERY)	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
EMERGENCY ROOM (EMERGENT)	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
EMERGENCY ROOM (NON-EMERGENT)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
RADIOLOGY/IMAGING	20%	30%, after deductible[2]	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
LABORATORY	20%	30%, after deductible	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
REHABILITATION FACILITY	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
HOME HEALTHCARE	$50 per day	$50 per day	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
HOSPICE CARE	20%	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]	20%, after deductible	30%, after deductible[2]
BARIATRIC SURGERY	$4,500 deductible[2, 3] (Gastric Sleeve only) Lifetime Maximum $10,000	Not Covered	$4,500 deductible[2, 3] (Gastric Sleeve only) Lifetime Maximum $10,000	Not Covered	$4,500 deductible[2, 3] (Gastric Sleeve only) Lifetime Maximum $10,000	Not Covered
PREVENTIVE/ROUTINE MAMMOGRAMS, COLONOSCOPY	No Charge	30%, after deductible	No Charge	30%, after deductible	No Charge	30%, after deductible
DIAGNOSTIC MAMMOGRAM	No Charge	30%, after deductible[2]	No Charge	30%, after deductible	20%, after deductible	30%, after deductible
TRANSPLANT	N/A	30%, after deductible[2]	N/A	30%, after deductible[2]	N/A	30%, after deductible[2]
NON-HOSPITAL PROCEDURES & OTHER SERVICES						
PHYSICAL THERAPY (INCLUDING HABILITATIVE & REHABILITATIVE) 20 VISIT MAXIMUM	$20	$60[2]	$20"	$60[2]	20%, after deductible	30%, after deductible[2]
SPEECH THERAPY (INCLUDING HABILITATIVE & REHABILITATIVE) 20 VISIT MAXIMUM	$20	$60[2]	$20	$60[2]	20%, after deductible	30%, after deductible[2]
OCCUPATIONAL THERAPY (INCLUDING HABILITATIVE & REHABILITATIVE) 20 VISIT MAXIMUM	$20	$60[2]	$20	$60[2]	20%, after deductible	30%, after deductible[2]
HEARING AIDS	Not Covered Discounted through Shannon Clinic		Not Covered Discounted through Shannon Clinic		Not Covered Discounted through Shannon Clinic	

[2]Precertification required
[3]Separate deductible applies
[4]Out-of-network coverage does not apply

Calendar Year Deductible

For the Premier, Core, and HDHP plan(s), the individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount. The same typically applies for the out-of-pocket maximum.

Our Plans Are Self-Funded

Our medical, pharmacy, and dental plans are self-funded. What does that mean? Rather than paying fixed premiums to an insurance carrier as with fully insured plans, Shannon pays fixed administrative fees to use the carrier's network and pays members' claims from its general assets. This gives Shannon more control over the plan we select for ours. Together, Shannon and Resident Physicians share the cost of healthcare.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit www.webtpa.com to learn more.



Note

Keep healthcare costs down by seeing the right provider for your situation.
See page 17 for more.

Case Management

Shannon strives to deliver Resident Physician benefits that embody our mission to provide exceptional healthcare for our family, friends, and neighbors.

The Shannon Health Plan Case Management Team Goals Include:

- **Improved member advocacy:** Navigating the healthcare system can be a challenge. Our Case Management Team will answer any questions you may have and direct you to providers who are best fit for your unique healthcare situation.
- **Personalized experience:** We live here too and can help locate resources to save you time and money, while keeping you close to home.
- **Onsite and in-person assistance:** We are located in the Women's & Children's Hospital inside the Physician Health office and are available to meet in person or by secure email, secure fax, or by phone Monday through Friday, 8 am – 5 pm.

All non-emergent inpatient services and outpatient surgeries done outside of Shannon must be pre-authorized.

Phone: 325-747-8207
Secure Email: healthplan@shannonhealth.org
Secure Fax: 325-747-8359



Discount on Your Bill at Shannon

When utilizing a Shannon facility, on top of the great benefits using the Shannon Tier of coverage, you could receive a 25% discount on your bill. See below for details!

Purpose

To assist Shannon Resident Physicians and their immediate family members with paying their bills in a timely manner.

Policy

Shannon Resident Physicians that set up payroll deduction, or pay 75% of their estimate for a procedure, either in the hospital or the clinic, will receive a 25% discount. Payroll deduction forms can be completed when estimate is given, at registration or in the Business Office.

Services can be covered under Shannon's insurance or the spouse's insurance.

- Discount does not apply to copays
- Discount does not apply to cosmetic services or bariatric surgery
- Payroll deduction must be set up within 30 days of the procedure
- Balance owed must be greater than $300
- Balance due must be paid within 12 months
- Discount does not apply to dates of service prior to October 1, 2020

A unique adjustment code will be used for reporting purposes — **Employee Prompt Pay Discount**. The payroll deduction form signed under this agreement should be emailed to PayrollDeductForm@Shannonhealth.org. Account will be monitored and appropriate discounts applied after insurance pays. The Business Office will forward payroll deduction form to appropriate payroll department via same email. Monthly payments under these specific arrangements will be in addition to any existing payroll deduction on outstanding balances.

If the Physician leaves Shannon, for any reason, without completing payment of the balance due under this arrangement, discounts may be removed and normal collection efforts followed.



Out-of-Pocket Costs

These are the types of payments you're responsible for:

Copay

The fixed amount you pay for healthcare services at the time you receive them.

Coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20.

Deductible

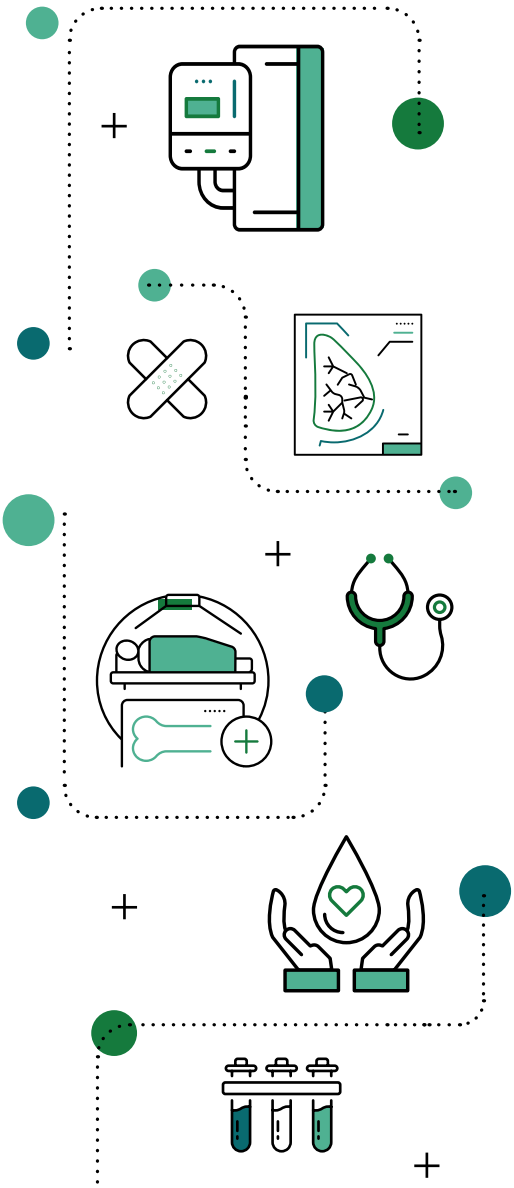
The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

Prevention is Key

Protect your future self with preventive care services. Our health plans cover a set of preventive services — think screening tests and routine checkups — at no cost to you! Studies show that preventive health screenings and consultations with primary care provider significantly increase life expectancy. So don't just visit your provider when something's wrong — regular healthcare can help you stay well and prevent disease before it starts.



Adults

Below are some common recommendations for preventive health. Review your plan documents or talk with your provider ahead of your visit to confirm the service will be covered as preventive care under your medical plan.

- **Blood pressure reading:** Annual blood pressure checks can help reduce your risk of stroke and heart attack.
- **Cholesterol test:** Get your cholesterol checked at least every 4 to 6 years. High cholesterol can lead to a stroke or heart attack.
- **Women's Health Provider:** Women or females with a uterus should see a women's health provider annually, according to the Women's Preventive Services Initiative. Starting at age 21, you should get a pap smear to test for cervical cancer at least every three years (assuming your results are negative) until you turn 65.
- **Mammograms:** Mammogram frequency can depend on family history, but the Women's Preventive Services Initiative recommends they begin between age 40 and 50 and continue annually or every other year through at least age 74.
- **Diabetes screening:** Type 2 diabetes and prediabetes screening is recommended for adults 35 to 70 who are overweight or obese.
- **Prostate exam:** Men or males with a prostate should be screened for prostate cancer (PSA blood test and/or rectal exam) beginning at age 50, or sooner depending on family history.
- **Colonoscopy:** This exam screens for colon cancer and is recommended for adults beginning at age 45. Frequency depends on test results and family history.
- **Bone density screening:** This osteoporosis test is crucial for women who have gone through menopause.



Children

Kids need preventive care, too! Talk to your child's provider to make sure they're getting all the screenings and vaccines they need. Common care for children includes:

- **Wellness visits and physicals**
- Standard **immunizations**
- Routine measuring of **height and weight**
- **Developmental screenings**
- **Dental cleaning and exams**
- **Vision checks**

Where to Go for Care

You're feeling sick, but your primary care provider is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

Telemedicine ($)

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- Cold and flu symptoms
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**

- Usually a flat fee or copay for any visit thereafter
- Typically immediate access to care
- Prescription availability through telemedicine or virtual visit may vary by state and medication

Primary Care Center ($)

When to Use

You need routine care or treatment for a current health issue. Your primary provider knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Managing your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Short wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Urgent Care Center ($$)

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

Costs and Time Considerations**

- Copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but urgency determines order seen and wait time

Emergency Room ($$$)

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injury

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Do Your Homework

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.



SHANNON
ON DEMAND

FEELING UNDER THE WEATHER?

Skip the waiting room!





Shannon On Demand offers convenient care that you can access from your phone anytime, anywhere.

No appointment necessary.

Shannon On Demand offers 24/7 access to board-certified Shannon Clinic providers for minor medical needs, with no appointment required. Private, secure, and available anywhere in Texas, it's perfect for treating common conditions like bronchitis, sinus infections, sore throat, pinkeye, flu, UTIs, headaches, sprains, and more.



And, you can also get your prescription delivered right to your door in San Angelo if you select Shannon Pharmacy during your visit.

Choose Shannon On Demand - your source for convenient care.

Call 325-747-4848 or visit ShannonOnDemand.com to get started.

Wellness

Do you make your good health a priority every day? Shannon is here to help with Shannon Wellness Program. All Resident Physicians and spouses enrolled in the Shannon medical plan are welcome to participate, and the program is completely confidential.

Wellness Credit

Resident Physicians and covered spouses enrolled in a 2027 Shannon medical plan may earn a wellness credit by submitting documentation of an after-visit summary from a qualifying annual Primary Care Physician (PCP) visit. Qualifying visits include annual visits with Internal Medicine, Family Medicine, or OB/GYN providers. The visit must occur between November 1 and October 31.

Documentation must be submitted through Oracle during Open Enrollment, by emailing a screenshot or scanned copy to WellnessCredit@ShannonHealth.org, or by dropping off a paper copy to Human Resources. Late or incomplete submissions will not be accepted.

New Hires and Status Changes should refer to the communication given upon hire for information on how to earn the wellness credit.

Resident Physicians and spouses who are unable to meet the requirements for this wellness program might qualify for an alternate opportunity (or their physician may recommend one) that would allow them to qualify for the wellness credit. Contact Human Resources at 325-747-5243 to discuss alternatives.

Privacy Reminder: Personal health information is always treated privately and confidentially.

Tobacco Credit

If you completed the 2027 Tobacco/Nicotine Affidavit with a “tobacco-free” response for yourself and/or your spouse, you could be eligible to earn the tobacco credit.

Quitting Is More Than an Ending — It’s a Fresh Start!

If you and/or your spouse did not meet the tobacco free requirement and are under a physician’s care for tobacco/nicotine cessation or are participating in any other tobacco/nicotine cessation program, and have not used tobacco or nicotine products in 6 months or more, you can submit physician or program documented proof to Human Resources via email at wellnesscredit@shannonhealth.org to earn the tobacco credit.



Notice Regarding Wellness Program

Shannon Wellness Program is a voluntary wellness program available to all employees and medical enrolled spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant 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 may 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 may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Details about the wellness and/or tobacco program, including criteria and incentives, can be found in the enrollment guide.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the wellness incentive.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. 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 325-747-5243.

The information from your HRA or blood test or other medical examinations may 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, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Shannon Medical Center, Shannon Clinic, and Shannon Medical Management may use aggregate information it collects to design a program based on identified health risks in the workplace, Shannon 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 order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, WebTPA.

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 325-747-5243.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Liviniti. You will have one ID card for medical care and prescriptions. You may find information on our benefits coverage and search for network pharmacies by logging on to liviniti.com/members or by calling 833-946-3819. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	PREMIER PLAN		CORE PLAN		HDHP PLAN WITH HSA	
	SHANNON PHARMACY	NON-SHANNON PHARMACIES	SHANNON PHARMACY	NON-SHANNON PHARMACIES	SHANNON PHARMACY	NON-SHANNON PHARMACIES
RX DEDUCTIBLE	Individual $100/Family $200		Individual $300/Family $600		Medical deductible applies	
RETAIL RX (30-DAY SUPPLY)						
GENERIC	$5	$50	$20	$75	$30*	$100*
PREFERRED	$50	$100	$75	$125	$125*	$150*
NON-PREFERRED	$100	$200	$125	$250	$150*	$300*
SPECIALTY DRUGS	25% coinsurance, up to $250 max	Not covered	25% coinsurance, up to $250 max	Not covered	25% coinsurance, up to $250 max*	Not covered

*After deductible

Shannon Pharmacy

Shannon Pharmacy offers delivery for prescriptions filled at our in-house pharmacy. If you are within the San Angelo city limits, delivery is available. Call Shannon Pharmacy today for more details!

All GLP-1 and GLP-1/Insulin combination products are only available through Shannon Pharmacy. Ensure your prescription is being sent to Shannon Pharmacy for ease of care.

Prescription Medications

- Medications prescribed by a provider. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.
- **Generic Drugs** — Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost effective version of any medication.
- **Preferred Drugs** — Brand-name drugs on Liviniti's approved list (available online).
- **Non-Preferred Drugs** — Brand-name drugs not on Liviniti's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** — Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.



Liviniti Member Portal & Mobile App

Use the Liviniti Member Portal or mobile app to quickly find information about your pharmacy benefits.

What You Can Do

- Find an in-network pharmacy.
- Compare prescription prices at different pharmacies.
- Search the drug formulary to see which medications are covered.
- Review prescription and claim history.
- Check prior authorization status.
- View copay and out-of-pocket cost details.

How to Get Started

1. Go to Liviniti.com and select Members at the top of the page.
2. Have your ID card available. You will need the group number and your member ID.
3. Create your Member Portal account and confirm your email address.
4. To use the mobile app, search for Liviniti in the App Store or Google Play.
5. Bookmark the Member Center page for quick access later.

Need Help?

Liviniti support is available 24 hours a day, 7 days a week, 365 days a year.

Phone: 833-946-3819
Email: support@liviniti.com
Member Center: Liviniti.com/members



Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) with Health Equity is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in a HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Health Equity will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include providers' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.



Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You do not or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care (service-related care will not be taken into consideration).

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in Shannon's HSA, you must elect the HDHP with Shannon. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Shannon will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Health Equity. The money in your HSA (including interest and investment earnings, if any) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2027, contributions (which include any employer contribution) are limited to the following:

	2027 ANNUAL HSA CONTRIBUTION LIMIT	SHANNON ANNUAL CONTRIBUTION	AMOUNT YOU CAN CONTRIBUTE
RESIDENT PHYSICIAN	$4,500	$480	$4,020
FAMILY	$9,000	$600	$8,400
ADDITIONAL CATCH-UP CONTRIBUTION (AGES 55+)	N/A	N/A	$1,000

Shannon provides an HSA employer contribution that will be deposited on a per paycheck basis.

HSA contributions over the IRS annual contribution limits ($4,500 for individual coverage and $9,000 for family coverage for 2027) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year, consider contributing less than the annual limit to your HSA.

The Shannon HSA is established with Health Equity. You may be able to roll over funds from another HSA. For more enrollment information, contact Health Equity at 866-346-5800 or visit www.healthequity.com.

Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.

*State income taxes are also waived on HSA contributions in almost all states.

Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

With a Navia Benefit Solutions Healthcare FSA, you can contribute up to $3,400 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.



Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $7,500 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the resident physician for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.
- Expenses are reimbursable if the provider is not your dependent.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before- and after-school care
- Day camp
- In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at provider and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact Navia Benefit Solutions with reimbursement questions. If you need to submit a receipt, Navia Benefit Solutions will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2027 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must "use it or lose it" — any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated Resident Physicians have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated Resident Physicians (family gross earnings were $160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

Grace Period

- Shannon offers a grace period for FSA spending. You have 2½ months after the plan year ends on December 31, 2027, to incur additional expenses and submit them for reimbursement. Therefore, any remaining balance in the previous plan year that ended December 31, 2027, will be used to pay that grace period expense even though the service was provided in the NEW plan year.
- The grace period applies to both the Dependent Care and Healthcare FSAs.

Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

FSA vs HSA

FLEXIBLE SPENDING ACCOUNTS		HEALTH SAVINGS ACCOUNT
Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	OWNERSHIP	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	ELIGIBILITY & ENROLLMENT	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	TAXATION	HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.
You can contribute up to $3,400 in 2027 to an FSA. This amount may be increased annually by the IRS.	CONTRIBUTIONS	Both you and your employer can contribute up to $4,500 in 2027 (up to $9,000 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA contribution.
Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	PAYMENT	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.	ROLLOVER OR GRACE PERIOD	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
Provider services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.	QUALIFIED EXPENSES	Provider services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.
Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care).	OTHER TYPES	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Shannon offers affordable plan options from WebTPA for routine care and beyond.

Dental Providers

You have the freedom to choose any dentist, but your choice of dental providers may impact the cost of services provided. Reimbursements are based on Reasonable and Customary (R&C) charges in your geographical area.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by WebTPA for 2027.

	DENTAL	
	FULL-TIME	PART-TIME
RESIDENT PHYSICIAN CONTRIBUTIONS (PER PAYCHECK)		
PHYSICIAN ONLY	$0	$0
PHYSICIAN + SPOUSE	$27.00	$32.00
PHYSICIAN + CHILD(REN)	$27.00	$32.00
PHYSICIAN + FAMILY	$36.50	$43.50
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	$50	
FAMILY	$100	
CALENDAR YEAR MAXIMUM		
PER PERSON	$1,500	
COVERED SERVICES		
PREVENTIVE SERVICES Oral exams, Cleanings, Bitewing X-Rays — Two per calendar year Full Mouth X-Rays, Panoramic X-Ray — One per every three calendar years Fluoride Application — One per calendar year for persons under age 19 Sealants — Limited to a person less than age 14 Space Maintainers — Limited to non-orthodontic treatment	$0; deductible waived	
BASIC SERVICES Fillings, Root Canal Therapy, Denture Adjustments, and Repairs Osseous	20%*	
Surgical Extractions of Impacted Teeth**	Medical plan benefit only	
MAJOR SERVICES Crowns, Dentures, Bridges, Repairs to Crowns and Inlays	30%*	
ORTHODONTICS Adult & Children to age 26	50% after $100 orthodontic deductible	
ORTHODONTIC LIFETIME MAXIMUM	$1,000	

*After deductible

**If seeking from an oral surgeon for the removal of impacted teeth, please use an in-network oral surgeon. Refer to the provider directory for a list of surgeons.

Vision Benefits (Materials Only)

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through VSP.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium. **Visit www.vsp.com to find an in-network provider**.

Vision Plan Summary

This chart summarizes the vision coverage provided by VSP for 2027.

	STANDARD PLAN	PREMIUM PLAN	
RESIDENT PHYSICIAN CONTRIBUTIONS (PER PAYCHECK)			
PHYSICIAN ONLY	$2.30	$3.53	
PHYSICIAN + SPOUSE	$4.60	$7.07	
PHYSICIAN + CHILD(REN)	$4.92	$7.56	
PHYSICIAN + FAMILY	$7.86	$12.09	
PRESCRIPTION GLASSES	**STANDARD PLAN**	**PREMIUM PLAN**	**FREQUENCY**
COPAY	$25	$10	Once every 12 months
LENSES			
SINGLE VISION	Included in prescription glasses	Included in prescription glasses	Once every 12 months
BIFOCAL	Included in prescription glasses	Included in prescription glasses	
TRIFOCAL	Included in prescription glasses	Included in prescription glasses	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING & EVALUATION	$130 allowance, copay does not apply Contact lens exam (fitting and evaluation)	$150 allowance, copay does not apply Contact lens exam (fitting and evaluation)	Once every 12 months
FRAMES			
ALLOWANCE	$140 allowance for a wide selection of frames; $160 allowance for featured frame brands; 20% savings on the amount over your allowance; $75 Costco frame allowance	$160 allowance for a wide selection of frames; $180 allowance for featured frame brands; 20% savings on the amount over your allowance; $90 Costco frame allowance	**Standard Plan**: Once every 24 months **Premium Plan**: Once every 12 months

*Fitting and Evaluation fee applied to contact lens allowance.

Supplemental Health Benefits

Shannon offers several ways to supplement your medical plan coverage. These optional plans pay cash for certain covered events. They do not replace medical insurance. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accident insurance through Voya provides you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. This plan complements your health insurance by providing benefits to help cover direct or indirect costs that can arise with a serious or minor injury that occurs off the job. You may end up paying out of your own pocket for things like deductibles, copays, transportation, over-the-counter medicine, daycare or sitters, and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Highlights

- You will receive a cash benefit for covered injuries and related services for accidents that occur outside of work.
- Benefits are paid on a schedule of benefits regardless of any other coverage you have, and you may spend it any way you choose.
- Accident coverage is especially helpful for families with young children and those who are active.



BRIEF SUMMARY OF BENEFITS*	LOW PLAN	HIGH PLAN
HOSPITAL ADMISSION	$1,750	$2,000
HOSPITAL CONFINEMENT	$325 per day, up to 365 days	$350 per day, up to 365 days
CRITICAL CARE UNIT CONFINEMENT	$450 per day, up to 30 days	$500 per day, up to 30 days
REHABILITATION FACILITY CONFINEMENT	$225 per day, up to a 90 days	$250 per day, up to 90 days
DISLOCATIONS AND FRACTURES	Up to $10,000	Up to $12,000
AMBULANCE	Ground: $550 Air: $2,000	Ground: $600 Air: $2,500
INITIAL PROVIDER VISIT, URGENT CARE FACILITY TREATMENT, OR EMERGENCY ROOM TREATMENT	$250	$300
FOLLOW-UP PROVIDER TREATMENT	$125	$150
CHIROPRACTOR TREATMENT	$60, up to 6 per accident	$75, up to 6 per accident
X-RAY	$100	$125
MAJOR DIAGNOSTIC EXAMS	$300	$500
BURNS	Up to $20,000	Up to $22,000
OUTPATIENT SURGERY	$250	$300
CONCUSSION	$350	$450
COMA	$18,500	$20,000
SURGERY (OPEN ABDOMINAL OR THORACIC)	$1,500	$2,500
SURGERY (EXPLORATORY OR WITHOUT REPAIR)	$200	$350
BLOOD, PLASMA, PLATELETS	$625	$650

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

RESIDENT PHYSICIAN CONTRIBUTIONS (PER PAYCHECK)	LOW PLAN	HIGH PLAN
PHYSICIAN ONLY	$5.40	$7.06
PHYSICIAN + SPOUSE	$8.96	$11.55
PHYSICIAN + CHILD(REN)	$10.31	$13.15
PHYSICIAN + FAMILY	$13.87	$17.64

Critical Illness Coverage

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but critical illness coverage helps offer financial protection in the event you are diagnosed. Critical illness insurance through Voya pays you cash to use in any way you need if you are diagnosed with a covered condition.

Highlights

- Critical illness provides you a lump-sum benefit upon diagnosis of a covered illness.
- You have the choice of $10,000, $20,000, or $30,000 in guaranteed issue coverage. Spouses can be covered at $5,000, $10,000, or $15,000. Children can be covered at $5,000 or $10,000 not to exceed 50% of the Resident Physician benefit.
- Rates are age-banded. Please refer to the benefit summary for a full rate table.
- Your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.
- A $100 wellness benefit is payable each year for enrollees and their covered dependents for receiving a qualifying preventive screening.

COVERED CONDITION*	BENEFIT AMOUNT
BASE	
HEART ATTACK	100%
STROKE	100%
CANCER	100%
CARCINOMA IN SITU	25%
CORONARY ARTERY BYPASS	25%
MAJOR ORGAN TRANSPLANT	100%
SUDDEN CARDIAC ARREST	100%
CANCER	
BENIGN BRAIN TUMOR	100%
SKIN CANCER	10%
BONE MARROW TRANSPLANT	25%
STEM CELL TRANSPLANT	25%
QUALITY OF LIFE	
PERMANENT PARALYSIS	100%
LOSS OF SIGHT, HEARING, OR SPEECH	100%
COMA	100%
MULTIPLE SCLEROSIS	100%
ALS	100%
PARKINSON'S DISEASE	100%
ADVANCED DEMENTIA INCLUDING ALZHEIMER'S DISEASE	100%
HUNTINGTON'S DISEASE	100%
MUSCULAR DYSTROPHY	100%
INFECTIOUS DISEASE	25%
ADDISON'S DISEASE	10%
MYASTHENIA GRAVIS	50%
SYSTEMIC LUPUS ERYTHEMATOSUS	50%
SYSTEMIC SCLEROSIS	10%
OCCUPATIONAL HIB OR HEPATITIS B OR C	100%
CHILDHOOD DISEASE	
CEREBRAL PALSY, CONGENITAL BIRTH DEFECTS, CYSTIC FIBROSIS, DOWN SYNDROME, GAUCHER DISEASE	100%

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

RESIDENT PHYSICIAN CONTRIBUTIONS (PER PAYCHECK)

AGE	$10,000	$20,000	$30,000
UNDER 29	$2.95	$4.60	$6.25
30-39	$3.60	$5.90	$8.20
40-49	$7.10	$12.90	$18.70
50-59	$11.40	$21.50	$31.60
60-64	$15.25	$29.20	$43.15
65-69	$21.10	$40.90	$60.70
70+	$30.80	$60.30	$89.80

SPOUSE CONTRIBUTIONS (PER PAYCHECK)

AGE	$5,000	$10,000	$15,000
UNDER 29	$2.38	$3.45	$4.53
30-39	$2.88	$4.45	$6.03
40-49	$4.85	$8.40	$11.95
50-59	$8.20	$15.10	$22.00
60-64	$10.43	$19.55	$28.68
65-69	$14.03	$26.75	$39.48
70+	$19.10	$34.90	$51.70

CHILD(REN) CONTRIBUTIONS (PER PAYCHECK)

AGE	$5,000	$10,000
UNDER 26	$0.17	$0.34

Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Shannon provides full-time Resident Physicians with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Lincoln Financial Group, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1.5x base salary, up to $300,000. If you are a full-time Resident Physician, you automatically receive Life and AD&D insurance even if you waive other coverage.

Life and AD&D amounts will reduce as you get older. At age 65, benefits will reduce to 65% of the original amount, and at age 70, benefits will reduce to 50%. Note: Our system does not include age reduction rounding.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Lincoln Financial Group insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Voluntary Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by Shannon may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Full-time or part-time eligible Resident Physicians may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC RESIDENT PHYSICIAN LIFE/AD&D	
COVERAGE AMOUNT	1.5x base salary
WHO PAYS	Shannon
BENEFITS PAYABLE	In the event of death
MAXIMUM BENEFIT	$300,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY RESIDENT PHYSICIAN LIFE	
COVERAGE AMOUNT	Increments of $10,000, up to 5x your annual salary
WHO PAYS	Resident Physician
BENEFITS PAYABLE	In event of death, if coverage elected
MAXIMUM BENEFIT	$1,000,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI will be required for any election over $350,000 at initial enrollment or any new/ increased coverage amounts at Annual Enrollment. Increasing coverage amount by more than $20,000 for Resident Physician and $10,000 for Spouse at Annual Enrollment will require an EOI.
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	Increments of $5,000, not to exceed 50% of Resident Physicians coverage amount
WHO PAYS	Resident Physician
BENEFITS PAYABLE	In the event of spouse death, if coverage elected
MAXIMUM BENEFIT	$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI will be required for any election over $50,000 at initial enrollment or any new/ increased coverage amounts at Annual Enrollment. Increasing coverage amount by more than $20,000 for Resident Physician and $10,000 for Spouse at Annual Enrollment will require an EOI.
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	$10,000; Dependent children: live birth to age 26
WHO PAYS	Resident Physician
BENEFITS PAYABLE	In the event of child death, if coverage elected
MAXIMUM BENEFIT	$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

Note: If you waive coverage as a new hire, EOI will be required to enroll or increase your coverage during a subsequent enrollment period.

With your Basic and Voluntary Life and AD&D, your benefit amount will reduce at 65 and 70 years of age. At age 65, benefits will reduce to 65% of the original benefit amount. Benefits will reduce to 50% of the original benefit amount at age 70. Note: Our system does not include age reduction rounding.

Voluntary Life and AD&D Insurance Continued

VOLUNTARY LIFE INSURANCE	
RATES/$1,000 (PER PAYCHECK)	
AGE (AS OF JANUARY 1, 2027)	RESIDENT PHYSICIAN/SPOUSE
<30	$0.023
30-34	$0.023
35-39	$0.035
40-44	$0.050
45-49	$0.068
50-54	$0.113
55-59	$0.175
60-64	$0.270
65-69*	$0.515
70-74*	$0.835
75+*	$1.240

*Benefits subject to age reduction schedule

VOLUNTARY AD&D INSURANCE
PREMIUM RATES
$0.01 per $1,000

VOLUNTARY CHILD LIFE INSURANCE
PREMIUM RATES
$1.20 per paycheck, flat rate

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:				
$	÷ 1,000 =	$	x Age Based Rate =	$
Benefit Elected				Biweekly Premium

Income Protection

You and your loved ones depend on your regular income. That's why Shannon offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age. Income protection benefits are only available to full-time Resident Physicians.

Voluntary Short-Term Disability (STD) Insurance

Short-Term Disability (STD) benefits are available for purchase on a voluntary basis. STD insurance replaces 60% of your weekly income to a $1,000 maximum for 13 weeks including elimination period if you become partially or totally disabled. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	$1,000
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	13 weeks including elimination period
PRE-EXISTING EXCLUSION	Pre-Existing Condition is defined as a sickness or injury for which the insured person received treatment within 3 months prior to their effective date. Treatment means consultation, care, and services by a Provider. It includes diagnostic measures and the prescription, refill, and taking of prescribed drugs or medicine.

What Is an Elimination Period?

An elimination period is the time period you have to wait before the disability insurance will pay.

Example:

You have a medical procedure and submit your disability claim. It has been approved for 8 weeks. During the first 2 weeks of your disability, you will receive no disability benefits since this is your elimination period. After your elimination period is over, you will be paid 60% of your weekly income for the following 6 weeks.

Voluntary Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) benefits are available for purchase on a voluntary basis. LTD insurance replaces 60% of your monthly income up to $10,000 if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.
PRE-EXISTING EXCLUSION	Pre-Existing Condition is defined as a sickness or injury for which the insured person received treatment within 3 months prior to their effective date. Treatment means consultation, care, and services by a Provider. It includes diagnostic measures and the prescription, refill, and taking of prescribed drugs or medicine. The plan will not cover any Total or Partial Disability which begins in the first 12 months after the insured Physician's effective date.



Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with LifeLock. LifeLock monitors millions of transactions every second, alerting you to suspicious activity by text, phone, or email. This plan offers a full set of features to help protect you and your covered family members against identity theft.

LifeLock membership features:

- LifeLock Identity Alert System
- Lost-wallet protection
- Address change verification
- LifeLock Privacy Monitor
- Live member service support
- Identity-restoration support
- Data-breach notifications

This plan is available via payroll deduction and is yours to keep if you retire or leave Shannon.

	ESSENTIAL	PREMIER
RESIDENT PHYSICIAN CONTRIBUTIONS (PER PAYCHECK)		
PHYSICIAN ONLY	$3.75	$4.99
PHYSICIAN + FAMILY*	$7.49	$9.49

*Covering one or more family members



Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Shannon 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	Shannon 401(k) Plan
RECORDKEEPER	Empower
WEBSITE	www.millimanbenefits.com
ELIGIBILITY	After three months of services, 1st month of the following
COMPANY MATCH	After 15 months of services, 1st of the following month, Shannon will contribute $1 for every $1 you save, up to 3% of pay, and $0.50 for every $1 you save on an additional 2% of pay for a maximum match of 4% on your 5% contribution.
ENROLL	Visit www.millimanbenefits.com or by calling 888-880-5060. Unless you designate otherwise, a 4% contribution will be taken from your check after you have been employed for three months.

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax-free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible Resident Physicians can invest for retirement while receiving tax advantages. After 15 months of service, on the 1st of the following month, Shannon will contribute $1 for every $1 you save, up to 3% of pay, and $0.50 for every $1 you save on an additional 2% of pay for a maximum match of 4% on your 5% contribution. Administrative services are provided by Empower. You may start making pre-tax or Roth contributions (or both) into the plan after three months of services.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for over-contributing.

Automatic Enrollment

Eligible Resident Physicians will be automatically enrolled in Shannon's 401(k) on the first day of the fourth month following your date of hire at a contribution rate of 4%. If your date of hire is on the first day of the month, your contribution will begin the first of the month on the third month. If you wish to change the contribution rate or opt out of our Shannon's 401(k) for the time being, please contact Empower at 888-880-5060 or visit www.millimanbenefits.com.

DATE OF HIRE	AUTOMATIC ENROLLMENT DATE	DEFAULT CONTRIBUTION	HOW THE RULE APPLIES
Jan 1, 2026	Apr 1, 2026	4%	Hired on the 1st: enrollment begins on the 1st after three months.
Jan 2, 2026	May 1, 2026	4%	Hired after the 1st: enrollment begins on the 1st of the fourth following month.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Empower at 888-880-5060 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement, and you may be subject to early withdrawal penalties from the IRS.

Air Ambulance Emergent & Non-Emergent

Shannon has partnered with AirMedCare Network to offer you membership in the AirMedCare Network program through a payroll deduction option. There are three different memberships available to you locally.

AIRMEDCARE NETWORK (AMCN) EMERGENT AIR AMBULANCE

AMCN providers respond to scene calls and provide hospital-to-hospital transports — carrying seriously ill or injured patients to the nearest appropriate medical facility. Expenses for emergency air medical transport can put stress on your finances. With an AMCN membership, you will have no out-of-pocket expenses only if flown by an AMCN provider.

FLY-U-HOME NON-EMERGENT AIR AMBULANCE

Fly-U-Home is a must-have membership for those traveling more frequently. Discounted rates are available for existing AMCN members, and it provides access to a fleet of medically equipped, private aircraft ready to transport you to your local hospital of choice, should you become hospitalized more than 150 nautical miles from home and, you will have no out-of-pocket expenses in relation to your flight. Fly-U-Home membership applies to the contiguous 48 states.

AIRMED INTERNATIONAL NON-EMERGENT AIR AMBULANCE

If you're interested in the Fly-U-Home membership, but looking for international coverage, the AirMed International membership is right for you. It provides access to a fleet of medically equipped, private aircraft ready to transport you to your local hospital of choice, should you become hospitalized more than 150 nautical miles from home, including international travel. With an AirMed International membership, you will have no out-of-pocket expenses in relation to your flight.

AMCN ANNUAL MEMBERSHIP COST	
AMCN EMERGENT COVERAGE	$55
FLY-U-HOME NON-EMERGENT COVERAGE	$136
AIRMED INTERNATIONAL NON-EMERGENT COVERAGE	$295

By electing both non-emergent coverages, you are duplicating coverage. Fly-U-Home non-emergent coverage includes transports within the continuous 48 states only. AirMed International non-emergent coverage includes US and International Transports.



Additional Benefits

Shannon offers additional voluntary resources to help support you and your family beyond your core medical, dental, and vision benefits. Review the options below to decide what may be helpful for your needs.

Pet Insurance

Pet insurance through SPOT helps protect your pet if accidents, illnesses, or emergencies happen. You may use any licensed veterinarian, specialist, or emergency clinic in the U.S., then submit a claim for reimbursement of eligible expenses.

- Choose accident-only coverage or accident + illness coverage.
- Select annual limits, reimbursement levels, and deductibles based on your needs.
- Optional preventive care add-ons may be available.
- Coverage includes access to a 24/7 Pet TeleHealth Helpline.
- Shannon Resident Physicians receive a 10% discount on premiums.

TravelConnect Travel Assistance

Lincoln TravelConnect provides emergency medical, travel, and security assistance through On Call International 24 hours a day, 7 days a week when you and your dependents are traveling 100 or more miles from home.

- Help with emergency medical evacuation and transportation arrangements.
- Travel support for a companion, dependent children, or qualified escort when eligible.
- Assistance with natural disaster, political, or security evacuation planning.
- Support with prescription replacement, medical referrals, travel documents, lost luggage, emergency messages, and interpreter referrals.
- Access plan documents and destination information at MyOnCallPortal.com using Group ID LFGTravel123.
- For help, call 866-525-1955 toll-free from the U.S. or Canada, call collect from anywhere in the world at 603-328-1955, or email mail@OnCallInternational.com.



Lincoln WellnessPATH

Financial wellness tools and resources to help you manage your money.

Lincoln WellnessPATH is an online financial wellness tool available through your Lincoln Financial account. It can help you understand your full financial picture, set goals, create a budget, track progress, and access education and resources for different life stages.

What You Can Do With WellnessPATH

- **See your accounts in one place.** You can securely link accounts, such as checking, savings, investments, and student loans, to view your finances in one convenient location.
- **Create a simple budget.** View income and expenses by category so you can spot spending trends and plan ahead.
- **Set goals and track progress.** Choose short- and long-term goals, such as building emergency savings, paying down debt, saving for retirement, or planning for a large purchase.
- **Get a financial wellness score.** Answer a few questions to receive a personalized score based on areas like spending, protection, debt, and savings.
- **Use helpful resources.** Access articles, videos, tools, calculators, and education to help you make informed financial decisions.

WellnessPATH Marketplace

WellnessPATH Marketplace gives you access to third-party financial wellness resources and products in one place. These resources are designed to help you take action on common financial needs.

MARKETPLACE TOPIC	HOW IT MAY HELP
Debt management	Find options to help you understand and manage debt.
Emergency savings	Get support for saving for unexpected expenses.
Estate planning	Access resources that may help you plan for your family's future.
Student loan solutions	Review tips and resources to help you make informed student loan decisions.
529 college savings plans	Learn more about planning for future education costs.
Home buying or selling	Explore home search support, local agents, and possible rewards after closing.
Tax preparation discounts	Review seasonal tax preparation discount options when available.

How to Get Started

1. Log in to your Lincoln Financial account at LincolnFinancial.com/Login.
2. Go to the WellnessPATH section on the overview page.
3. Select Get Started.
4. Answer a few optional questions to receive personalized steps and a financial wellness score.
5. Use the dashboard to view your goals, track progress, and explore resources.

Medicare Support

We have partnered with SmartConnect to offer all Physicians year-round access to free Medicare resources, personalized guidance, and enrollment services. SmartConnect simplifies the transition to Medicare by providing complimentary resources and one-on-one consultations with licensed insurance agents. This service is available to anyone aged **64½ or older (or otherwise Medicare-eligible)**, including your family members and friends.

Here's how it works:

- Learn about Medicare from trusted industry professionals.
- Understand the factors that influence your healthcare costs and coverage options.
- Compare your current health coverage (whether through your employer or another plan) with multiple Medicare options.
- If you find a Medicare plan that suits your needs, SmartConnect will assist you in enrolling immediately.

You can call them at 833-380-8004 or visit https://smartmatch.com/connect/shannonhealth/.

Let's get you connected with our team.





Child Development Center

Full-Time Child Care for Children of Shannon Team Members

Enrollment Eligibility

Full-time Shannon Team Members and providers are qualified to enroll children. Enrollee must be parent or legal guardian assigned by the court of the child(ren) enrolled in care. If child care demands exceed availability, children will be placed on wait lists on a first-come, first-serve basis.

Note: Contractors, travelers, and individuals employed by partnerships with Shannon are not eligible.



Center Details

- Full-time care | Ages: 6 weeks through K-Prep (Infant, Toddler, Twos, and K-Prep)
- Managed by Bright Horizons, an expert in employer sponsored child care
- Hours of Operation: Monday-Friday, 5:30 am - 7:30 pm
- Engaging curriculum, catered meals, and snacks developed by a dietitian
- Texas DFPS Licensed Child Care Center - 1739558

Cost

Tuition rates are based on Annual Household Income (AHI). A 10% discount will be applied to your account when you enroll multiple children. Additional financial assistance is available to families who qualify. Please see the QR code and link below for more information.

LOWER THAN MARKET RATES

Registering Your Child

To register your child or learn more, please visit **www.brighthorizons.com/shannon** or scan this QR code with your cell phone camera

Financial Assistance

To apply for additional financial assistance, please visit **https://cvworkforce.org/child-care** or scan this QR code with your cell phone camera

Bright Horizons

SHANNON

37 E. HARRIS AVE.
SAN ANGELO, TX

325.747.7577

Shannon@BrightHorizons.com

REV102224

Child Development Center

Daily Drop-In Child Care for Children of Shannon Team Members



Enrollment Eligibility

Full-time Shannon Team Members and providers are qualified to become an enrollee. The enrollee must be scheduled to work at Shannon the day of child drop-in. The enrollee must be the parent or legal guardian of the child enrolled. Available daily as classroom space permits. Child(ren) must be well and free of transmittable illness on the day of care. Enrollee must have completed all registration paperwork prior to care.

Note: Contractors, travelers, and individuals employed by partnerships with Shannon are not eligible.



Center Details

- Ages: 6 weeks through K-Prep (Infant, Toddler, Twos, and K-Prep)
- Managed by Bright Horizons, an expert in employer sponsored child care services
- Hours of Operation: Monday-Friday, 5:30 am - 7:30 pm
- Engaging curriculum, catered meals and snacks developed by a dietitian
- Texas DFPS Licensed Child Care Center - 1739558

Cost

- Waived Registration Fee for drop-in care
- Tuition Fee: $39 per child/per day
- Drop-in care rate must be paid prior to care date
- Drop-in care is limited to no more than two (2) days per week, unless additional days are otherwise approved

Registering Your Child

To register your child or learn more, please visit **www.brighthorizons.com/shannon** or scan this QR code with your cell phone camera

Bright Horizons. SHANNON

325.747.7577 **Shannon@BrightHorizons.com**

37 E. HARRIS AVE. SAN ANGELO, TX

REV091126

Required Notices

Important Notice From Shannon Medical Center, Shannon Clinic, and Shannon Medical Management About Your Prescription Drug Coverage and Medicare Under the WebTPA Premier, Core, and HDHP Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Shannon Medical Center, Shannon Clinic, and Shannon Medical Management 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. Shannon Medical Center, Shannon Clinic, and Shannon Medical Management has determined that the prescription drug coverage offered by the WebTPA Premier, Core, and HDHP plan(s) 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 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 Shannon Medical Center, Shannon Clinic, and Shannon Medical Management coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may 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 Shannon Medical Center, Shannon Clinic, and Shannon Medical Management 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 at the end of these notices 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 Shannon Medical Center, Shannon Clinic, and Shannon Medical Management 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 Medicare Part D 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).

Date:	January 1, 2027
Name of Entity/Sender:	Shannon Medical Center, Shannon Clinic, and Shannon Medical Management
Contact—Position/Office:	Human Resources
Address:	122 S Oakes St. Suite 201 San Angelo, TX 76903
Phone Number:	325-747-5243

Women's Health and 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 this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 325-747-5243.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 325-747-5243.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an Physician, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 325-747-5243.

Important Contacts

Medical
WebTPA
877-305-2432
www.webtpa.com

Pharmacy
Liviniti
833-946-3819
https://liviniti.com/members/

Supplemental Health (Accident and Critical Illness)
Voya
877-236-7564
www.voya.com

Telemedicine
Shannon On Demand
325-747-4848
www.ShannonOnDemand.com

Dental
WebTPA
877-305-2432
www.webtpa.com

Vision (Materials Only)
VSP
800-877-7195
www.vsp.com

Health Savings Account
Health Equity
866-346-5800
www.healthequity.com

Flexible Spending Accounts
Navia Benefit Solutions
425-452-3500
www.naviabenefits.com

Life and AD&D
Lincoln Financial Group
855-818-2883
www.lfg.com

Disability
Lincoln Financial Group
855-818-2883
www.lfg.com

Retirement
Empower
888-880-5060
www.millimanbenefits.com

Employee Assistance Program
Lincoln Financial Group
888-628-4824
www.guidanceresources.com

Pet Insurance
SPOT Pet Insurance
spotpet.link/shannonhealth

Identity Theft
LifeLock
800-607-9174
www.lifelock.com

Lincoln WellPath
Lincoln Financial Group
LincolnFinancial.com/WellnessPath

Travel Assistance
Lincoln TravelConnect
866-525-1955
MyOnCallPortal.com
Group ID: LFGTravel123

Medicare Support
Smart Connect
833-380-8004
https://smartmatch.com/connect/shannonhealth/

Shannon Human Resources
122 S Oakes St. Suite 201
San Angelo, TX 76903
325-747-5243
benefits@shannonhealth.org

Shannon Case Management
201 E. Harris Ave.
San Angelo, TX 76903
325-747-8207
healthplan@shannonhealth.org

Shannon Child Development Center
37 E. Harris Ave.
San Angelo, TX 76903
325-747-7577
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