THE MAHONEY GROUP®

2027
EMPLOYEE BENEFITS GUIDE

Plan Year:
1/1/27 to 12/31/27



Little Colorado Medical Center

Compassionate Care for Northeast Arizona

Your Health. Your Community. Your Hospital.

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Your 2027 benefits, at a glance

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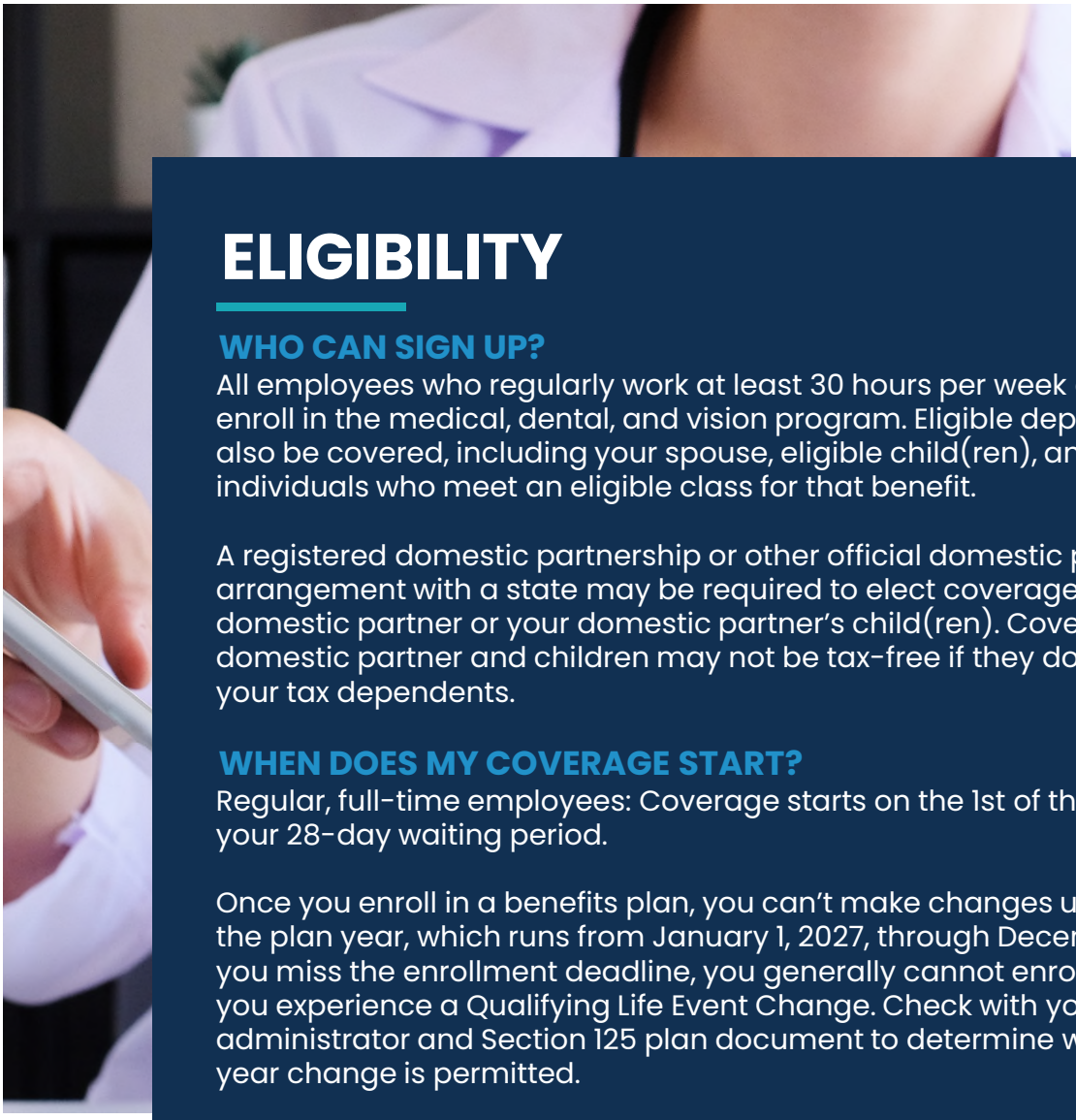
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LITTLE COLORADO MEDICAL CENTER

Welcome to your benefits

At Little Colorado Medical Center, we know our dedicated employees—YOU—are key to our overall success as an organization. We recognize that offering a quality, comprehensive benefit program is an important way to show you how valuable you are to the organization. We understand that navigating the world of employee benefits is challenging and no two employees are alike, which is why we offer this benefits guide to explain the multiple benefit options to improve your physical, financial and mental well-being.



ELIGIBILITY

WHO CAN SIGN UP?

All employees who regularly work at least 30 hours per week are eligible to enroll in the medical, dental, and vision program. Eligible dependents may also be covered, including your spouse, eligible child(ren), and other individuals who meet an eligible class for that benefit.

A registered domestic partnership or other official domestic partnership arrangement with a state may be required to elect coverage for a domestic partner or your domestic partner's child(ren). Coverage for a domestic partner and children may not be tax-free if they do not qualify as your tax dependents.

WHEN DOES MY COVERAGE START?

Regular, full-time employees: Coverage starts on the 1st of the month after your 28-day waiting period.

Once you enroll in a benefits plan, you can't make changes until the end of the plan year, which runs from January 1, 2027, through December 31, 2027. If you miss the enrollment deadline, you generally cannot enroll later unless you experience a Qualifying Life Event Change. Check with your plan administrator and Section 125 plan document to determine whether a mid-year change is permitted.

FULL-TIME EMPLOYEES	COVERAGE STARTS	BENEFIT CHANGES
If you are a full-time employee, you are eligible to enroll in the **Little Colorado Medical Center** benefits if you work at least **30 hours per week.**	If you enroll in benefits, your coverage will become effective on the **1st of the month following your 28-day waiting period**. This applies to new hire enrollment.	After you enroll, changes generally cannot be made until the end of the plan year unless you experience a Qualifying Life Event Change. Check with your plan administrator and Section 125 plan document for eligibility.

BENEFITS ENROLLMENT

NEW EMPLOYEES

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll or in the event of a qualifying life event.

CURRENT EMPLOYEES

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you have the opportunity to newly enroll in coverage and/or make changes to your current coverage.

Any changes you make during open enrollment become effective January 1.

DO I HAVE TO SIGN UP?

No. You may waive medical, dental, and/or vision coverage if you are covered through another plan, such as a spouse's plan. If you waive coverage, you generally cannot enroll again until the next plan year unless you experience a qualifying life event.

CHANGING YOUR BENEFITS DURING THE YEAR

Most qualifying life events are time-sensitive. If you experience a QLE, contact your plan administrator to confirm whether you may make a mid-year change.

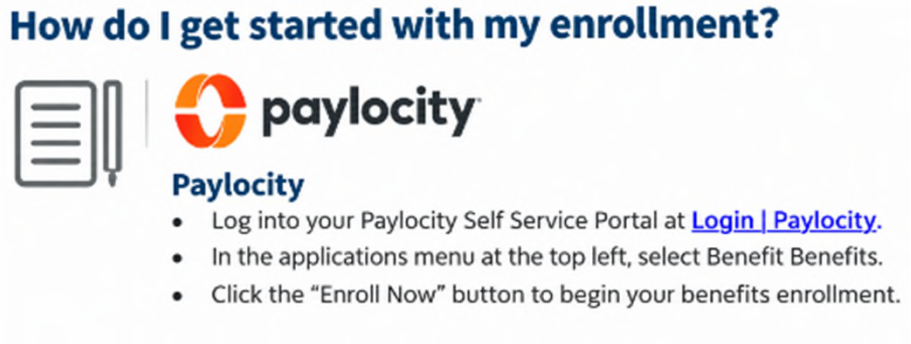
In most cases, changes must be requested within 30 days of the event. If you lose eligibility or enroll in Medicaid, Medicare, or certain state health insurance programs, you may have up to 60 days to submit your request.

- Marriage, legal separation or divorce
- Birth, adoption or change in legal custody of eligible child(ren)
- Death of your spouse or covered child
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan)
- Medicare or Medicaid enrollment
- Special enrollment through a state or federal Health Insurance Marketplace

You may be able to add or drop coverage depending on the qualifying event. Any change must be consistent with the event that occurred.

ONLINE ENROLLMENT

- To enroll you will need dates of birth and social security numbers for yourself as well as any family members you are enrolling.
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).



NEED TO KNOW UPDATES AND INFO

What is new/changing for 2027 ?

- Adding Savvos to the medical plan
- Changing networks from BCBS to Aetna, while continuing with Allied as the TPA
- Moving from three medical plan options to two
- Online Enrollment: November 12–20, 2026

THIRD PARTY ADMINISTRATOR (TPA)

Life is unexpected, but your health care coverage shouldn't be.

Allied is committed to helping you and your family make the most of your benefits all year round. With access to on-demand tools and one-on-one customer service support, Allied makes it easy to manage your benefits and stay on track towards a healthier you.

Manage your benefits at-home or on-the-go

Allied's member portal allows you to manage your benefits at any time from any device. Simply download the **My Allied Portal** mobile app or log in at alliedbenefit.com to get started.

- Access your digital ID card
- Look up claims and deductible progress
- Review your benefits, copays and coinsurance amounts
- Find in-network providers plus cost estimates for medical procedures and treatments



Expert advice, just a phone call away

When you need help, **Allied's Member Services** team is ready to answer any questions, including:

- Help submitting claims, or understanding your medical bills
- Verify your benefits and coverage details directly with your providers
- Find in-network providers
- Navigate your benefits and tools through your online member portal

Call 800-288-2078

Monday-Thursday, 7:30 am to 7:00 pm CT

Friday 8:00 am to 5:00 pm CT

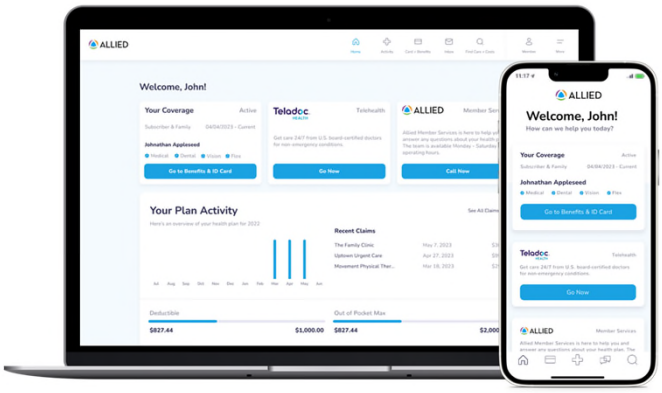
Saturday 9:00 am to 12:00 pm CT

My Allied Portal

Beginning January 1, 2027, you will have access to the new My Allied Portal. My Allied Portal allows you to navigate your benefits and proactively manage your healthcare at any time from the mobile app or web browser.

With My Allied Portal, you can:

- Find care and compare costs for providers and services in your network
- View what's covered under your plan and explore your unique benefit programs
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office



How to Get Started:

1. On **January 1, 2027**, go to your device's app store and download the **My Allied Portal** app, or navigate to **alliedbenefit.com**.
2. Once you have the app or website open, click "Sign Up."
3. Enter in your email address, desired password, first and last name, then click "Sign Up" to continue.
4. Next, verify your information by entering your date of birth, member ID, and group number, then click "Continue". Note, your member ID and group number can be found on your ID card.
5. You're all set! Start exploring your benefits and programs in the portal.

Activate your account at alliedbenefit.com on **January 1st**.
Group number: **A25191**



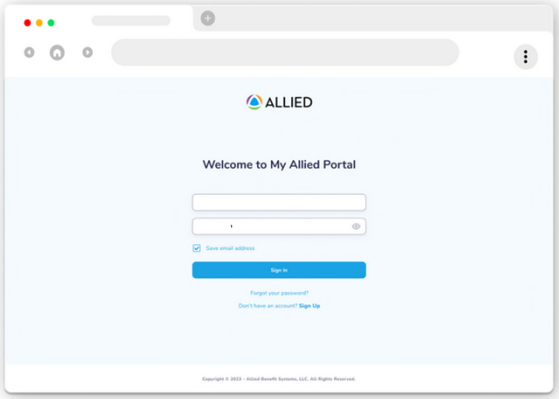
How to set up your Allied Member Account

On **January 1st**, visit the Allied website and follow the steps below.

STEP 1

Navigate to Allied's website

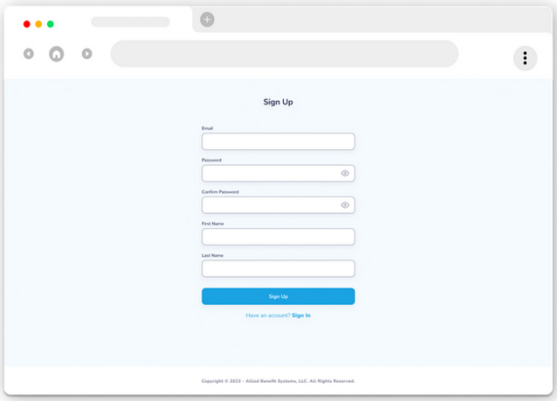
Go to alliedbenefit.com/Members and click "Sign In or Create an Account." Then click "Sign Up" on the login page.



STEP 2

Create your account

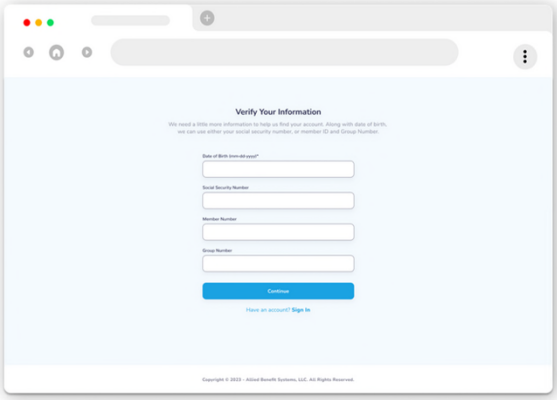
Enter your name, email address, and create a password. Note, your email address will be used for your login.



STEP 3

Verify your information

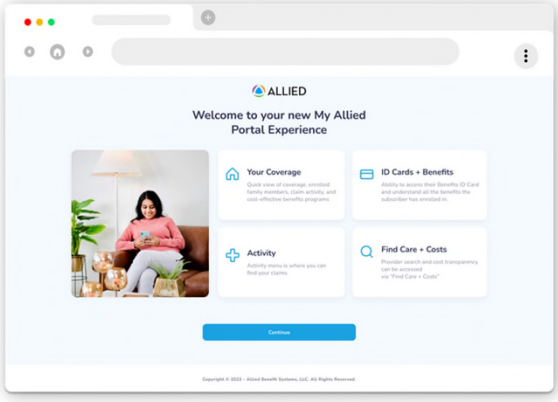
Enter your Date of Birth, followed by your Social Security Number (SSN), OR your Member ID and Group Number. Then click "Continue."



STEP 4

Complete your account

Last, confirm your EOB delivery preference, accept terms and conditions, and you're all set! Begin accessing your benefits right away.



Activate your member account at **alliedbenefit.com/Members** on **January 1st**.

Group number: **A25191**

January 1, 2027

My Allied Portal App

Accessing your health plan just got easier

We're excited to introduce our brand-new My Allied Portal app, designed exclusively for you. With digital tools to keep you connected, your health plan will always be with you when you need it.

Get ready to unlock your benefits:

Simplified Access

With the My Allied Portal app, your health plan information is always at your fingertips, making it simpler than ever to navigate your healthcare plan.

Find Providers and Compare Costs

Search for in-network providers and get personalized cost estimates for thousands of covered medical procedures.

Explore Your Care Programs

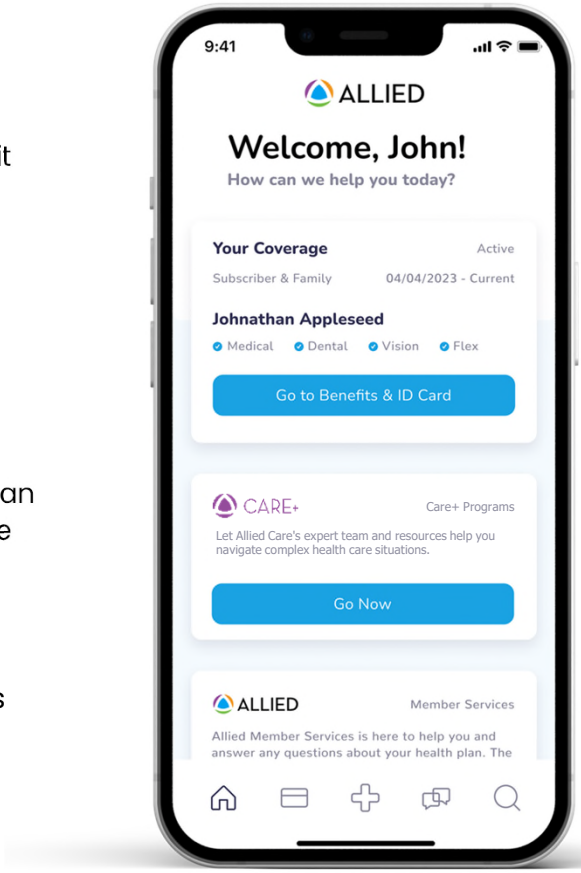
Understand what's covered under your health plan and discover enhanced care programs available to you and your family.

Track Your Plan Activity

Keep tabs on your claims, benefits, and progress toward your deductible with on-the-go access and real-time notifications

Get Your ID Card On-The-Go

View and share your health plan ID card with your doctor's office directly from your app.



Activate your new portal on October 1, 2027

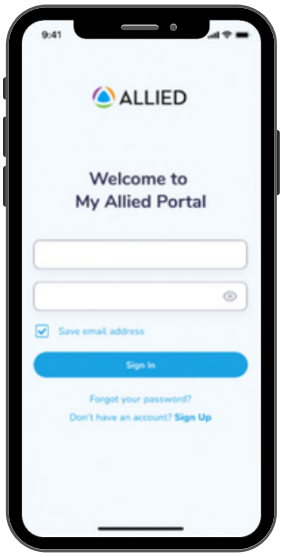
STEP 1
On October 1st, go to alliedbenefit.com or head to your device's app store to download the My Allied Portal app

STEP 2
Use your member ID and group number to log in. If you need assistance, our support team is just a call away.

STEP 3
Start exploring the app's features and make the most of your healthcare benefits!

How to set up your My Allied Portal mobile app

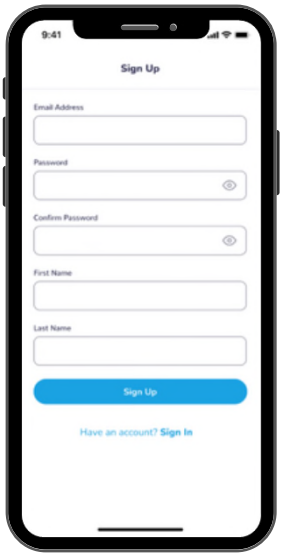
On **January 1st**, visit the Allied website and follow the steps below.



STEP 1

Open the My Allied Portal app

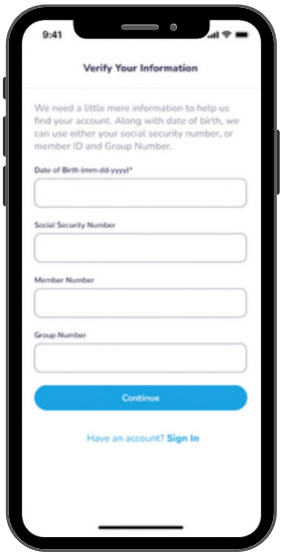
Open the app from your mobile device and click “Sign Up.”



STEP 2

Create your account

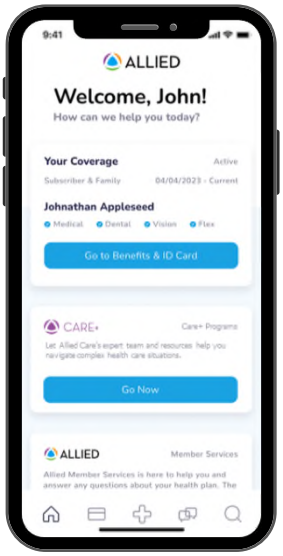
Enter your email address, desired password, and your name. Note, your email address will be used for your login.



STEP 3

Verify your information

Enter in your Date of Birth, followed by your Social Security Number (SSN), OR your Member ID and Group Number. Then click “Continue.”



STEP 4

Complete your account

Last, confirm your EOB delivery preference, accept terms and conditions, and you’re all set! Begin accessing your benefits right away.

Activate your member account at **alliedbenefit.com/Members** on **January 1st**.
Group number: **A25191**

Download on the App Store | GET IT ON Google Play

Medical Plans

Breaking down plan types (and understanding acronyms)

PPO

On a Preferred Provider Organization plan or PPO, you have more flexibility to choose your providers.
However, you'll save the most money when you choose a provider or hospital inside the health plan's network.
You may choose a provider who is not in the health plan's network, but it might cost more.

Advantages

- Choose from more providers
- You won't need a referral to see a specialist

Out-of-pocket costs

Your health plan can charge different fees, such as a flat fee called a "copay", a fee that's a percentage of the total cost of the service, called "coinsurance", and an amount that must be paid before your plan kicks in, called a "deductible." On a PPO plan, you'll still be responsible for these types of fees.

Ideal if...

...you want flexibility and provider options. You're comfortable paying more out of your paycheck each month, while paying less out of pocket for your deductible.

Note:

You may choose your health care providers, but keep in mind that you might have to pay more for services that are outside your health plan's network.

Using a PPO plan: an example

Syd was experiencing a lot of anxiety and wanted to see a psychiatrist. Syd went to the insurance company website and located an in-network provider. Syd paid a set copay after visiting the psychiatrist. The psychiatrist prescribed a generic medication, and Syd had a copay for that as well. Both payments count toward Syd's out of pocket maximum. The PPO plan was the best choice for Syd because planning for regular specialist visits was important. By choosing the PPO, Syd saved money by selecting an in-network provider and got great care.

To find a provider in your PPO plan's network:

Allied PPO Plan

- Log in to your account online at member.alliedbenefit.com and open the Provider Finder Tool.
- On the homepage select "Find Care + Costs" from the navigation bar. This will open the Provider Finder tool.
- From the Provider page, you can search by entering a provider name or specialty, "Browse a Category" card, or the "Common Searches".
- On the search results page, you can sort and filter the results based on your preferences and view detailed provider profiles.

Medical Plans

Breaking down plan types (and understanding acronyms)

HDHP

On a High-Deductible Health Plan (HDHP), you have to pay more out-of-pocket before your health plan starts covering services. The amount you have to pay before the plan kicks in is called the "deductible." To help cover these expenses, you can access a special savings account called a "Health Savings Account (HSA)." You can contribute pre-tax funds to this account and use it to pay for different health-related expenses called "qualified medical expenses."

Advantages

- Your HSA can help you save on taxes
- The amount taken out of your paycheck is lower

Out-of-pocket costs

If you choose an HDHP, you'll pay most of your out-of-pocket expenses upfront until you reach your deductible.

Ideal if...

...you don't usually need much health care throughout the year and have enough money set aside to cover expenses until you reach your deductible.

Note:

You can only use your HSA funds to pay for qualified medical expenses, such as copay fees and purchases of over-the-counter medications. It's a good idea to keep your receipts in case your taxes are audited.

Using an HDHP plan: an example

Taylor rarely goes to the doctor, but when she experienced a fever, chills, and chest congestion, she decided to visit urgent care. Taylor found a nearby in-network urgent care clinic for treatment. Because Taylor hadn't yet met the plan's annual deductible, she used funds from her Health Savings Account (HSA) to pay for the visit. Taylor had savings set aside after choosing to pay less in monthly premiums, so this visit wasn't a big deal. Taylor paid the applicable amount toward her plan's deductible.

To find a provider in your HDHP's network:

Allied HDHP/HSA Plans

- Log in to your account online at member.alliedbenefit.com and open the Provider Finder Tool.

- On the homepage select "Find Care + Costs" from the navigation bar. This will open the Provider Finder tool.

- From the Provider page, you can search by entering a provider name or specialty: "Browse a Category" card, or the "Common Searches".

- On the search results page, you can sort and filter the results based on your preferences and view detailed provider profiles.



MEDICAL INSURANCE

Little Colorado Medical Center offers two medical insurance plan options through Allied Benefit System. Please take the time to understand the features and differences of the plans so that you choose the coverage that is best for you and your family.

Each medical plan includes Domestic, Savvos, in- and out-of-network benefits, which means you can choose any provider that you would like. However, you will pay less out of your pocket when you choose **Domestic or Savvos** providers. Additionally, an **AETNA** network provider will cost less than and out-of0network provider. Locate an **AETNA** network provider at **the Aetna website.**

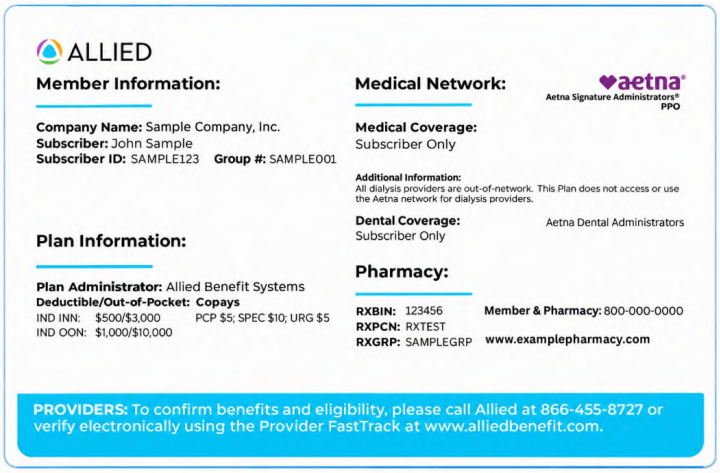
The table below summarizes the key features of the medical plans. Please refer to the official plan documents for additional information on coverage and exclusions. AD = after deductible

Benefit	PPO $2,500 – LCMC	PPO $2,500 – In-Network + Savvos**	HSA $3,500 – LCMC	HSA $3,500 – In-Network + Savvos**
Deductible (individual/family)	$1,500 / $3,000	$2,500 / $5,000 $0/$0**	$3,500 / $7,000	$3,500 / $7,000 $3,500 / $7,000**
Out-of-pocket maximum (individual/family)	$3,000 / $6,000	$5,000 / $10,000 $0/$0**	$3,500 / $7,000	$5,000 / $10,000 $3,500 / $7,000**
Preventive care	No charge	No charge	No charge	No charge
Office visits (primary care/specialist)	$10 / $20	$20 / $50 $0*	0% AD / 0% AD	30% AD / 30% AD 0% AD**
Emergency Room	$200 waived if admitted	$200 waived if admitted	0% AD	30% AD
Urgent Care	$40	$40	0% AD	30% AD
Inpatient hospital	10% AD	20% AD $0*	0% AD	30% AD 0% AD**
Outpatient hospital	10% AD	20% AD $0*	0% AD	30% AD 0% AD**
Rx **Tier 1** **Tier 2** **Tier 3** **GLP-1**	 $10 $20 $50 $50	 $20 $40 $70 $150	 $10 AD $20AD $50AD $50AD	 $20 AD $40 AD $70 AD $150 AD

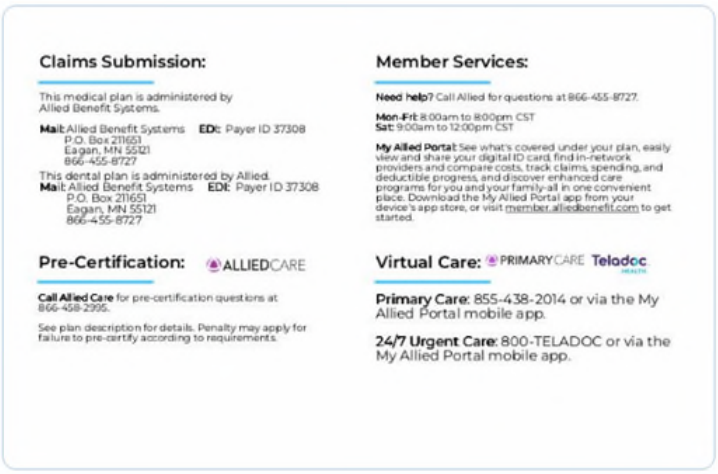
Your Member ID Card

Your health plan ID card contains key information about you and your coverage. Keep your card with you at all times, so it is easily and readily accessible. Anytime you visit your doctor, hospital, or other health care provider, remember to show them this card so they know how to bill for the services they are providing you.

Front of card



Back of card



1. **Allied** – Your contact for member services, eligibility, and benefit-related questions. Call the number listed here if you have questions about your plan or go to alliedbenefit.com to access your account online.
2. **Group # and Subscriber ID** – These numbers identify you and the plan you are enrolled in. You will need these when registering on alliedbenefit.com, calling Allied member services, or seeking care with providers.
3. **Pharmacy Plan** – This confirms your pharmacy benefit information when you need to fill a prescription. Call this number if you have prescription related questions.
4. **Provider Network** – This is the network of providers and hospitals that you have access to with your health plan. It's important that you visit healthcare providers who are in your network to maximize your plan benefits.
5. **Coverage** – This confirms your coverage level, deductible, and out-of-pocket maximum amounts for your medical plan.
6. **The back of your card** has important information for your provider on how to submit claims, verify eligibility and coverage, and contact to pre-certify applicable procedures.

Accessing Your ID Card and More

Once you are enrolled in the health plan, you will receive two (2) physical ID cards in the mail. ID cards will arrive to your home before your plan's start date.

For a digital copy of your ID card:

- Go to alliedbenefit.com to activate your member account.
- Follow the steps using the information shown on the front of your card.
- From your Allied member portal, you can print a temporary ID card, request a new ID card sent to you in the mail, or save a digital copy to keep on your phone for instant access.

PHARMACY BENEFIT MANAGER (PBM)

Welcome to pharmacy benefits with SmithRx. Our mission is to reduce the complexity and cost of your pharmacy benefits.

What is a Pharmacy Benefits Manager?

Pharmacy benefits managers (or PBMs) coordinate the interaction between your employer, physician, health plan, and pharmacy. Your PBM powers your pharmacy experience by:

- Making sure you're charged the correct copay at the pharmacy
- Setting up your medications to be covered according to your plan design
- Managing clinical requirements related to your prescriptions

Since your PBM benefits are closely related to your health coverage, you're automatically covered when you enroll in your health plan.

Will my pharmacy experience change?

You will receive a new Member ID card in the mail. Present this new card at the pharmacy to ensure you're using your current plan and not overpaying for your prescriptions. PBMs like SmithRx cover medications based on lists of preferred drugs called formularies. The formulary with SmithRx may differ from your prior PBM. We'll notify you if a change is required for your medication(s).

Can I go to my usual pharmacy?

We have over 83,000 pharmacies in our network including retail pharmacies like CVS, Walgreens, RiteAid, Walmart, Costco and more.

Mail order pharmacies like Amazon Pharmacy and Walmart Mail Order, and specialty pharmacies like Senderra and Kroger.

What if I need assistance?

The SmithRx Member Services team is available: Monday to Friday, 8 am to 8 pm (MT):

- Phone: 844.454.5201
- Email: help@smithrx.com
- Chat: On our website www.smithrx.com

In addition, we have onsite clinical staff and after-hours answering to ensure you can always get the assistance you need.

You can also create an account on our member portal at portal.mysmithrx.com to find documentation, tools and your ID card.

SmithRx

SCAN ME

TELEMEDICINE

VIRTUAL HEALTHCARE - Teladoc

Little Colorado Medical Center is committed to your physical and mental well-being, offering several program options with you in mind. Virtual doctor's visits allow you to see and speak to a doctor online, anytime.

If enrolled In the Allied Medical Plan, you will have access to Teladoc. Your Teladoc benefit provides you and your covered family members access to virtual care services from anywhere you are.

- **Provide a diagnosis, treatment and prescriptions if needed**
- **Help you avoid the high cost and long waits of the ER or urgent care**
- **Convenient – access to US licensed doctor for non-emergency conditions 24/7 by phone, video, web or app**

When Virtual Healthcare is Appropriate	When Virtual Healthcare is Not Appropriate
Virtual healthcare is good for routine issues such as: • Cold and flu symptoms • Allergies • Pink eye • Urinary tract infections • Rash • Sinus problems • Quick assessment for severity • Stomach aches	**Virtual healthcare is not good for** diagnoses that require a hands-on exam and lab test, emergencies or for injuries such as sprains and broken bones

Talk to a doctor for free

Call 1-800-TELADOC (835-2362) | Visit Teladoc.com

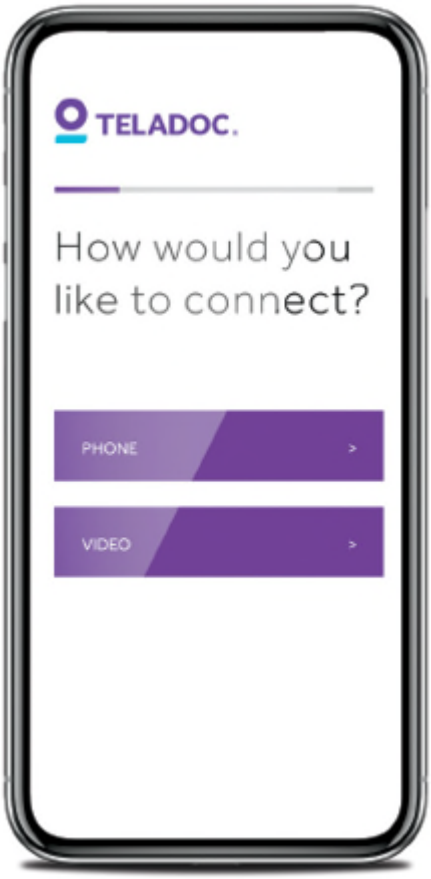
Teladoc IS EASY TO USE!

- Book an appointment from anywhere, anytime at **www.teladoc.com**
- Video chat with a board-certified doctor from your phone, tablet, or computer
- A prescription can be sent to the pharmacy nearest you

Allied Benefit System medical plans include telemedicine benefits.

- PPO members pay: $0 copay

Register today at www.teladoc.com so that you are ready to use this benefit when you need it. You will need your medical insurance information to complete your registration so be sure to have your medical insurance ID card handy.



Enroll today at www.teladoc.com or download the app!

HEALTH SAVINGS ACCOUNT

A health savings account, commonly called an HSA, is a bank account that helps you pay for healthcare expenses now and in retirement. Contributions can be made on a pre-tax basis, the account is yours to keep, and your balance rolls over from year to year.

SAVE, SPEND, OR INVEST YOUR MONEY

SAVE

You own your HSA and the money in your HSA is always yours (until you spend it, of course). Even if you change medical plans or jobs in the future, any money in your HSA is yours to keep.

SPEND

You can use your HSA dollars to pay for most medical, dental, and vision expenses. HSA dollars can even be used to pay for eligible expenses for your spouse and dependent children, even if they are not covered by the medical plan. You won't pay taxes when you spend your HSA dollars unless you use them for non-health-related, ineligible expenses. A list of eligible expenses is available at **www.livelyme.com**.

INVEST

When your HSA balance reaches $1,000, investment options may become available. You may be able to invest part of your balance once any required cash-balance threshold is met. Investment earnings can grow tax-free at the federal level. After age 65, HSA dollars may be used for non-qualified expenses without the 20% additional tax, although ordinary income taxes apply.

HSA ELIGIBILITY

You are eligible to contribute to an HSA if you are enrolled in the HDHP plan. You may not fund an HSA if:

- You are enrolled in a non-HSA-eligible medical plan (e.g., your spouse's PPO plan) or a health care FSA
- You are claimed as a dependent on someone else's tax return
- You are enrolled in Medicare, TRICARE, or TRICARE for Life
- You have received Veterans Affairs medical benefits within the previous three months, unless the care was for a service-connected disability

Additional rules apply. Please see IRS Publication 969 for more information.





HEALTH SAVINGS ACCOUNT

AN HSA IS EASY TO USE:

- If you enroll in the medical HDHP, an HSA through Lively will automatically be opened for you. Account information will be mailed to your home in January.
- There is no cost for you to open an HSA
- Monthly fees are paid by **Little Colorado Medical Center**

Employer CONTRIBUTIONS ARE MADE PER PAYCHECK

Little Colorado Medical Center matches your HSA deposits dollar for dollar, up to $600 per calendar year, when enrolled in a Little Colorado Medical Center HSA-eligible medical plan.

	2027 HSA Contribution Limit
Individual	$4,500
Family	$9,000

Employee CONTRIBUTIONS ARE MADE PER PAYCHECK

Contribute up to the IRS limits

Contributions to an HSA (including the company's contribution) cannot exceed the annual IRS contribution limits. The IRS calendar year maximum contributions are:

	2025	2026	2027
Employee only coverage	$4,300	$4,400	$4,500
All other coverage tiers	$8,550	$8,750	$9,000
Age 55+ Catch-up	$1,000	$1,000	$1,000

SAVVOS health

Savvos TierOne

A Digital Healthcare Upgrade for Your Existing Health Plan



Replace high deductibles with

zero out-of-pocket by integrating Savvos TierOne

into your existing health plan.

What Is Savvos TierOne?



Savvos TierOne is a modern benefit enhancement that integrates directly into an employer's existing health plan, creating an employer-sponsored Tier One benefit level with immediate, direct payment for eligible services.

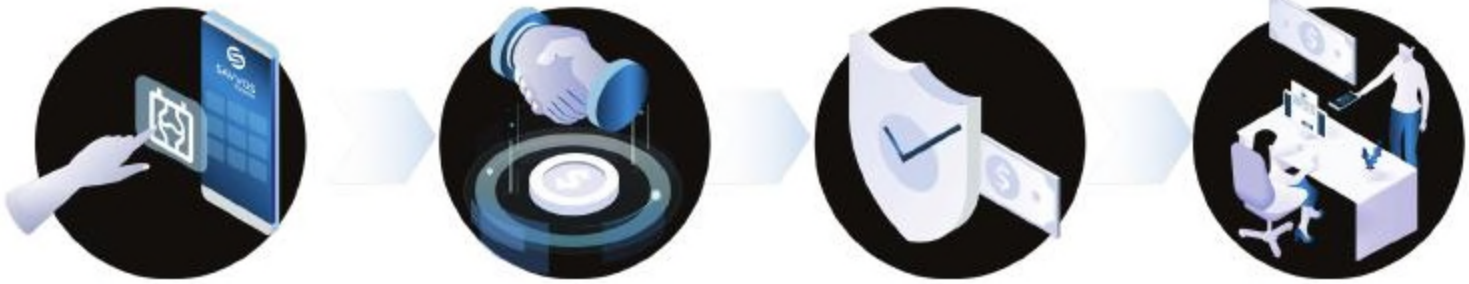
TierOne is configured at the plan level—employers choose to offer these enhanced benefits, which may reduce or waive deductibles and out-of-pocket costs, while employees do not opt in on their own.

No copays or claims processing, and simply paying cash at the time of service.

No balanced bill: Know the cost of a the cost of a procedure in advance.

No deductible and eliminating out-of-pocket costs for medical care.

After an employer chooses Savvos:



1. **Employee Schedules Care**
2. **Savvos Negotiates Fair-Cost Bundles**
3. **Employer Approves & Prefunds**
4. **Provider Paid at Time of Care**

SAVVOS health

Savvos TierOne In Action
Chemotherapy Case Study

A Digital Healthcare Upgrade Your Employees Can Bank On... Literally!



At a Glance

Cancer care can be one of the most **emotionally and financially overwhelming experiences in healthcare.** For self-funded plans, fast access to care and upfront pricing are critical to protecting both the employee and the bottom line.

Key Metrics & Savings

Individual Chemotherapy Treatment

$250K	Traditional Network Price
$50K	Savvos Price
80%	Savings as a Percentage
$200K	Actual Plan Savings

The Challenge

An employee diagnosed with breast cancer was undergoing chemotherapy when she and her employer were faced with an **alarming traditional network price of $250,000 for one round of treatment.** Fragmented billing, inflated facility fees, and opaque pricing created uncertainty and urgency. The diagnosis created an overwhelming level of uncertainty—for the employee facing treatment and for the employer managing high costs.

Savvos Outcome

Through Savvos, the employee secured a bundled, upfront rate with a trusted oncology provider—no delays and no surprise billing. Chemotherapy was delivered at $50,000, with the deductible waived and zero out-of-pocket cost. **The employee received top-tier care** focused on outcomes and support, while **the employer avoided a $250,000 claim and gained full visibility** into high-cost cancer care.

Savvos Concierge | **Quality Care** | **Responsible Benefits**

"With Savvos, we didn't have to choose between compassion and cost control. Our employee got world-class care, and we avoided a $200,000 hit."

Price and savings may vary based on procedure type, provider, and geographic region.

Employer Benefits

Benefit Enhancement
Offer tier-one surgical benefits with zero out-of-pocket cost—any time during the plan year. Employees gain clarity and peace of mind.

Employee Retention Advantage
Provide high-value care with zero out-of-pocket cost to strengthen employee trust—turning benefits into a retention advantage.

Sustainable Cost Containment
Receive upfront specialty care pricing to transform unpredictable claims into a strategic cost-saving lever for your health plan.

SAVVOS health

www.savvos.com
(801) 896-1473

SAVVOS health

Savvos TierOne In Action

Total Knee Replacement Case Study

A Digital Healthcare Upgrade Your Employees Can Bank On... Literally!



At a Glance

Total knee replacement is a high-cost, **common surgery with widely variable pricing.** For self-funded plans, upfront pricing and bundled care models are critical to ensuring quality outcomes without financial waste.

Key Metrics & Savings

Total Knee Replacement

$62K	Traditional Network Price
$21K	Savvos Price
66%	Savings as a Percentage
$41K	Actual Plan Savings

The Challenge

An active employee performing physically demanding work was scheduled for a total knee replacement after months of joint pain and declining mobility. **The traditional network price given was $62,000. Through Savvos, the procedure was completed for $21,000**, restoring mobility, reducing downtime, and delivering savings to both the employer and the employee, helping them get back to work.

Savvos Outcome

Through Savvos, the employee was matched with a renowned orthopedic surgeon at a trusted surgical center. The procedure was completed at a fraction of traditional network cost, with the deductible waived and no out-of-pocket costs. **The employee regained mobility through a top provider and returned to work,** restoring their livelihood and supporting their family. Meanwhile, **the employer avoided an inflated claim, proving that quality care and cost control go hand in hand.**

Savvos Concierge | **Quality Care** | **Responsible Benefits**

"Getting back to work wasn't just recovery—it was my way back to providing for my family. Savvos made that possible."

Price and savings may vary based on procedure type, provider, and geographic region.

Employer Benefits

Benefit Enhancement
Offer tier-one surgical benefits with zero out-of-pocket cost—any time during the plan year. Employees gain clarity and peace of mind.

Employee Retention Advantage
Provide high-value care with zero out-of-pocket cost to strengthen employee trust—turning benefits into a retention advantage.

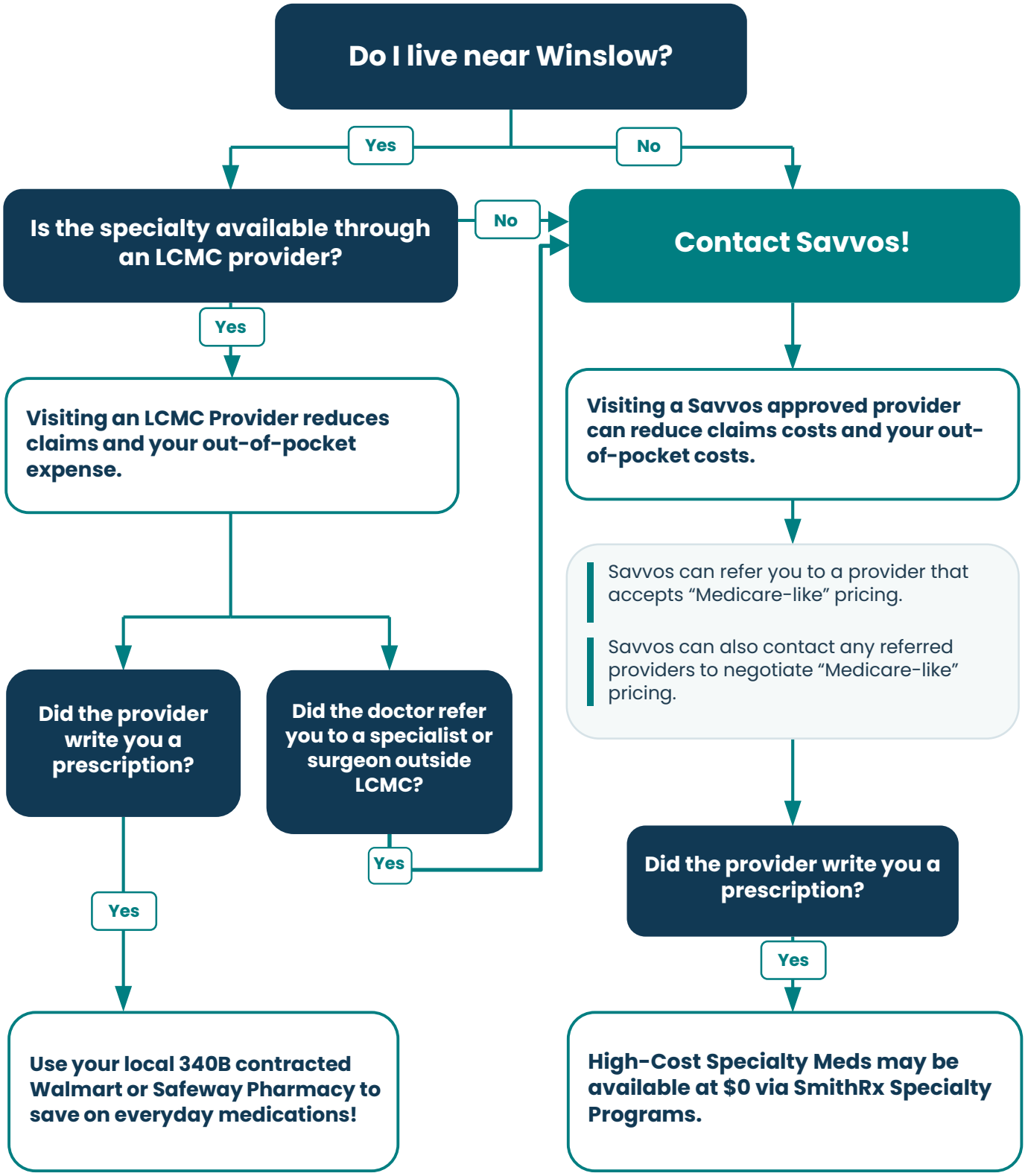
Sustainable Cost Containment
Receive upfront specialty care pricing to transform unpredictable claims into a strategic cost-saving lever for your health plan.

SAVVOS health

www.savvos.com
(801) 896-1473

MAXIMIZING YOUR PLAN SAVINGS

I need to schedule a doctor's appointment. How do I maximize the savings in my plan?



DENTAL INSURANCE

Delta Dental PPO (DPPO)

The dental plan includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose a Delta Dental network dentist. Locate a Delta Dental network dentist at www.deltadental.com.

The table below summarizes the key features of the dental plan. The percentages listed reflect the amount the dental plan pays for covered services. Please refer to the official plan documents for additional information on coverage and exclusions.



DO I NEED TO SEE A DENTIST?

A visit to the dentist is about more than just a teeth cleaning. By looking in your mouth, your dentist can tell a lot about your overall health. In fact, he or she may be able to identify early signs of disease, such as diabetes, heart disease, kidney disease, and even some forms of cancer, before you even notice symptoms.

	DPPO
Deductible (individual/family)	$50 per calendar year; waived for Type 1 $150 family
Annual Benefit Maximum	$1,500 per person
Diagnostic/preventive Services	100% (Type 1)
Basic Services	80% (Type 2)
Major Services	50% (Type 3)

VISION INSURANCE

Little Colorado Medical Center offers a vision insurance plan through Vision Care Direct of Arizona. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate a Vision Care Direct of Arizona network provider at **www.VisionCareDirect.com**.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Vision Plan	Platinum Complete 200	Gold Complete 200	Platinum Materials Only 200	Sunwear Materials Only 200
Benefit Frequency **Eye Exam** **Frames** **Lenses**	 12 Months 12 Months 12 Months	 12 Months 12 Months 12 Months	 N/A 12 Months 12 Months	 N/A 12 Months 12 Months
In Network Allowance **Single Vision Lenses** **Bifocal Lenses** **Trifocal Lenses** **Progressive Lenses** **Anti-reflective Coating** **Polycarbonate for Kids**	 Included Included Included Included* Included* Included	 Included Included Included Included* Included* Included	 Included Included Included Included* Included* Included	 Included Included Included Included* Included* Included
Member Fees **Eye Exam** **Glasses** **Polycarbonate for Kids**	 $15 $15 $0	 $15 $15 $0	 N/A $15 $0	 N/A $15 $0
Frames and Contacts	$200 allowance	$200 allowance	$200 allowance	$200 allowance
Laser Correction	$200 Lasik allowance*	$200 Lasik allowance*	$200 Lasik allowance*	$200 Lasik allowance*

ADDITIONAL SAVINGS

Flexible Exam Benefit	In the event that a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A $65 credit will be applied to your bill at time of service toward non-covered items.
Lasik Vision Correction	Get $200 toward your Lasik procedure through your VCD materials benefit. Lasik is in lieu of glasses and contacts. To file for your Lasik reimbursement, go to members.visioncaredirect.com/lasik.

* Standard digital progressive lenses and anti-reflective coatings are included at no additional charge through any of our VCD PLUS providers. The progressive lens allowance through a Standard VCD provider is equal to the doctor's retail cost of standard bifocal lenses. There is no benefit for anti-reflective coatings through Standard VCD providers.

SIMPLE.
FLEXIBLE.
AFFORDABLE.



	BENEFITS	INCLUDED
FRAMES	Up to $200	✓
CONTACTS	Up to $200	✓
LENSES	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
VCD PLUS EXTRAS*	HD Progressive	✓
	Anti-Reflective Coating	✓
	Scratch Resistance	✓
	UV Protection	✓
	Oil & Water Resistance	✓

*Benefits available exclusively at VCD PLUS participating providers.
Contact lens benefit is in lieu of glasses.

COMPLETE PAIR OF GLASSES STARTING AT JUST $15

At last, you finally have the freedom to use your materials allowance the way you want without all the surprise out of pocket expenses. With VCD PLUS providers in your area, you'll have access to high definition (single vision, bifocal, trifocal or premium progressive) lenses, premium anti-reflection coating, scratch resistant coating and UV protection all for one low price!

OWNED BY ARIZONANS, FOR ARIZONANS

Vision Care Direct is proudly owned by private practice optometrists right here in the great state of Arizona. Revenue and tax dollars stay in Arizona to support your local communities and schools.

Vision Care Direct is a membership plan, not insurance. Minimum participation requirement for the plans offered above is 2 employees. Contact lens allowance amount is in lieu of glasses. For a complete listing of allowances, exclusions and limitations, please reference the enclosed Allowance Summary.

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VCD PLUS

MEDICAL AND DENTAL PREMIUM RATES

MEDICAL COST

	Allied Benefit System- $2,500 PPO Plan
	EMPLOYEE (Per pay period)
Employee Only	$131.36
Employee + Spouse	$403.31
Employee + Child(ren)	$365.08
Employee + Family	$577.25

MEDICAL COST

	Allied Benefit System – HSA $3,500
	EMPLOYEE (Per pay period)
Employee Only	$26.69
Employee + Spouse	$91.59
Employee + Child(ren)	$75.35
Employee + Family	$130.77

DENTAL COST

	DPPO
	EMPLOYEE (Per pay period)
Employee Only	$5.93
Employee + Family	$18.25

VISION PREMIUM RATES

VISION COST

	VCD – PLATINUM COMPLETE 200
	EMPLOYEE (per pay period)
Employee Only	$2.51
Employee + (1) Dependent	$4.27
Employee + (2+) Dependents	$7.27

	VCD- GOLD COMPLETE 200
	EMPLOYEE (per pay period)
Employee Only	$2.38
Employee + (1) Dependent	$4.04
Employee + (2+) Dependents	$6.89

	VCD – PLATINUM MATERIALS 200
	EMPLOYEE (per pay period)
Employee Only	$2.09
Employee + (1) Dependent	$3.55
Employee + (2+) Dependents	$6.06

	VCD- SUNWEAR MATERIALS 200
	EMPLOYEE (per pay period)
Employee Only	$2.04
Employee + (1) Dependent	$3.47
Employee + (2+) Dependents	$5.92

LINCOLN FINANCIAL GROUP VOLUNTARY LIFE AND AD&D INSURANCE

Choose additional Life and AD&D coverage for yourself and/or your dependents. Premiums are paid through payroll deduction.



VOLUNTARY LIFE AND AD&D INSURANCE

FOR EMPLOYEES

Increments of $10,000 up to $500,000 maximum, not to exceed 7× annual salary. Guaranteed issue: $200,000

FOR YOUR SPOUSE

Increments of $5,000 up to $100,000 maximum, not to exceed 3.5× annual salary or 50% of employee benefit. Guaranteed issue: $30,000

FOR YOUR CHILD(REN)

1 day–14 days: No benefit
14 days–less than 6 months: $1,000 increments up to $10,000
6 months–age 26: $10,000

OPTIONAL AD&D

Coverage is available for purchase in the same amounts as the optional life insurance amounts above.

ENROLLMENT & EVIDENCE OF INSURABILITY

You can enroll during your enrollment period. If you wait until a later enrollment period, you may need to provide Evidence of Insurability (proof of good health). Coverage amounts are subject to insurance company review and are not effective until approved.

DESIGNATE A BENEFICIARY

Keep your beneficiary designation up to date. You may change beneficiaries at any time and may name one or multiple beneficiaries, with each receiving a percentage of the payout.

Please note: Benefits coverage may reduce when you turn 65. Restrictions may apply if you and/or your dependent(s) are confined in the hospital or terminally ill. See the Summary Plan Description for exclusions and further detail.



LIFE INSURANCE AND AD&D

Little Colorado Medical Center pays 100% of this benefit through Lincoln Financial.

Life and accidental death and dismemberment (AD&D) coverage can provide financial support to your family or beneficiaries if something happens to you.

Benefit	Employer-Paid Coverage
Basic Life Insurance	$25,000
AD&D	$25,000
Age Reduction	Benefits may reduce when you turn 65

You can choose to add more life insurance and AD&D coverage for you and/or your dependents through Lincoln Financial.

Benefit Option	Voluntary Life Coverage	Guaranteed Issue
Employee	$10,000 increments up to $500,000; not to exceed 7 times annual salary	$200,000
Spouse	$5,000 increments up to $100,000; not to exceed 3.5 times annual salary or 50% of employee benefit	$30,000
Child(ren)	1 day–14 days: No benefit 14 days–<6 months: $1,000 increments up to $10,000 6 months–age 26: $10,000	—
Optional AD&D	Available for purchase in the same amounts as optional life insurance above	—

MONTHLY VOLUNTARY LIFE AND AD&D COST

AGE BAND	EMPLOYEE RATES PER $1,000
0-19	$ 0.080
20-24	$ 0.080
25-29	$ 0.080
30-34	$ 0.120
35-39	$ 0.140
40-44	$ 0.180
45-49	$ 0.260
50-54	$ 0.440
55-59	$ 0.820
60-64	$ 1.040
65-69	$ 1.920
70-74	$ 3.080
75-79	$ 3.080
80-84	$ 3.080
85-89	$ 3.080
90-94	$ 3.080
95-99	$ 3.080

EMPLOYEE AD&D Monthly Rate per $1000
$0.015

If you choose additional coverage, the insurance company may require evidence of good health before coverage becomes effective. You can enroll during your enrollment period; if you wait, you may have to provide evidence of insurability.

Don't forget to update your beneficiaries! You may change your beneficiaries at any time and may designate one person or multiple beneficiaries.

Spouse voluntary life & AD&D rates: contact HR at hr@lcmcwmh.com or 928-289-4691.

Quick note on IRS Regulations: You can receive employer-paid life insurance coverage up to $50,000 on a tax-free basis and do not have to report the payment as income. However, coverage of more than $50,000 will trigger taxable income for the "economic value" of the coverage provided to you.

DISABILITY INSURANCE

Little Colorado Medical Center offers you the opportunity to enroll in disability coverage through Lincoln Financial.



SHORT-TERM DISABILITY INSURANCE

Short-term disability (STD) insurance helps replace a portion of your income if you are unable to work due to an illness or injury.

- Administered by Lincoln Financial
- Benefit: 60% of earnings, up to $1,000 per week
- Benefits may continue for up to 13 weeks
- Elimination period: 7 consecutive days
- 100% Employee Paid

LONG-TERM DISABILITY INSURANCE

If your disability extends beyond 90 days, long-term disability (LTD) coverage may replace a portion of your income.

- Administered by Lincoln Financial
- Benefit: 60% of earnings, up to $10,000 per month
- Elimination period: 90 days
- Benefits may continue to Social Security normal retirement age, if you meet the definition of disability
- 100% Employer Paid

Note: The state you reside in may provide a partial wage-replacement disability insurance plan.

ACCIDENT INSURANCE

Little Colorado Medical Center offers optional Accident Insurance through Lincoln Financial. Benefits are paid directly to you for covered injuries and services, helping with unexpected medical and everyday expenses.

WHAT CAN ACCIDENT INSURANCE PAY FOR?

This coverage pays you directly in cash. Examples include:

- Emergency room visits
- Ambulance transportation
- Doctor visits
- Hospital admission
- Surgery
- Medical equipment
- Outpatient therapy
- Diagnostic imaging

KEY FEATURES OF THE ACCIDENT INSURANCE PLAN:

- 100% employee-paid
- Cash benefits are paid directly to you
- Benefit amounts depend on the covered injury or treatment
- Use the money however you choose

Semi-monthly post-tax rates

Election	Semi-Monthly Contribution
Employee Only	$5.72
Employee + Spouse	$9.41
Employee + Child(ren)	$10.09
Family	$13.73

USING ACCIDENT INSURANCE: AN EXAMPLE

Sam was involved in a car accident and needed physical therapy. The plan could help with out-of-pocket treatment costs, mortgage payments, or daycare expenses while Sam recovered.

Example covered event / benefit

Covered Service	Example Benefit Paid
Ambulance (ground)	$300
Emergency room care	$150
Physician follow-up ($75x2)	$150
X-ray	$50
Concussion	$150
Broken tooth (repaired by crown)	$300
Total Benefit Paid	$1,100

Want to learn more? Enroll during annual open enrollment. More information: www.lincolnfinancial.com.

HOSPITAL INSURANCE

Hospital Insurance through Lincoln Financial pays cash benefits to help offset medical and non-medical expenses after a covered hospital stay. The benefit is optional and 100% employee-paid.

KEY FEATURES OF THE HOSPITAL INSURANCE PLAN:

- 100% employee-paid
- Semi-monthly post-tax deductions
- Cash is paid directly to you or your family
- Helps with both medical and non-medical bills

WHAT CAN HOSPITAL INSURANCE PAY FOR?

Because benefits are paid directly to you, the money can be used for:

- Copayments
- Deductibles
- Transportation expenses
- Childcare
- Lodging for a companion
- Lost income

SEMI-MONTHLY CONTRIBUTIONS

Election	Semi-Monthly Contribution
Employee Only	$9.54
Employee + Spouse	$20.48
Employee + Child(ren)	$14.48
Family	$26.48

USING HOSPITAL INSURANCE: AN EXAMPLE

Morgan needed gallbladder surgery and stayed in the hospital for five days. Hospital insurance helped cover the deductible and coinsurance by paying a set admission benefit plus an amount for each additional day.

Example expenses and benefits

Out-of-Pocket Expenses	Hospital Indemnity
$500 Deductible	$1,000 admission benefit
$3,000 coinsurance	$150/day x 4 days = $600
Total $3,500	Total benefits paid: $1,600

Want to learn more? Enroll during annual open enrollment. More information: www.lincolnfinancial.com.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through Lincoln Financial pays a lump-sum cash benefit if you are diagnosed with a covered critical illness. You can use the money however you choose.

KEY FEATURES OF THE CRITICAL ILLNESS PLAN:

- 100% employee-paid
- Semi-monthly post-tax deductions
- Lump-sum cash benefit paid directly to you
- Guaranteed issue benefit amounts shown below

WHAT CAN CRITICAL ILLNESS INSURANCE PAY FOR?

Examples of ways the cash benefit may be used:

- Medical expenses
- Lost income
- Groceries and utilities
- Alternative treatments
- Lodging and travel to specialists

Some covered illnesses include cancer, heart attack, stroke, Alzheimer's, kidney failure, and organ transplant.

ELECTION / BENEFIT AMOUNTS

- Employee: $10,000, $15,000, or $20,000 (all guaranteed issue)
- Spouse: $5,000, $7,500, or $10,000 up to 50% of employee benefit (all guaranteed issue)
- Child(ren): $5,000, $7,500, or $10,000 up to 50% of employee coverage amount

SEMI-MONTHLY POST-TAX RATES

Age	Employee/Spouse
<25	$0.079
25-29	$0.116
30-34	$0.167
35-39	$0.257
40-44	$0.398
45-49	$0.588
50-54	$0.856
55-59	$1.163
60-64	$1.688
65-69	$2.408
70+	$4.035

Employee and spouse rates are age-banded and the same for each age band. Child(ren) rate is $0.307.

USING CRITICAL ILLNESS INSURANCE: AN EXAMPLE

Theo was diagnosed with cancer and needed surgery followed by chemotherapy. The lump-sum benefit helped with deductible and co-insurance costs and everyday expenses so Theo could focus on recovery.

EMPLOYEE ASSISTANCE PROGRAM

Your Employee Assistance Program (EAP) is a set of services that can support you through personal and professional challenges with resources, information, and counseling. Everything is confidential—and free.

EAP BENEFITS

- 5 face-to-face sessions per year per member per incident
- Phone or face-to-face sessions
- Confidential resources, information, and counseling
- Available to you, your dependents, and other members of your household



TOPICS MAY INCLUDE

- Marital, relationship or family problems
- Bereavement or grief counseling
- Substance use disorder and recovery
- Child and eldercare
- Legal services and identity theft
- Financial support

GET IN TOUCH

By phone: 888.628.4824

Online: www.guidanceresources.com

Username: LFGSupport | Password: LFGSupport1

Download the mobile app: GuidanceNow

RETIREMENT PLAN

YOUR 403(B) PLAN

Prepare for your future through payroll contributions and your employer-sponsored retirement plan.

2%	30 DAYS	UP TO 4.5%	90 DAYS
Automatic starting rate	New-hire opt-out window	Employer match	Service requirement

ENROLLMENT & ACCOUNT ACCESS

Eligible new hires are automatically enrolled at 2% of pay, with 30 days to opt out.

Review balances, contributions, and investment choices through Lincoln Financial.

Account assistance: 800-234-3500.

EMPLOYER CONTRIBUTIONS

Little Colorado Medical Center matches contributions dollar for dollar up to 4.5% of gross earnings.

Matching begins on the first day of the quarter after 90 days of continuous employment. Employees are fully vested at that point.

MANAGING YOUR 403(b)

CONTRIBUTION CHANGES Adjust or stop contributions through Lincoln Financial or Human Resources.

LOANS & ROLLOVERS Loan or hardship options, when permitted by the plan, and eligible rollovers may be available.

AT SEPARATION Distribution and rollover options are governed by the retirement plan and tax rules.

The plan document controls eligibility and all terms.

PERKS & MORE

PAID TIME OFF & BEREAVEMENT

Benefits that support life outside of work, beyond the insurance programs in this guide.

PAID TIME OFF (PTO)

Available to full-time and part-time employees. PTO accrues from date of hire and becomes available after the 90-day introductory period.

Years of service	Accrual per hour	Per 80 hours worked	Annual maximum
1–4 years	0.088463	7.077 hours	184 hours / 23 days
4–9 years	0.107700	8.616 hours	224 hours / 28 days
9+ years	0.126925	10.154 hours	264 hours / 33 days

BEREAVEMENT LEAVE

24 HOURS OF PAID LEAVE

For the death of an immediate family member. Available to full-time and part-time employees; this leave is not deducted from PTO.

Immediate family includes: spouse; child or stepchild; sibling; parent or stepparent; parent of spouse; foster parent; grandparent; grandchild; or dependent person.

PERKS & MORE

WORKPLACE BENEFITS

Additional benefits available to eligible Little Colorado Medical Center employees.

CAFETERIA PLAN / SECTION 125

Eligible medical, dental, and vision employee premiums may be paid through pre-tax payroll deductions under the cafeteria plan.

EMPLOYEE DISCOUNT — HOSPITAL & PHYSICIAN SERVICES

Available to employees and IRS-defined family members from the first day of employment. Eligible services at Winslow Memorial Hospital or the Physicians Clinic may receive a discount of up to 40% of the gross charge after insurance, not exceeding the remaining balance. Employees remain responsible for applicable deductibles and copays.

CAFETERIA MEAL PURCHASES

FULL-TIME & PART-TIME EMPLOYEES ONLY

Employees may scan their badges to purchase meals from the cafeteria up to $100 per pay period. This may be deducted from payroll on the following pay period.

PERKS & MORE

VOLUNTARY BENEFITS

PET INSURANCE

EMPLOYEE-PAID • DIRECT BILLING

Pet insurance through Spot can help reimburse covered veterinary expenses from accidents or illness. This optional plan is paid directly by the employee and is not payroll-deducted.

Get a quote: spotpet.link/littlecolorado

Phone: 800-905-1595 • Priority code: EB_LCMCWMH

Visit a licensed veterinarian, submit your claim online, and receive reimbursement according to the policy.

LEGAL & IDENTITY THEFT SERVICES

LEGALSHIELD

Provides access to participating attorneys for eligible personal legal matters, such as document review, wills, family matters, traffic matters, and advice.

Coverage terms, exclusions, and enrollment details apply.

IDSHIELD

Offers identity monitoring, alerts, and restoration assistance, including support from licensed private investigators and coverage as described in the program materials.

Review the provider details before enrolling.



ADDITIONAL INFORMATION

RESOURCES AND CONTACT INFORMATION

DO YOU HAVE A QUESTION ABOUT YOUR BENEFITS?

For benefits, eligibility, enrollment instructions, or plan information, contact Little Colorado Medical Center Human Resources. Use Paylocity to make your benefit elections.

ENROLLMENT PORTAL

Paylocity

HUMAN RESOURCES

hr@lcmcwmh.com

928-289-4691

PLAN	PHONE	WEBSITE
Mahoney Group Client Executive – Ricky Sillman Client Manager – Tristan Graff	480-214-2727 480-214-2624	Email: rsillman@mahoneygroup.com tgraff@mahoneygroup.com
Medical – Allied Benefit System	800-288-2078	www.alliedbenefit.com
Dental – Delta Dental AZ	800-332-0366	www.deltadental.com
Vision – Vision Care Direct	800-877-7195	www.VisionCareDirect.com
Pharmacy Benefit Manager (PBM)-SmithRx	844-454-5201	www.smithrx.com
Life and AD&D, Disability – Lincoln Financial Group	1-877-275-5462	mylincolnportal_help@lfg.com
Employee Assistance Program	888-628-4824	www.guidanceresources.com

ANNUAL NOTICES

Each year, employers that offer health care benefit plans are required to provide specific state and federal notices to employees regardless of their participation in the benefit plans offered. For copies of required annual notices or questions about benefits, contact Human Resources.