

YOUR HEALTH *OUR* PARTNERSHIP

BEGIN HERE!



YOUR HEALTH *OUR* PARTNERSHIP

Learn more on the benefits website via UKG or by logging in to

[AMSURG-Benefits.com](https://amsurg-benefits.com)

Case-sensitive company key: AMSURG

Need help? Get instant answers to your questions by chatting with SofiaSM—your personal benefits assistant—available on the benefits website and the MyChoice[®] benefits app. Sofia can connect you to a benefits specialist if you'd prefer to speak to someone.

Legal Notices

Legal Notices

Download a PDF of this eGuide

AMSURG

Explore Your 2026 Benefits at a Glance

AMSURG is committed to supporting your health and wellbeing through a wide range of health and welfare benefit options. This overview offers a quick snapshot of the benefits available to help you stay informed and make the best choices to meet the needs of you and your family.

[View the Benefits at Glance](#)

Eligibility

- You are eligible for the benefit program if you are a regular teammate working 30 hours per week.
- Your dependents may participate in your benefit plans if they meet all eligibility requirements.
- AMSURG will conduct eligibility audits for both you and your dependents to ensure compliance.
- For newly eligible teammates, your coverage is effective the first day of the month following 30 days of eligible employment, provided you enroll within 30 days from your date of hire or date of eligibility.

Dependent Verification

Are you or will you be covering someone else (dependents) on any of your plans?

Early next year, you may need to verify their relationship to you. Because many of your benefit plans have certain eligibility rules for family members, we will conduct an audit to ensure all dependents meet those eligibility requirements.

To prepare, you will need to gather documentation to demonstrate your dependents' relationship to you. This can include:

- Birth certificate
- Marriage license
- Court documents showing guardianship
- Domestic Partner affidavit

If you don't have copies of the above documents on hand, you should get started now since the process to request new copies varies state-to-state and processing time varies. For resources and more information, visit [USA.gov's helpful website with details on replacing vital documents](#).

Eligible dependent information is below. Visit the benefits website via UKG or by logging in to [AMSURG-Benefits.com](#) and select the "Change My Benefits" page to see the list of required documentation.

Eligible dependents include:

- Your lawful Spouse or Domestic Partner.
- Qualifying Domestic Partners (same or opposite sex) have the same eligibility for ALL benefits as a Spouse. See the Domestic Partners policy on the benefits website for more information regarding possible tax forms.
- Spouse is defined as your legally married spouse or your common law spouse (only in states where recognized).
- Dependent children include biological children, children of your domestic partner, legally adopted children, stepchildren, or children for whom you or your spouse is the court-ordered child's legal guardian. A dependent child may be covered until the end of the month in which the child reaches age 26.
- Your unmarried dependent children over age 26 who are not able to support themselves due to a mental, physical or developmental disability, and are financially supported by you. Proof of disability is required.

Ineligible persons include:

- Adult children as of end of month in which they attain age 26
- Legally separated or divorced spouse
- Former domestic partner
- Grandchildren
- Siblings
- Cousins
- Fiancé, girlfriend or boyfriend (unless a qualified domestic partner)
- Spouse of an eligible adult child
- Child(ren) of an eligible adult child
- Grandparent

Paying for Benefits

Cost

You will find your personalized rates for each available benefit program on the benefits website which you can access via UKG or by logging in to [AMSURG-Benefits.com](#). You are responsible for your portion of premiums as of your benefit effective date. If there are missed deductions, they will be automatically collected through a later paycheck. Examples include leaves of absence and missed or incorrect deductions. This may result in a larger reduction in your take-home pay.

What you pay for some benefits may depend upon your salary, plan selection and network availability in your area.

Salary includes base pay and commissions, but excludes overtime pay and bonus.

Your Benefit Salary is determined as follows:

At hire: Benefit salary is your actual pay rate established upon hire.

Ongoing: The premium cost of your medical coverage is based on your salary band.

Salary Bands:

- Salary Band I: Under \$100K
- Salary Band II: Above \$100K

Guidance Available for Choosing Your Medical Coverage

There are three medical plans to choose from which consists of a PPO plan and two High- Deductible Health Plans. In addition, Cigna offers two networks:

- Local Plus (LP) which offers lower premiums and availability is based on your home zip code.
- Open Access (OAP) provides nationwide access to providers but does have an increased cost.

Knowing the differences like these will help you choose the best plan for your needs and budget.

*Available in specific states.

When you make your medical plan selection on the Businessolver website ([AMSURG-Benefits.com](#)), you will automatically see the appropriate network option(s) available to you and the associated cost.

Access plan documents and other helpful information in the Reference Center on the benefits website.

How to Enroll

The benefits information and enrollment site makes it easy to get information about your benefits, compare your choices and enroll. It is also your go-to resource throughout the year.

When you’re ready to enroll, you can access the site in two ways:

1. With a Computer

Visit the benefits website via UKG or by logging in to [AMSURG-Benefits.com](#). If you access the site directly and need to reset your password, click **Forgot your username or password?** under the **Login** button.

2. With your Mobile Device

The MyChoice® benefits app puts your benefits website in the palm of your hands. If you don't already have the app, visit our benefits website, click **Access the App** from the home page, and follow the prompts to download the app directly to your mobile device.

Want to Know More About Your Benefits?

If you need assistance or have questions about changing your coverage following a qualifying life event, visit the benefits website and chat with Sofia, your personal benefits assistant. If you prefer to speak to someone, you can call the benefits center at 1-888-305-7027.



Enrollment Tool

Your Medical Plan Decision Tool

It's not always apparent what medical plan would be best for you and your family. That's why we offer the **Your Medical Plan Decision Tool** to assist you in selecting the right pathway for you to make that decision. This tool guides you to the right plan based on your income bracket. It shows you the most economic way to pay for your healthcare and the plan that makes the most sense for you long-term. Be sure to check it out before you enroll in your benefits!

Visit the benefits website via UKG or by logging in to [AMSURG-Benefits.com](#) and click the **Your Medical Plan Decision Tool** button on the home page to explore your plans and rates.

Use the Tool

FIND THE RIGHT MEDICAL
PLAN FOR YOUR NEEDS

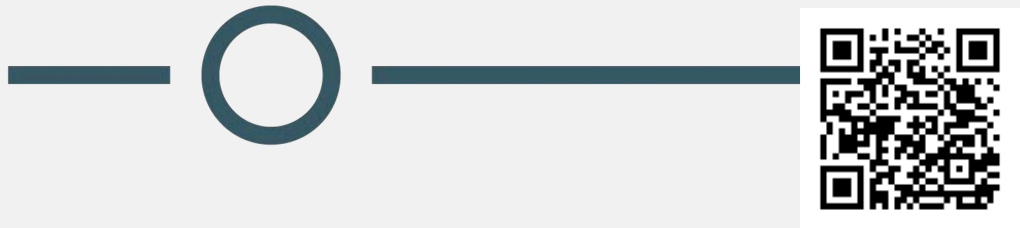
YOUR MEDICAL PLAN DECISION TOOL →



Need Help Choosing?

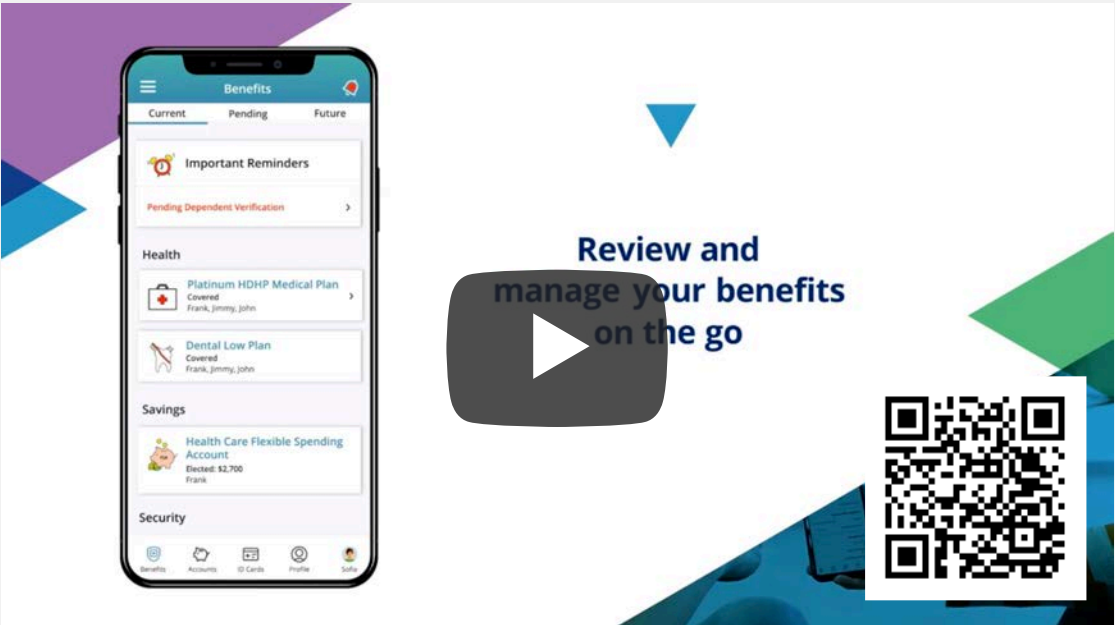
Not sure which benefits are a good fit for you and your family? Choose **I'd Like Help Choosing Plans** when you enroll and answer a few questions to find the plans that best fit your unique needs.

Watch this video to see how easy it is to choose and enroll in your benefits!



MyChoice® Benefits App

The MyChoice® benefits app lets you upload verification documents, store pictures of your ID cards, access coverage details, change your benefits, plus much more. Simply go to the homepage of the benefits website and click **Access the App** to download the app and get started.



Changing Your Benefits

You can make a change during the plan year only if you experience a qualifying life event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Death of a spouse or child
- Change in your or your spouse's employment or insurance status (e.g., your spouse loses his/her job)
- Annual enrollment or qualifying for a special enrollment period (SEP) through the Health Insurance Marketplace
- Your dependent child(ren) reaching the eligibility age limit for the medical/prescription drug, dental, vision or voluntary insurance plans
- Material change in benefits (e.g., loss or gain of other coverage)
- Loss of, or becoming eligible for, Medicare, Medicaid or CHIP (Children's Health Insurance Program)

If you experience such an event and wish to make a corresponding change to your coverage, you must log onto [AMSURG-Benefits.com](https://amsurg-benefits.com) or call Businessolver to request the change within **60 days** of the event. If you miss this deadline, you may not be able to make a change until the next Annual Enrollment or until you experience another qualifying life event. **Note:** Dependents who become ineligible must be removed.

Questions?

If you need assistance or have questions about changing your coverage following a qualifying life event, visit the benefits website via UKG or by logging in to [AMSURG-Benefits.com](https://amsurg-benefits.com) and chat with Sofia, your personal benefits assistant. If you prefer to speak to someone, you can call the benefits center at 1-888-305-7027.

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AMSURG

A decorative header featuring a dark blue background with a pattern of interlocking puzzle pieces in shades of teal, light blue, and grey. The puzzle pieces are scattered across the top right and bottom left corners.

Tobacco & Working Spouse Surcharges

Tobacco/Nicotine Surcharge

AMSURG cares about all teammates’ health. The purpose of the Tobacco/Nicotine Cessation Policy is to encourage teammates to lead healthy lifestyles.

Use of tobacco/nicotine products has been proven to lead to increased health risks. Through this policy AMSURG discourages tobacco/nicotine use by assessing an additional charge of \$150 per month on medical premiums for tobacco/nicotine users. This charge is referred to as the “Tobacco/Nicotine User Premium.”

Tobacco products include e-cigarettes/vaping, cigarettes, pipes, smokeless tobacco, chewing tobacco and cigars.

Any teammate who indicates during enrollment that they or their covered spouse/domestic partner has used tobacco/nicotine products within the last 90 days, will be assessed a Tobacco/Nicotine User Premium of \$150 per month in addition to the regular monthly premium associated with your medical plan election.

Note: If both the teammate and their covered spouse/domestic partner use tobacco/nicotine, only one \$150 monthly additional premium will apply.

In order to avoid incurring the Tobacco/Nicotine User Premium, teammates must:

- Certify that they and their covered spouse/domestic partner have not used tobacco/nicotine products for the previous 90-day period, or
- Complete the Reasonable Alternative Compliance Program.

In addition, under certain special circumstances, a medical waiver may also be available. Contact the Benefits Center at 1-888-305-7027 for more information.

[View the complete Tobacco/Nicotine Cessation Policy](#)

If, because of a medical condition, it is unreasonably difficult for the teammate and/or their spouse/domestic partner to comply with the Tobacco/Nicotine Cessation Policy, AMSURG will waive the Tobacco/Nicotine User Premium upon receipt of the Physician Waiver Form. A Physician Waiver form will be required on an annual basis in order to have the Tobacco/Nicotine User Premium waived and should be provided to The Benefits Center.

[Click here to access the Physician Tobacco Alternative Waiver Form](#)

Reasonable Alternative Compliance Program

If you or your spouse/domestic partner wish to complete the Reasonable Alternative and avoid or remove the Tobacco/Nicotine User Premium, you must complete the Tobacco Cessation Course and submit the Certificate of Completion, along with the Tobacco/Nicotine Affidavit Form to The Benefit Center.

If you or your spouse/domestic partner complete the Reasonable Alternative, AMSURG’s Tobacco Cessation course, then the Tobacco Nicotine User Premium will be removed and then subsequently refunded back to January 1st of the plan year, within two (2) pay periods.

[Click here to complete the Tobacco Cessation Course](#)

Click the button above, choose the Tobacco Cessation Program, and then "Add to Cart." There will be zero charge at check-out - this simply allows you to register for the course so you can receive your certificate.

[Click here to access the Tobacco/Nicotine Affidavit Form](#)

If You Stop Using Tobacco and/or Nicotine for 90 days or more:

If you and your spouse/domestic partner both stop using tobacco and/or nicotine for 90 days or more, and you are able to attest to this, the surcharge will be removed and then subsequently refunded back to January 1st of the plan year, within two (2) pay periods. For more information, contact the Benefits Center at 1-888-305.7027.

Working Spouse Surcharge

AMSURG believes that every employer bears the responsibility of providing medical benefits to its own teammates. Teammates’ spouses/domestic partners who have access to medical coverage that meets the Affordable Care Act (ACA) minimum guidelines through their employer (“other medical coverage”) will be subject to a \$150 non-refundable monthly surcharge if they choose to have their spouse/domestic partner remain on the AMSURG medical plan. The surcharge will be added to the premium amounts owed upon enrollment in the Plan. This change will allow AMSURG to maintain affordable coverage for its teammates and spouses/domestic partners who have no other medical coverage, along with dependent children.

How do I complete the process?

During your benefits enrollment process, if you elect coverage for a spouse or domestic partner, you will be asked to select the option that pertains to you.

The Working Spouse Surcharge will apply if:

- Spouse/Domestic partner IS eligible for other medical coverage through their employer and declines it, and still enrolls on the AMSURG medical plan.

The Working Spouse Surcharge will not apply in the following scenarios:

- Spouse/Domestic partner is not employed elsewhere or is self-employed and does not provide other medical coverage to any teammates.
- Spouse/Domestic partner is employed part-time and/or is not eligible for other medical coverage.
- Spouse/Domestic partner is employed and eligible for medical coverage from their employer, but that coverage does not meet ACA minimum guidelines.
- Both you and your spouse/domestic partner work for AMSURG.

[View the complete Working Spouse Surcharge Policy](#)

Frequently Asked Questions

- 1. What is the Working Spouse Surcharge?**
It is a surcharge for a teammate’s spouse/domestic partner who has access to other medical coverage through another employer but chooses to enroll in AMSURG’s medical plan. The cost is \$150 per month.
- 2. How do I know if the working spouse surcharge will affect my spouse/domestic partner?**
The surcharge affects any teammate’s spouse/domestic partner who has access to other medical coverage through another employer but instead chooses to enroll in AMSURG’s medical plan. This does not apply to a teammate’s spouse/domestic partner who is not currently working or is not eligible to participate in their employer’s medical plan.
- 3. How do I show my spouse cannot receive benefits from their employer or doesn’t have an employer to receive benefits from?**
You will provide this information during the enrollment process for a new hire, life event or Annual Enrollment. You will see a question related to a spouse when you elect your medical plan.
- 4. If my spouse’s/domestic partner’s benefits change, will they be able to enroll in AMSURG’s benefits mid-year?**
Yes. If your spouse/domestic partner has changes to their benefits during the year, you will be allowed to add or remove your spouse to/from AMSURG’s benefits. The Working Spouse Surcharge will begin or be removed based on the details of the change to your spouse’s/domestic partner’s benefits coverage.
- 5. Do I need to complete the questionnaire if my spouse/domestic partner will not be covered by AMSURG?**
No. The questionnaire will only be visible if a spouse/domestic partner is added to the medical benefit in the Benefitsolver enrollment website.
- 6. What if both my spouse/domestic partner and I work at AMSURG?**
The Working Spouse Surcharge only requires working spouses who have access to medical coverage by another employer to pay the surcharge. Families with both spouses working at AMSURG will be unaffected by this surcharge.
- 7. If my spouse/domestic partner’s coverage changes during the year can the surcharge be removed?**
Yes, contact the Benefits Center at 1-888-305-7027 for assistance with removing the surcharge. Note, the surcharge will be removed prospectively within 1-2 pay periods of the date the Benefits Center is contacted.

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Your choices matter.

At AMSURG, we believe that benefits are a shared responsibility—a true partnership between you and the company. How you use your benefits directly impacts the design and cost of our plans.

About Our Partnership

[Learn More About Our Partnership](#)



Benefits for My Health

The Company offers three medical plan options through Cigna so you can choose the plan that best meets your and your family's needs.

Contact Cigna at [myCigna.com](https://mycigna.com) or **1-800-244-6224** for questions regarding your benefits, claims, eligibility, and much more!

If you enroll in one of the medical plans, you will not receive a physical ID card, but you can access your ID card electronically and download a digital copy upon coverage taking effect by visiting [myCigna.com](https://mycigna.com).

You can request a physical ID card by calling Cigna at **800.244.6224** and providing Group #3345800.

For more information, click here:

[Cigna ID Card Flyer](#)

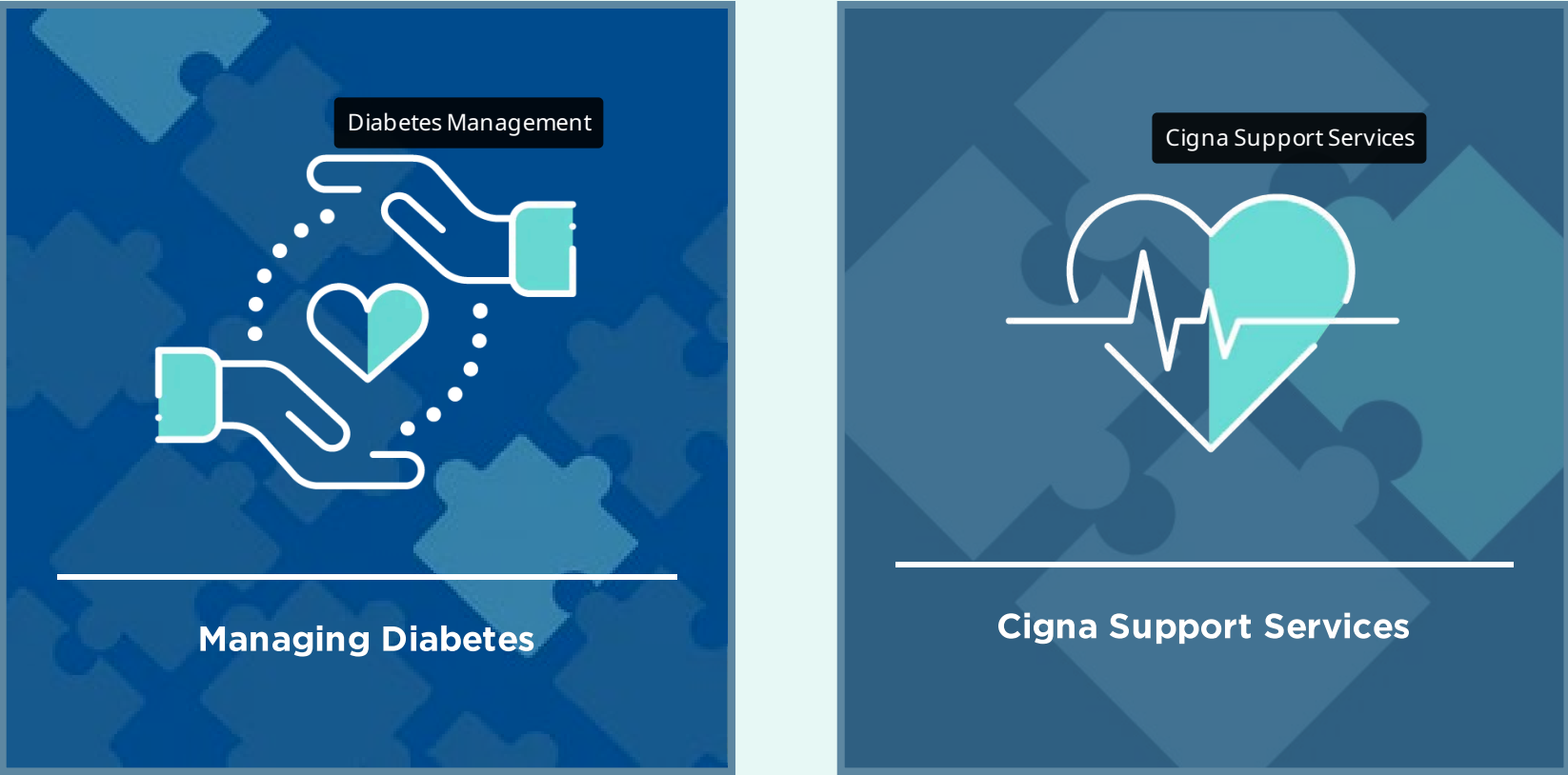
[Cigna ID Card FAQs](#)





Your Company-Paid Healthcare Support Programs

You are eligible for the programs below once you are enrolled in a company medical plan.



Dental

Three different dental plans are available.

Dental

Explore Dental Plans

Vision

Two different vision plans are available.

Vision

Explore Vision Plans

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Benefits for My Wallet

Savings and Spending Accounts

AMSURG offers a few different ways for you to set aside tax-free money to save for healthcare or dependent care expenses.

Health Savings Account

Flexible Spending Accounts

Health-Savings-Account

FSA

Life and AD&D

Life Insurance and Accidental Death and Dismemberment (AD&D) insurance protects you and your family from financial hardship in the event of serious illness, injury or death.

Learn More

Life

Company Paid & Voluntary Buy-up Short-Term Disability (STD)

All benefit-eligible teammates receive company paid STD at 50% of eligible earnings up to \$3,500 per week. In addition, teammates can elect additional coverage of 65% up to \$4,550.

Learn More

STD

Company Paid Long-Term Disability (LTD)

All benefit-eligible teammates receive company paid LTD.

[Learn More](#) **LTD**

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Voluntary Benefits

Voluntary Benefits

We realize that when it comes to benefits, there's no such thing as "one-size-fits-all." That's why your benefits are meant to work together as a package. Pairing certain benefits with your medical plan can help you get the most protection and limit your out-of-pocket costs.

Health Screening Benefit (HSB)

The Accident, Critical Illness and Hospital Indemnity Plans from MetLife provide a \$50 Health Screening Benefit (HSB) for each family member who is enrolled if you have a covered screening or tests. The HSB is payable once you complete a covered service such as an annual exam or getting a COVID-19 test (if prescribed by a doctor or hospital). The HSB includes more than 50 screening tests!

[Learn More](#)



Help prepare for
UNPLANNED
expenses

- Co-pays
- Deductibles
- Physical therapy
- Transportation
- Childcare expenses

Accident Insurance

There's a lot of costs associated with an accident outside of medical care that can add up quick. Like meeting your car insurance deductible if it was an auto accident or replacing that equipment that was wrecked in a ski crash or making up for lost wages from missing work.

That's where Accident Insurance comes in. When you have a qualified accident, it pays you a lump sum that you can use as you see fit. Whether that's paying bills, replacing your favorite snowboard or getting your car back on the road, it's there for you when the unexpected happens.

[Learn More](#)





Critical Illness Insurance

When you develop a serious illness, the best thing for you to do is focus on getting better. And that can be hard if you're worried about the financial impact of care.

That's why Critical Illness is so helpful. It pays out a lump sum if you develop one of the covered illnesses, which you can then use as you see fit. That can include paying for care not covered by your medical plan, meeting a deductible, paying bills or even taking a trip to celebrate when you recover!

[Learn More](#)

Hospital Indemnity Insurance

Whether you've had an accident, are expecting a child or get unexpectedly sick, there's a number of reasons you may be admitted to the hospital. And even if you don't have an extended stay, the costs associated with it can add up quick.

That's where hospital indemnity insurance comes in. It directly pays you a lump sum for every day that you are in the hospital up to the maximum days allowed. You can then use that for any expenses, whether that's paying for parts of your stay not covered by insurance, deductibles or even decorating that new baby room.

[Learn More](#)



Legal Services Plan

Like health insurance, legal assistance is there to help you when the unexpected happens. This can include helping you with matters such as divorce, identity theft, traffic citations and more. Other times, legal assistance can help you avoid issues ahead of time, such as credit monitoring or preparing a will or trust.

Our Legal Plan includes 20 hours of legal services for reproductive assistance matters like surrogacy, egg/sperm donation and more.

[Learn More](#)

Identity, Financial and Privacy Protection

Trying to recover your identity after it's been stolen can be costly, stressful and time-consuming. That's why we offer you world-class Identity Protection. With one call, you can start the process of sorting through your accounts, freezing any unwarranted purchases and put your reputation back on track. You'll even get a call whenever someone mentions you on social media!

Learn More



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Benefits for My Wellness

Employee Assistance Program (EAP)



TELUS Health is the world's largest employee assistance program provider, supporting teammates and their spouses, children, parents and parents-in-law at no cost.

Services are available over the telephone, in person, online and through a variety of health and wellness resources. Advantages include:

- A series of private sessions with an expert for each concern you are experiencing
- Online tools to help manage your and your family's health
- Practical and fast support in a way that is most suited to you
- Exclusive perks and savings, including special deals, offers and discounts from top brands and retailers.

The EAP is designed to provide professional help in dealing with personal concerns that impact you or your family at home or at work. The EAP is available at 1-800-641-9684 or on the benefits website via UKG or by logging in to [AMSURG-Benefits.com](#).

Teammates can invite up to five eligible dependents to create their own TELUS Health account. Dependents will still log in through the [TELUS Health](#) website.

Scenario	Support Available
Conflict or changes at work	Counseling to manage stress and improve productivity
Anger or stress management	Tools and strategies to regulate emotions and cope effectively
Chronic illness or disability	Emotional support and adjustment guidance
Separation or divorce	Counseling to navigate relationship transitions
Family addiction concerns	Support for dealing with a loved one's substance use issues
Personal identity or self-esteem	Help with communication, parenting, gender identity, and other personal challenges

TELUS Health EAP Overview

TELUS Health One App Overview



EAP services are completely confidential and provide support 24/7/365 on:

- Counseling on Personal Issues
- Legal Information, Resources and Consultation
- Financial Information, Resources and Tools
- Information, Referrals and Resources for Work-Life Needs
- Online Information, Tools and Services
- Estate Guidance

Other TELUS Health Resources Include



Get Self-Guided Care with the CareNow Counselor-Assisted Program through TELUS Health

Explore clinically designed wellbeing content at your own pace with the added perk of a counselor to answer questions and help you stay on track.

- Message a counselor as you review resources and practice exercises.
- Schedule check-ins with a counselor to stay on track to meet your goals.

[Learn More](#)

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Who to Contact

Vendor Contacts

Carrier/Vendor	Website/Email	Phone	App Name*
Medical and Prescription Drugs–Cigna	mycigna.com	1-800-244-6224	myCigna
Health Savings Account (HSA)–Fidelity Investments	netbenefits.com	1-800-544-3716	NetBenefits
Dental–Cigna	mycigna.com	1-800-244-6224	myCigna
Vision–EyeMed	eyemed.com	1-866-800-5457	EyeMed Members
Flexible Spending Accounts (FSAs)–MyChoice Accounts by Businessolver	Via UKG or by logging in at AMSURG-Benefits.com	1-888-305-7027	MyChoice benefits app
Basic Life/Basic AD&D/ Supplemental Life–New York Life	newyorklife.com	1-888-842-4462	Not Available
Disability–New York Life	newyorklife.com	1-888-842-4462	Not Available
Accident Insurance, Critical Illness Insurance, Hospital indemnity Insurance–Metlife	metlife.com/insurance/accident-health	1-800-GET-MET8 (1-800-438-6388)	MetLife US Mobile
Legal Services–Metlife Legal Plans	info.legalplans.com , passcode: 9900364	1-800-821-6400	Not Available
Identity Protection–Allstate	myaip.com	1-800-789-2720	Allstate Identity Protection
Employee Assistance Program (EAP) - TELUS Health	Access from the Benefits Website via a direct single sign-on	1-800-641-9684	TELUS Health One
401(k) Plan–Fidelity	401k.com	1-800-835-5093	Netbenefits
Benefits Center	Via UKG or by logging in at AMSURG-Benefits.com	1-888-305-7027	MyChoice benefits app

**Find apps through the Apple App Store or Google Play*

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Medical

AMSURG offers three medical plans through Cigna:

- PPO Plan
- HSA Primary Plan
- HSA Base Plan

Tobacco/Nicotine and Working Spouse Surcharges

During enrollment, you must attest whether or not you and your covered spouse use tobacco/nicotine. If you use tobacco or fail to respond to the question, there will be a monthly \$150 monthly surcharge. The Company will provide options to help you quit to avoid the surcharge and promote good health.

You will also need to attest whether or not your spouse has a medical plan available to them through their employer. If they do, you can still cover them under your AMSURG medical plan, but a non-refundable monthly \$150 non-refundable monthly surcharge will apply. If you fail to actively participate in annual enrollment and have a spouse on our medical plan the surcharge will apply.

Learn more about the surcharges

Which Plan is Right for me?

Easier way to choose your medical plan.

AMSURG offers two great resources to assist you in choosing a medical plan.

1. Your Medical Plan Decision Tool will recommend a path to assist you with your 2026 medical plan decision. This tool guides you to preferred plans based on your income bracket while also factoring in the short & long-term financial risk along with the tax deferred savings opportunities. Visit the benefits website via UKG or by logging in to [AMSURG-Benefits.com](https://amsurg-benefits.com) to access the tool.
2. Not sure which benefits are a good fit for you and your family? Choose **I'd Like Help Choosing Plans** when you enroll and answer a few questions to find the plans that best fit your unique needs.

Note: Each tool uses unique criteria to provide a medical plan recommendation so they could provide different results.

Feel free to reach out to the Benefits Center at 1-888-305-7027 for assistance.

LEARN MORE ABOUT *your* MEDICAL PLAN TYPES

REVIEW THE COMPARISON INFOGRAPHIC →



PPO Plan

If you choose the Cigna PPO, you will be responsible for paying an annual deductible and coinsurance. You will pay a set copay for some services, such as office visits and urgent care.

HSA Primary and HSA Base Plans

These are high deductible health plans that provide you with both immediate healthcare coverage and protection; however, these options also afford you the ability to create a longer-term healthcare strategy by leveraging the Health Savings Account (HSA) opportunity. **If you enroll in one of these options, you will be responsible for meeting the deductible before the plan pays benefits, other than for preventive care services. At that point, coinsurance applies until you meet the annual out-of-pocket maximum.**

There are no copays with these plans. However, they offer lower per-paycheck costs but potentially higher out-of-pocket expenses when you need services beyond preventive care. To unlock the full longer-term benefits of this option, it is important you establish and fund an HSA with any additional dollars you can afford. Over time, the HSA can grow and help you fund future healthcare expenses.

Health-Savings-Account
Learn More

Summaries of Benefits and Coverage

In accordance with the Patient Protection and Affordable Care Act, the Company and your insurance carrier have created a Summary of Benefits and Coverage (SBC), which provides additional information about your Company medical/prescription drug plan. You can find the SBC for each of the Company’s plans on the benefits website via UKG or by logging in at [AMSURG-Benefits.com](#).

If you would like paper copies, please contact the Benefits Center at 1-888-305-7027.

Company-Paid Critical Illness Coverage to Supplement HSA Medical Plan Coverage

If you are in salary band I (less than \$100K) and enroll in an HSA medical plan, you will receive \$3,000 of company-paid critical illness coverage from MetLife at no cost. This coverage is separate from your medical coverage and gives you a lump-sum payment for a covered serious illness that is yours to spend any way you choose. Company-paid coverage will be at the Teammate-Only level. You can purchase additional coverage for yourself and other family members.

Key Features

- Your out-of-pocket costs will be lower if you receive care from in-network providers. This is because the plans pay negotiated rates for in-network care. To locate a network provider in your area, visit [myCigna.com](#) or call member services at 1-800-244-6224. **Note: [myCigna.com](#)** is the website for teammates to use once they are active in Cigna’s system and then can register for an account. Newly eligible teammates that want to find a provider before they enroll should visit: <https://hcpdirectory.cigna.com/web/public/consumer/directory>. They can also call Cigna OneGuide’s pre-enrollment line at 1-888-806-5042.
- Eligible in-network preventive care is covered at 100%.
- In- and out-of-network deductibles and out-of-pocket limits do not cross-apply. If you choose in-network and out-of-network services, the deductibles and out-of-pocket amounts must be met separately to satisfy the out-of-pocket maximums.
- Any deductibles, coinsurance or copays accumulate toward the out-of-pocket maximum.
- All deductibles are calculated under the embedded model. This means that in a family covered group one covered person can meet the plan’s individual level deductible and move to co-insurance while the rest of the covered participants combined meet the remaining family deductible.

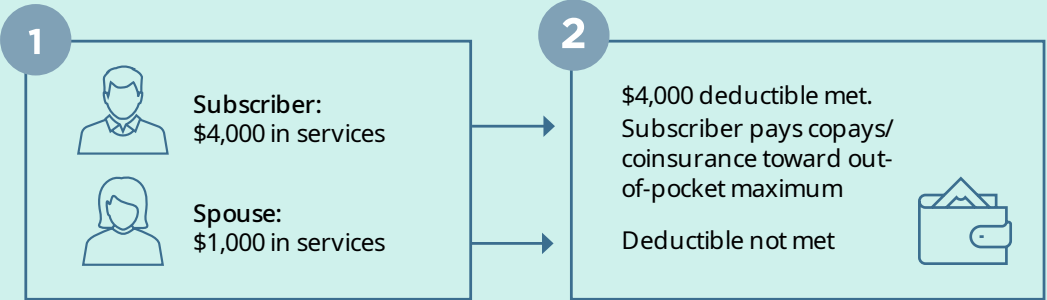
Understanding Medical Plan Deductibles

Embedded Deductibles

With an embedded deductible, there are two deductible amounts within one plan; single and family. The single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount toward the family deductible.

Once the member meets their single deductible, they will start paying coinsurance toward the out-of-pocket maximum. If any combination of enrolled family members meet the family deductible, the entire family will move to coinsurance.

For example, if you have a \$4,000/8,000 (single/family) embedded deductible, this is how it would work:



Since the subscriber met his deductible, he was able to move on to his copays/ coinsurance. The spouse will continue to pay toward the deductible until it is met.

Once the deductible is met, you will pay coinsurance when you receive covered services.

Prescription Drugs

When you enroll in medical coverage, you’re automatically covered for prescription drug benefits through Cigna.

Pharmacy benefits are provided by Cigna and are only available if you are enrolled in a Company-sponsored Medical Plan. Your Cigna medical ID card will include information about your prescription drug benefits and you should present this card at the pharmacy.

Benefits are available for generic, preferred brand-name, non-preferred brand-name and specialty drugs.

Generic drugs are typically your best value. If you choose a multisource brand-name drug when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the generic and brand-name drug.

- The PPO Plan provides benefits before the deductible applies. Your out-of-pocket costs apply toward satisfying the annual out-of-pocket maximum. However, coupons and discounts do not apply.
- The HSA Primary and HSA Base Plans provide benefits for non-preventive drugs after the deductible. Please refer to the chart below for preventive medication benefits where the deductible is waived.
- Your out-of-pocket costs apply toward satisfying the annual out-of-pocket maximum. However, coupons and discounts do not apply.

PPO Plan	HSA Primary	HSA Base
Generic: \$20 copay Preferred Brand: \$50 copay Non-Preferred Brand: \$70 copay Specialty: 20% coinsurance <i>(Not subject to deductible but expenses paid by you count toward your plan's annual out-of-pocket maximum.)</i> Preventive Prescriptions: 100% Covered	Generic: 20% coinsurance after deductible Preferred Brand: 20% coinsurance after deductible Non-Preferred Brand: 20% coinsurance after deductible Specialty: 20% coinsurance after deductible Preventive Prescriptions: 100% Covered	Generic: 20% coinsurance after deductible Preferred Brand: 20% coinsurance after deductible Non-Preferred Brand: 20% coinsurance after deductible Specialty: 20% coinsurance after deductible Preventive Prescriptions: 100% Covered

Choose what works best for you: 30-day or 90-day supply

- If you choose to fill your prescription in a 30-day supply, you can use any retail pharmacy in your plan's network.
- If you choose to fill your prescription in a 90-day supply, you must use a 90-day retail pharmacy in your plan's network or the Cigna Home Delivery Pharmacy. Visit [Cigna.com/Rx90network](https://www.cigna.com/Rx90network).

The Plan follows Cigna's formulary of prescription drugs, which may change without notice. If you have any questions about how this may affect you, please contact Cigna at 1-800-244-6224. The cost you pay for prescription drugs may vary between vendors. For example, your cost for a 90-day supply may cost less when purchasing via the mail order program versus purchasing it at a retail pharmacy.

Prefer to have your medications delivered to your door?

You can use the Cigna mail order program, which allows you to get three months of your medication at two and a half times the applicable copay amount, delivered to your home address. Call customer service at 1-800-244-6224 or visit myCigna.com/choosehomedelivery.

With the Patient Assurance Program and Omada Health, you have access to great resources to manage your care.

Support for Managing or Preventing Type-2 Diabetes

Patient Assurance Program (PAP)

One in four people with diabetes have cut back their medication dosage due to cost. Medications under the PAP are considered preventive and bypass all medical plan deductibles. No matter which medical plan you choose, many diabetes medications and insulin treatments are available for just a \$25 copay. Contact Cigna at **1-800-244-6224** for a complete list of eligible medications.

[Learn More About the Cigna PAP](#)

Omada Health

Cigna partners with Omada Health to offer participants who are pre-diabetic the opportunity to prevent diabetes through a CDC-recognized digital lifestyle and behavior change program. Omada Health focuses on reducing your risk through healthy weight loss. When you enroll - at no cost to you - you'll get a digital-enabled scale, access to Omada's professional health coaches and social support groups. You'll also get tips for healthy eating, increasing your physical activity, getting better sleep and reducing stress.

[Learn More About Omada](#)

Year-Round Support from Cigna

Choosing your medical coverage is the first of many healthcare decisions you will make over the next year. Make sure you are getting the most value from your medical coverage by tapping into the year-round resources offered by Cigna.

Contact Cigna Before You Enroll in Coverage

Cigna One Guide representatives are dedicated to answering your questions before you are enrolled. Find a doctor, compare cost of different medical services and get personalized useful guidance by calling **1-888-806-5042**.

Cigna Enhanced Behavioral Health Support

Navigating mental healthcare can be challenging—Cigna Healthcare makes it easier with Enhanced Behavioral Health. You'll have access to a dedicated Care Navigator, personalized therapist matching and 24/7/365 real-time support from licensed clinicians. Services include virtual and in-person care, behavioral coaching and help for complex conditions like substance use, eating disorders and autism. Digital tools on [myCigna.com](#) and the myCigna® app offer guided navigation, provider search and wellness resources.

Get started: Visit [myCigna.com](#) and click the Wellness tab, then select Mental Health Support or call the toll-free number on your Cigna ID card.

Cigna Virtual Care Overview

Cigna Healthcare, in partnership with MDLIVE®, offers a wide range of virtual care services designed to make healthcare more accessible, convenient and affordable for you and your covered family members. Services are available by phone or video, in English or Spanish and include:

Primary Care: Quick access to preventive screenings, chronic condition management, referrals, prescriptions and lab orders.

Urgent Care: Fast treatment for minor illnesses and injuries, including pediatric care, from the comfort of home.

Dermatology: No-appointment-needed care for skin, hair and nail conditions with photo uploads and treatment plans typically within 24 hours.

Behavioral Care: Private, flexible talk therapy and psychiatry sessions for issues like stress, anxiety, grief and depression.

Whether you need care now or want to schedule a visit, virtual care makes it easy to connect with trusted providers—anytime, anywhere.

Visit [myCigna.com](#) or call MDLIVE at **1-888-726-3171** when you need virtual care.

Getting Started is Easy!

Just register at [myCigna.com](#) once you have received your medical ID card. Click Register Now and enter the requested information. Once you have registered, this site allows you to:

- Print temporary ID card(s).
- Compare costs for different medical services.
- Chat with a nurse.
- Organize your medical claims online.
- Find hospitals and physicians.
- Receive healthcare alerts.
- Take a Health Risk Assessment.
- Learn more about your medical plan.
- Learn about health conditions and treatment options.

Support for Managing or Preventing Type-2 Diabetes

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Omada Health
Cigna partners with Omada Health to offer participants who are pre-diabetic the opportunity to prevent diabetes through a CDC-recognized digital lifestyle and behavior change program. Omada Health focuses on reducing your risk through healthy weight loss. When you enroll - at no cost to you - you'll get a digital-enabled scale, access to Omada's professional health coaches and social support groups. You'll also get tips for healthy eating, increasing your physical activity, getting better sleep and reducing stress.

Healthy Pregnancies, Healthy Babies

Get rewarded for a good decision. When you enroll in Cigna Healthy Pregnancies, Healthy Babies and complete the program, including your postpartum check-in, you'll be eligible to receive a reward.

Enroll today. Call **1-800-615-2906**.

Cigna LocalPlus Plan

LocalPlus offers affordable, quality care through a tailored network of local providers—no referrals needed. Members enjoy nationwide emergency coverage, virtual care via MDLIVE and access to wellness programs and national labs with potential savings up to 85%. For provider search and plan details, visit myCigna.com or call Cigna Healthcare Customer Service at **1-800-244-6224**.

How to Connect:

Website: myCigna.com

Phone: 1-888-806-5042



Dental Benefit Plans

AMSURG offers 3 plans through Cigna. Your plan choices are:

1. **DHMO Plan:** In-network benefits only; most services subject to a flat copay; includes coverage for orthodontia for children and adults.
2. **PPO Base Plan:** Choice of in-network or out-of-network benefits; deductible and coinsurance apply.
3. **PPO Buy-Up Plan:** Choice of in-network or out-of-network benefits; deductible and coinsurance apply; includes coverage for orthodontia for children and adults.

[Compare Plans Side by Side](#)

[DHMO
Plan](#)

[PPO Plans](#)

[Go
Virtual](#)

Find a Network Dentist

To confirm your dentist participates in the Cigna dental networks, contact Cigna at 1-800-244-6224 or take these steps:

- Go to www.cigna.com and click the Find a Doctor, Dentist or Facility button.
- When asked “How are you covered?”, click Employer or School.
- Enter an address, city or zip code, then click Doctor by Type.
- From the drop-down menu, select the type of provider you want (for example, Dentist or Child’s Dentist)

If you want to search for a DHMO dentist, select the **Cigna Dental Care Access Plus** network. If you want to search for a PPO dentist, search the **Cigna Total DPPO network**.

You can contact Cigna before you enroll. For information about Cigna plan details or to find a participating provider, contact Cigna’s pre-enrollment One Guide at **1-888-806-5042**.

Find a Dentist

Things to Know

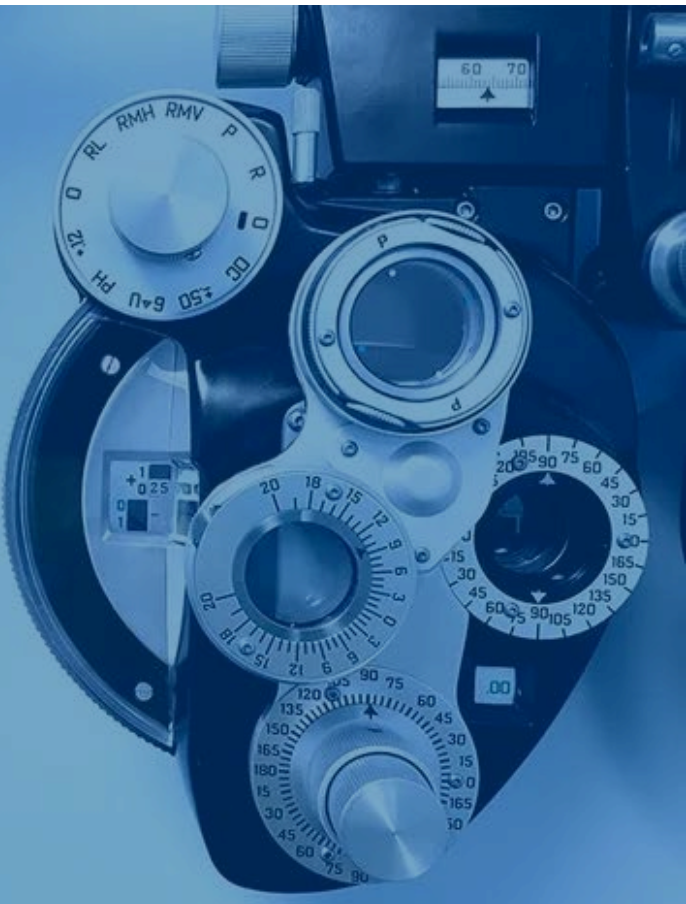
Dental ID Cards

If you enroll in a Cigna dental plan, you will not receive a physical ID card but can access your ID card electronically by downloading a digital copy at mycigna.com.

Pre-Determination of Benefits

If your dental service is expected to exceed \$300, Cigna recommends getting a pre-determination of benefits. Cigna providers will coordinate this on your behalf.

Vision



Vision Benefit Plan

The Company offers two vision plan options administered by EyeMed. In both plans, you can see any eyecare provider you wish, but benefits are highest when you use an in-network provider.

- **Base Plan:** Choice of in-network or out-of-network benefits; pays up to an “allowance” amount for covered services.
- **Buy-Up Plan:** Choice of in-network or out-of-network benefits; pays a higher “allowance” amount for covered services.

Compare Plans Side by Side

Online Options

Important Reminders

- All allowances (Frame, Contact Lenses) need to be used in one visit. There is no remaining balance carryover. For example: for the Base Plan, when purchasing contact lenses, you need to purchase at least \$150 in your first visit.
- Contact Lenses are in lieu of lenses—and vice versa. You cannot use the benefit allowance for both in the same plan year.

Find an Eye Doctor

Vision Coverage Q&A

We are a part of the Insight Network



Health Savings Account

HSAs are provided by Fidelity Investments. There are several administrative and investment tools that can help you unlock the full potential of saving in an HSA.

Participating in an HSA gives you the opportunity to pay for eligible healthcare expenses on a pre-tax basis, which means you make your contributions from your paycheck before federal, and most state and FICA taxes are withheld. By setting aside money on a pre-tax basis, you will lower your taxable wages. You can use these tax-free dollars to pay for, or receive reimbursement for, HSA-eligible expenses.

There is no “use it or lose it” rule with HSAs. Any unused funds carry forward for your use in future years. An HSA is your individual bank account, even if you change jobs or health plans.

4 things to know about HSAs

HSA Savings Tool & FAQs

Your Fidelity Investments HSA

If you elect an HSA-based medical plan, the Company will open an account with Fidelity Investments on your behalf. You should receive your Welcome Packet from Fidelity Investments within two to three weeks of your enrollment, including an HSA debit card.

For 2026, you may contribute up to \$4,400 if you have individual coverage under an HSA-based medical plan, or \$8,750 if you cover at least one additional family member under an HSA-based medical plan. If you will be age 55 or older in 2026, IRS guidelines allow you to contribute up to \$1,000 as an additional HSA ‘catch-up’ contribution.

Dollar-for-Dollar Employer HSA Match

For every dollar you set aside, the Company will match it with their own contribution up to the match limit. This benefit is available to ALL teammates who enroll in the HSA Primary or HSA Base plan. HSA match limits vary based on your medical plan and coverage tier.

Company match will be deposited into your HSA based on your contribution each payroll up to the match limit. You must activate your HSA account during your enrollment window by agreeing to the terms and conditions of the Fidelity account and you must elect to contribute to the account to receive the employer match. If you open an HSA account at a later date, the company match will begin at that time.

Employer Match Limits

HSA Primary	HSA Base
\$750 individual \$1,000 family	\$500 individual \$750 family



Please Note: An account cannot be opened if you provide a P.O. Box for your address and Fidelity Investments may require additional information before an account can be opened for you. Therefore, watch your mail for communications from Fidelity Investments.

Important Reminders

- Contributions are always yours to keep, even if you leave the Company.
- As the account owner, you are responsible to understand HSA rules and regulations. **If you are enrolled in Medicare, you may not contribute to an HSA.** Please consult your tax advisor to ensure you understand HSAs and your eligibility.
- Your HSA Welcome Packet from Fidelity Investments will include the terms and conditions of your new account. You must accept these terms before your account can be fully functional.

Flexible Spending Accounts (FSA)

Participating in an FSA gives you the opportunity to pay for eligible health care and dependent care expenses on a tax-free basis, which means your contributions are deducted from your paycheck before federal, most state, and FICA taxes are withheld. By setting aside money on a pre-tax basis, you lower your taxable wages.



Manage Your FSA

Your Healthcare Flexible Spending Accounts (HCFSAs), Dependent Care Flexible Spending Account (DCFSA) and Commuter Benefit Plans are managed by MyChoice® Accounts.

MyChoice Accounts can be managed directly on the benefits website or through the MyChoice benefits app. You'll be able to view balances, track claims, submit reimbursement requests and even pay providers directly—all from the same benefits portal.

Health Care FSA

You can contribute to a Health Care FSA if you choose a PPO medical plan or decline medical coverage altogether.

Eligible expenses include copayments, office visits, healthcare plan deductibles and some over-the-counter medications.

Limited Purpose Health Care FSA

You can enroll if you choose an HSA-based medical plan and it can be used in conjunction with an HSA.

Funds can only be used for covered dental and vision expenses incurred by you and your eligible dependents.

Dependent Care FSA

Use your Dependent Care FSA to get reimbursed for dependent day care and/or after school care services for eligible children under age 13 and elderly dependent relatives who live with you. **This is NOT an account you would use for your dependents' healthcare expenses.**

You may elect to contribute annually from \$120 up to \$7,500 per calendar year.

Please note that this plan is subject to IRS discrimination testing which could impact the amount you are able to elect. You will be notified by the Benefits Department if your elected amount is impacted.

You can use the Dependent Care FSA or the Child and Dependent Care Tax Credit, but not both. Talk to your financial advisor to determine which is right for you.

Commuter Benefit Plan

This plan allows you to set aside pre-tax dollars for qualified transit, vanpooling and parking expenses.

Transit and Vanpooling

Transit and vanpooling benefits let you pay for transportation to and from work with tax-free money. Examples of eligible transportation for transit benefits include train, bus, subway and ferry. You can use up to **\$340** monthly for transit and vanpooling expenses.

Parking

Save money when you pay for parking at or near your regular work location. You can also use commuter benefits plan dollars for the cost of park and ride facilities. You can use up to **\$340** monthly for parking expenses.

Please note: Gasoline is not an eligible expense for either of these plans.

Important Items Regarding Your FSA

The IRS applies “use it or lose it” rules! This means if you do not use all the money you elect to deposit into your FSA, the unused balance will be forfeited at the end of the plan year’s grace period. The grace period for the plan year includes a 2 1/2 month extension, extending your time to incur and submit eligible claims to March 15 of the following calendar year. Therefore, please plan and elect your annual amount carefully.

Teammates enrolled in an HSA-eligible medical plan option cannot contribute to both a Health Care FSA and an HSA. If you enroll in an HSA, you will be eligible to enroll in a Limited Purpose FSA. A Limited Purpose FSA can be used for dental and vision expenses only.

As this is a pre-tax deduction, once your election is made it cannot be changed unless you have an eligible qualifying life event.

If you participate in both a Health Care and a Dependent Care FSA, you cannot transfer money between your two accounts or use money in one to pay expenses for the other.

Life and AD&D

Life Insurance and Accidental Death and Dismemberment (AD&D) insurance protects you and your family from financial hardship in the event of serious illness, injury or death. This coverage is administered by New York Life. To see your personalized rates, visit the benefits website via UKG or by logging in to [AMSURG-Benefits.com](#).

Basic Life/AD&D Insurance

The Company provides basic life insurance coverage of \$50,000.

Vice Presidents and above receive two times their benefit salary up to \$2,000,000.

This coverage is provided to you at no cost. In the event of an accidental death, basic life and basic AD&D benefits would both be paid.

Please Note: If you suffer a dismemberment accident (such as the loss of an eye or limb), you will receive a percentage of the full benefit amount. How much the plan pays depends on the type of injury suffered.

Teammate Supplemental Life/AD&D

In addition to the Company-paid basic life and basic AD&D benefit, you can also purchase additional supplemental coverage for yourself, your spouse and your children.

- You will pay the full cost of any coverage you elect on a post- tax basis.
- You may elect up to \$1,000,000 in Voluntary AD&D coverage (\$2,000,000 for Vice Presidents and above, combined Basic and Supplemental coverage) for yourself.
- You may elect coverage for your family, benefits are based on a percentage of the coverage amount you elect for yourself. Spouse coverage: if no dependent children are insured the spouse coverage is 50% of the elected coverage amount, if one or more dependent children are insured the spouse coverage is 40% of the elected coverage amount. Dependent coverage: If a spouse or domestic partner is insured the dependent coverage is 10% of the elected coverage amount, if no spouse or domestic partner is insured the dependent coverage is 15% of the elected coverage amount.

Dependent Supplemental Life

You can also elect life and/or AD&D insurance for your family. For your spouse, you may elect up to 100% of your combined Basic and Supplemental Life up to a maximum of \$250,000. New enrollees can elect spouse coverage up to the guarantee issue amount of \$50,000 without being required to complete an EOI. Current enrollees can increase their spouse coverage by \$10,000 without an EOI.

You may elect \$10,000 for all of your children, from live birth to 26 years. No EOI is required for child supplemental life insurance.

Your Beneficiary

Be sure to designate a primary and contingent (or back-up) beneficiary for your basic and supplemental life coverage. You may update your beneficiary designations at any time by visiting the benefits website via UKG or by logging onto [AMSURG-Benefits.com](#).

Evidence of Insurability (EOI)

If you enroll when you are first eligible for life insurance, you will automatically receive the elected amount up to the guaranteed issue. EOI will be required if you apply for coverage in any amount over the guaranteed issue. During Annual Enrollment, you can elect up one increment (\$10,000) for yourself or your spouse, up to the guaranteed issue amount, without submitting EOI. Any increase greater than one increment or amount over the GI will require EOI.

Accelerated Death Benefit

If you (or your spouse, if covered) are diagnosed as terminally ill with 12 months or less to live, you may apply for an advance benefit of 80% of your basic and supplemental or dependent life insurance.

Benefit Reduction

Supplemental life and AD&D and spouse life benefits are reduced by 40% at age 75 and by 65% at age 80.

Newly Eligible Teammates

If you exceed the guaranteed issue amount (GIA) of supplemental coverage you elect for yourself or your spouse, you will be required to submit an evidence of insurability (EOI) for approval by the insurance company before the coverage exceeding the GIA becomes effective. Premiums and coverage will be adjusted after approval of any additional insurance.

Evidence of Insurability (EOI) Needed for Voluntary Buy-Up Short-Term Disability:

If you were previously offered the Buy-Up STD plan and declined it as a new hire or during last year's Annual Enrollment and want to elect this coverage for 2026, you will be required to complete an EOI form.

Company Paid and Voluntary Buy-Up Short-Term Disability (STD)

The Company provides Short-Term Disability coverage to all benefit eligible teammates administered by New York Life. Teammates must opt in to the Voluntary Buy-Up STD plan.

Short-Term Disability (STD)

STD replaces a portion of your pay if you cannot work because of a non work-related injury or illness or pregnancy. The Company provides coverage of 50% of eligible earnings up to \$3,500 per week. If you enroll in the voluntary Buy-Up option, you can receive 65% of eligible earnings up to \$4,550 per week, up to a maximum of 26 weeks.

Enrolling in the Voluntary Buy-Up STD

If you elect STD buy-up coverage when first eligible, you are guaranteed coverage with no medical questions. If you decline this coverage when first eligible but chose to elect it later, you will be required to submit Evidence of Insurability (EOI) or Proof of Good Health to the insurance carrier before your coverage can become effective.

It is important to understand that approval for the buy-up coverage by the Insurance Company cannot be guaranteed after your initial eligibility window.

No Pre-existing Condition

Neither the Company paid nor the Voluntary Buy-Up Short-Term Disability have a pre-existing condition restriction. This means that once your coverage is effective, your claim cannot be denied due to a pre-existing medical condition.

Taxation of Coverage

Company paid STD: Benefits paid at the time of claim are not taxed. To offer this tax-free benefit, the IRS requires that taxes on the employer paid premium be collected from teammates' paychecks.

Voluntary Buy-Up STD: This coverage is paid with after-tax dollars so that the benefit is nontaxable.

Since both options are paid with premiums that you pay taxes for, your total STD benefit at the time of claim is tax free.

STD

	Company-Paid STD	Teammate-Paid Buy-Up
Benefits Begin	After 14 consecutive days	After 14 consecutive days
Percentage of Income Replaced/Maximum Period	50% of eligible earnings up to \$3,500 per week	65% of eligible earnings up to \$4,550 per week
Maximum Period	Up to 26 weeks*	Up to 26 weeks*
Pre-Existing Limitation	No	No

Your benefit payments will be reduced by other income you receive or are assumed to receive due to your disability

*This includes the waiting period.

LTD

Company Paid Long Term Disability (LTD)

LTD

LTD provides income protection for a long-term disability resulting from injury or illness. Benefits begin after the later of 180 days or exhaustion of Short-Term Disability, and continue while you are disabled up to the maximum benefit duration. The company provides the LTD benefit at no cost to you.

LTD Imputed Income

You will pay taxes on the premium amount paid by the company and those premiums are reported on your W-2 as imputed income. Any LTD benefits paid, if you become disabled, will not be taxed and, therefore, will not be included as gross income.

LTD

Pre-Existing Condition Limitations and Other Limits

Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a policy, you will be covered for a disability due to that condition only if the following applies:

- You have not received treatment for the disabling condition during the three month period directly preceding the effective date of your insurance coverage.

Pre-existing condition means a sickness or injury for which a teammate has incurred expenses, received medical services including diagnostic measures, took prescribed drugs, or for which a reasonable person would have consulted a physician in the three months prior to the benefit effective date.

	Long Term Disability: All Other Teammates	Long Term Disability: VP and above
Eligibility	All eligible teammates except VPs and above	Eligible Vice Presidents and above
Benefits Begin	After 180 consecutive days	After 180 consecutive days
Percentage of Income Replaced	60%	60%
Maximum Benefit	Up to \$10,000 per month	Up to \$15,000 per month
Definition of Disability	2-year own occupation then any occupation to Social Security normal retirement age.	Own occupation to age 65 then any occupation to Social Security normal retirement age.
Pre-Existing Limitation	Yes	Yes

Legal Notices

Benefits at AMSURG are governed by formal plan documents and, in the event of any conflict between this communication and plan documents, the formal plan documents will control. This communication does not alter any terms of benefits plans or related agreements. AMSURG reserves the right to amend or terminate any of its teammate benefit plans, in whole or in part, at any time and for any reason.

About Our Partnership

Your Health Insurance: A Shared Investment in Your Wellbeing

At AMSURG, we believe in supporting your health and that starts with our health insurance plans. These plans are a shared investment: AMSURG covers about 74% of the total cost, while teammates contribute the remaining 26% through paycheck deductions.

How we all use our plans directly affects overall costs for everyone. Making smart, informed choices helps keep our plans affordable and sustainable.

Why Costs Are Rising and What You Can Do

Healthcare costs in the U.S. are increasing faster than ever. Right now, claims inflation is around 9.2%, which is more than three times the rate of regular inflation.

That's why it's more important than ever to make thoughtful decisions about your care. Here are some simple ways to help manage costs while still getting the care you need:

Use in-network providers

They've already agreed to lower rates. Out-of-network doctors can charge more, and you may have to pay the difference (balance billing). Always check if your provider is in-network before making an appointment.

Choose generic prescriptions

Generics work just as well as brand-name drugs but cost much less. On average, brand-name drugs are nearly 23 times more expensive under our plans. Ask your doctor or pharmacist if a generic is available.

Use urgent care or telehealth for non-emergencies

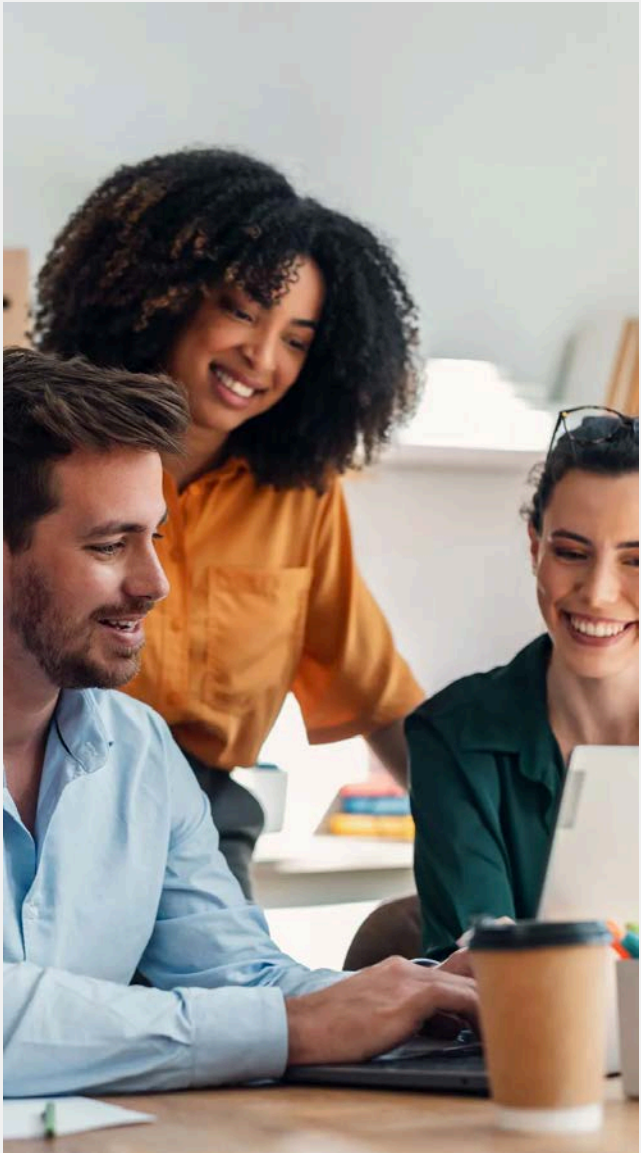
ER visits are costly and often avoidable. Urgent care, nurse lines or telehealth are faster, easier and much cheaper. Did you know? Over 40% of ER visits on our plans could have been treated at lower-cost options.

Don't skip preventive care

Annual checkups, screenings and vaccines are usually 100% covered. Preventive care catches health issues early, before they become serious and costly. For example: colon cancer screenings are FREE under our plans.

Review your explanation of benefits (EOB)

After a visit, your insurer will send you an EOB that shows what was billed and what you owe. Reviewing it helps you spot errors and understand your costs.



We're All in This Together

Every smart decision helps keep premiums and costs lower for you, your family and your teammates.