AMSURG

2027 Benefits Guide

YOUR HEALTH *OUR* PARTNERSHIP



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AMSURG

YOUR HEALTH *OUR* PARTNERSHIP

Benefits Annual Enrollment is

November 9th through November 20th

WELCOME

TO YOUR 2027 AMSURG BENEFITS GUIDE

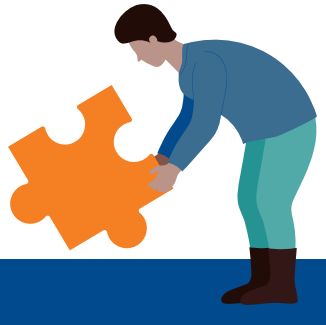
At AMSURG, we know your health and wellbeing are personal. That's why we offer benefits, tools and resources designed to support you and your family through every stage of life.

Your Health. Our Partnership. reflects our commitment to helping you make informed benefits choices and access the support you need — whether you're enrolling as a new hire, experiencing a qualifying life event or reviewing your benefits during Annual Enrollment.

This guide provides an overview of your AMSURG benefits, including medical, prescription drug, dental, vision, savings accounts, supplemental coverage, life and disability benefits, wellbeing resources and more. Use it as a year-round resource to understand your options, make the most of your coverage and find helpful tools and contacts when you need them.

Your intuitive benefits experience, powered by Empyrean's BenefitsGO, makes it easier to explore your options, complete enrollment, use decision-support tools and access benefits information from your computer or mobile device.

Take time to review the benefits available to you and choose the coverage that best supports your health, priorities and budget. We're proud to partner with you in building a healthier, more secure future.



BENEFITS BUILT FOR YOU AND YOUR FAMILY

ELIGIBILITY

You are eligible for the benefit program if you are a teammate who works **a minimum of 30 hours per week.**
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.

Benefit Plan	Regular Full Time	Regular Part Time	Part Time	Per Diem/Other	Contractor/1099
Medical	✓	✓			
FSA/HSA (in eligible Medical plan)	✓	✓			
Dental	✓	✓			
Vision	✓	✓			
Company-Paid Life/AD&D/STD/LTD	✓	✓			
Supplemental Life/AD&D/STD	✓	✓			
401(k)	✓	✓	✓	✓	
EAP	✓	✓	✓	✓	
Critical Illness	✓	✓			
Accident	✓	✓			
Hospital Indemnity	✓	✓			
Legal Plan	✓	✓			
Parking/Transit	✓	✓			

ELIGIBLE DEPENDENTS

Your dependents may participate in your benefit plans if they meet all eligibility requirements listed below. AMSURG will conduct eligibility audits for both you and your dependents to ensure compliance.

Your lawful Spouse or Domestic Partner

- A Spouse is defined as your legally married spouse or your common-law spouse (only in states where such marriages are recognized).
- 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 implications.

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-appointed legal guardian. A dependent child may be covered until the end of the month in which the child reaches age 26.

Your unmarried disabled 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 DEPENDENTS INCLUDE

- Adult children as of the end of the month in which they reach age 26.
- Legally separated or divorced spouse and/or former domestic partner.
- Other relatives such as grandparents, grandchildren, siblings, cousins and spouses of eligible adult children.
- Fiancé, girlfriend or boyfriend (unless a qualified domestic partner).

DEPENDENT VERIFICATION

Are you covering someone else — such as a spouse, domestic partner or child — under any of your AMSURG benefit plans? If so, you may be asked to verify their relationship to you at enrollment or during a dependent eligibility audit. Because benefit plans have specific eligibility requirements, AMSURG may request documentation confirming that your dependents qualify for coverage.

Examples may include:

- Birth certificate
- Marriage license or certificate
- Court documents showing guardianship
- Domestic partner affidavit

Keep copies of these documents in a secure, accessible location. If you need to request new copies, allow sufficient time since requirements and processing times vary by state. For information about replacing vital records, visit USA.gov's helpful website.

IMPORTANT NOTE: All dependent verification documentation must be submitted within 30 days of your enrollment.

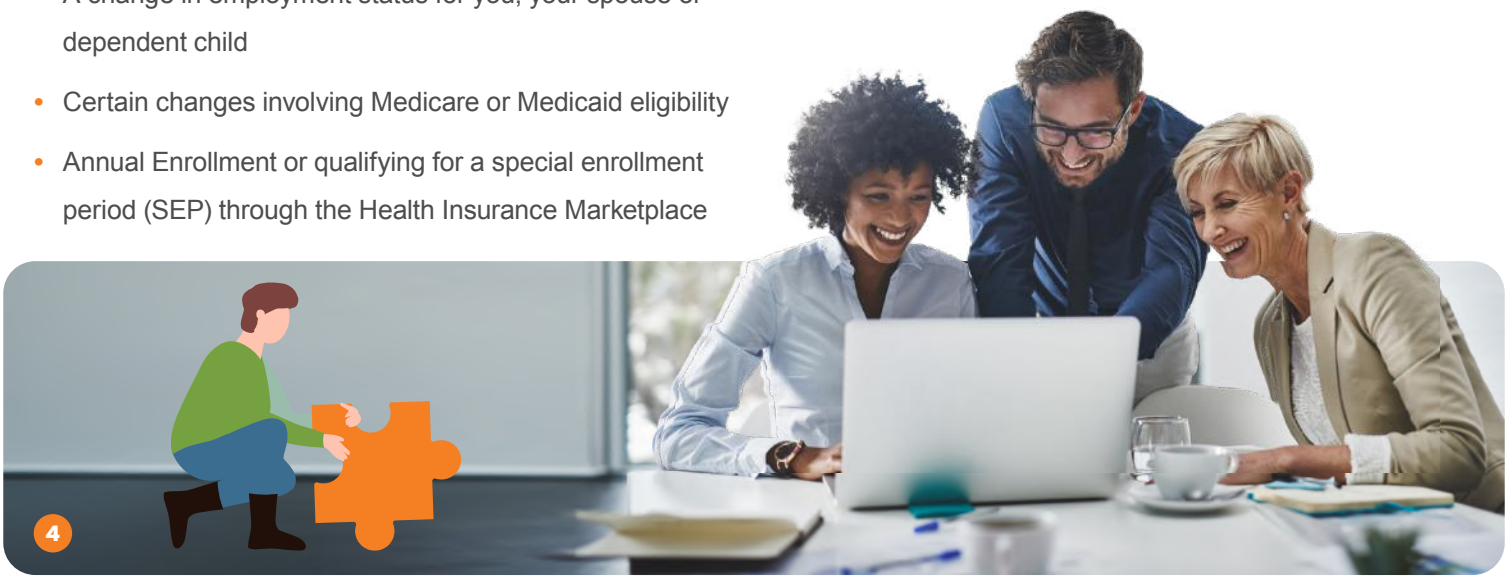
Planning to add a dependent for 2027? As part of the enrollment process, you will be asked to submit documentation to verify eligibility. **Please be sure to upload any required documents onto Empyrean's BenefitsGO website by December 9, 2026 so your dependents can be enrolled and have coverage effective January 1, 2027**.

WHEN LIFE CHANGES, YOUR BENEFITS CAN CHANGE TOO

Certain life events may allow you to update your benefits outside of Annual Enrollment. These Qualifying Life Events may include:

- Marriage or divorce/legal separation
- Birth or adoption of a child
- Death of a spouse or dependent child
- A change in employment status for you, your spouse or dependent child
- Certain changes involving Medicare or Medicaid eligibility
- Annual Enrollment or qualifying for a special enrollment period (SEP) through the Health Insurance Marketplace

If you experience such an event and wish to make a corresponding change to your coverage, you must log into **Empyrean's BenefitsGO** or call the **AMSURG Benefits Center at 1-888-305-7027** to request the change within **30 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.



PAYING FOR BENEFITS

You will find your personalized rates for each available benefit program on the benefits website, which you can access via Empyrean's BenefitsGO platform. 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 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 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 $100,000
- Salary Band II: Above $100,000

ENROLLMENT

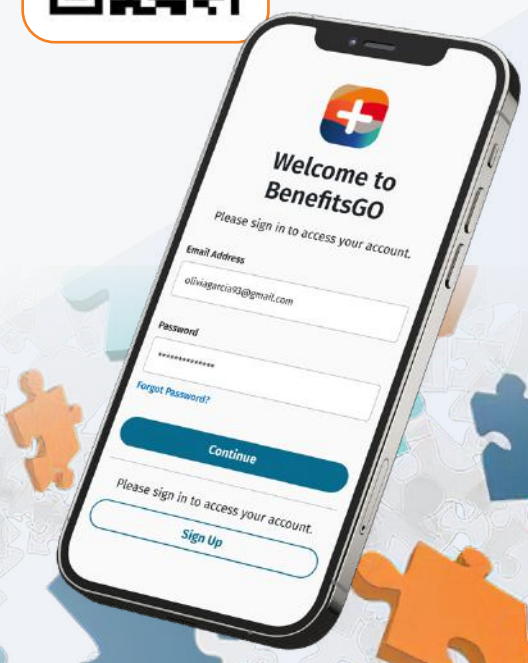
HOW TO ENROLL – BEGINNING NOVEMBER 9th, 2026

ONLINE

From your desktop, visit Corporate Connect or Center Connect and click on the **Benefits Enrollment tile.**

MOBILE APP

Download the **BenefitsGO mobile app** by scanning the QR code — use AMSURG's Company Code: **093553** and register your account.



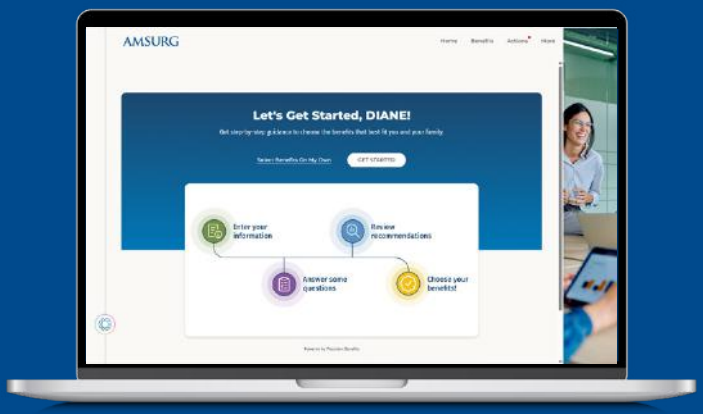
BY PHONE

Call the **AMSURG Benefits Center at 1-888-305-7027, Option 2,** Monday–Friday, 8 AM – 5 PM CST.

MAKE INFORMED CHOICES WITH CONFIDENCE USING PRECISION BENEFITS

As a valued AMSURG team member, you have the opportunity to maximize your benefits enrollment experience by taking advantage of your **personalized decision-support tool and recommendations** with Precision Benefits. When logging in to elect your benefits, choose the right path by clicking **'GET STARTED'** in your Enrollment Portal. Precision Benefits will analyze your needs and deliver smart recommendations, so you can make the right call and choose the best coverage for you and your family.

How the Tool Works: The first time you use Precision Benefits, you will answer a series of lifestyle questions to help create your personalized recommendations. Precision Benefits keeps your data private and confidential, preventing it from being seen by anyone except you (including your employer, insurer or benefits administrator). While this voluntary decision-support tool is designed to guide your choices, you remain in full control of your benefit elections.





UNDERSTANDING YOUR BENEFITS SURCHARGES

When you enroll in AMSURG medical coverage, your answers to the Tobacco/Nicotine-use and Working Spouse attestation questions help determine whether either surcharge applies to your coverage cost. Review the requirements carefully, provide accurate information and complete both attestations during enrollment to ensure your coverage and payroll contributions are set correctly.

TOBACCO/NICOTINE SURCHARGE

AMSURG encourages healthy choices and provides support for teammates and covered spouses/domestic partners who want to stop using tobacco or nicotine products. If you or your covered spouse/domestic partner have used tobacco or nicotine within the past 90 days, a $150 monthly surcharge ($69.23 per pay period) will be added to your medical premium. Tobacco and nicotine products include cigarettes, cigars, pipes, chewing or smokeless tobacco, e-cigarettes and vaping products.

Only one $150 monthly surcharge applies per medical plan, even if both you and your covered spouse/domestic partner use tobacco or nicotine. Click here to view the complete **Tobacco Cessation Policy.**

How to avoid or remove the surcharge

- **Complete the Reasonable Alternative Compliance Program (Tobacco Cessation Course).**
- **For more information, contact the AMSURG Benefits Center at 1-888-305-7027, Option 2.**

Reasonable Alternative Compliance Program

The Tobacco Cessation Program is a telephonic program. To enroll in the course, call the number on the back of your Cigna ID card. Successful completion of the Cigna Tobacco Cessation Program is defined as:

- Being enrolled in the program for at least 30 days
- Being tobacco/nicotine-free for at least 30 days
- Having moderate to high confidence and motivation to remain abstinent from tobacco and/or nicotine products

A certificate of completion is mailed to the member from Cigna. **Email your certificate to AskHR@Amsurg.com.**
After AMSURG receives and approves your documentation, the surcharge will be removed and any applicable amount paid since January 1 of the plan year will be refunded within two pay periods.



Medical Waiver

If a medical condition makes it unreasonably difficult for you or your spouse/domestic partner to complete the Tobacco/Nicotine Cessation Policy requirements, AMSURG may waive the surcharge. Please send an email to AskHR@Amsurg.com for further assistance.

WORKING SPOUSE SURCHARGE

AMSURG is committed to providing affordable medical coverage for teammates and family members who do not have access to other employer-sponsored coverage.

If your spouse or domestic partner has access to medical coverage through their own employer that meets Affordable Care Act (ACA) minimum requirements, but chooses to enroll in AMSURG medical coverage instead, a **$150 non-refundable monthly surcharge** will apply. Click here to view the complete **Working Spouse Surcharge Policy.**

When Does the Working Spouse Surcharge Not Apply?

The surcharge does not apply when your spouse or domestic partner:

- Is not employed or is self-employed and does not have access to employer-sponsored medical coverage;
- Works part-time and is not eligible for medical coverage through their employer;
- Has access to employer coverage that does not meet ACA minimum requirements; or
- Also works for AMSURG.

If Your Spouse's Coverage Changes

If your spouse or domestic partner gains or loses access to medical coverage during the year, you may be able to add or remove them from AMSURG coverage, depending on the circumstances.

If the surcharge no longer applies, it will be removed prospectively within one to two pay periods after the AMSURG Benefits Center is contacted. If your spouse or domestic partner becomes eligible for other employer-sponsored coverage but remains enrolled in AMSURG coverage, the surcharge may begin based on the effective date of the change.

For more information, visit the AMSURG Tobacco & Working Spouse Surcharge Page. If you need assistance submitting documentation, contact the **AMSURG Benefits Center at 1-888-305-7027, Option 2.**



MAKE THE MOST OF YOUR HEALTH BENEFITS

Choose the Medical Plan That Fits Your Needs

AMSURG offers three medical plan options through Cigna, giving you the flexibility to choose coverage that aligns with your health needs, budget and expected healthcare expenses.

Cigna PPO Plan

The PPO plan offers lower deductibles and lower potential out-of-pocket costs in exchange for higher payroll deductions. You'll pay set copays for certain services, such as office visits, prescription drugs and urgent care, which can make your healthcare costs more predictable.

Cigna HSA Primary and HSA Base Plans

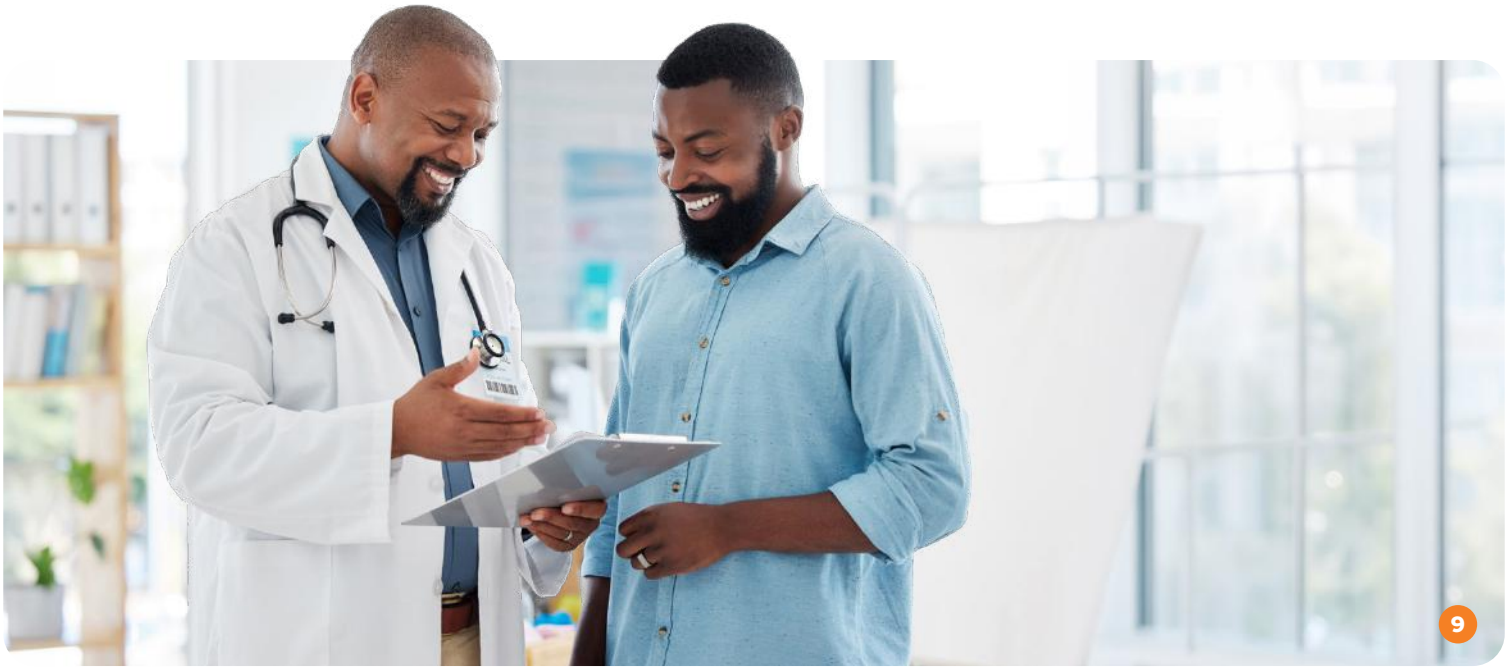
The HSA Primary and HSA Base plans are high-deductible health plans (HDHPs). They offer lower payroll deductions, but higher deductibles and potential out-of-pocket costs when you receive care beyond preventive services.

These plans are eligible for a Health Savings Account (HSA), which includes a company match when you contribute. Unlike the PPO, the HSA plans do not have copays. You generally pay the full negotiated cost of covered services until you meet the deductible, after which the plan pays a percentage of covered expenses.



Connect to Your Benefits Tip:

To get the most from an HSA plan, consider establishing and contributing to your HSA. Contributions can help you pay for eligible healthcare expenses today, while unused funds can remain in the account and grow for future healthcare needs.



MEDICAL & RX BENEFITS-AT-A-GLANCE

	CIGNA PPO	HSA PRIMARY	HSA BASE
In-Network			
Deductible (Individual/Family)	$2,700/$5,400	$4,200/$8,400	$5,700/$11,400
Out-of-Pocket Maximum (Individual/Family)	$6,400/$12,800	$6,400/$12,800	$7,250/$14,500
AMSURG HSA contribution (Individual/Family)	N/A	$750/$1,000	$500/$750
Coinsurance	80%	80%	80%
Preventive Care	$0	$0	$0
PCP/Specialist Visit & Urgent Care	$30/$60	80% after deductible	80% after deductible
Emergency Room	80% after deductible	80% after deductible	80% after deductible
Prescription Drug Coverage			
Preventive Prescriptions	100% Covered	100% Covered	100% Covered
Generic – Retail	$30 copay	30% coinsurance after deductible	30% coinsurance after deductible
Preferred Brand – Retail	$60 copay	30% coinsurance after deductible	30% coinsurance after deductible
Non-Preferred – Retail	$100 copay	30% coinsurance after deductible	30% coinsurance after deductible
Specialty	$100 copay	30% coinsurance after deductible	30% coinsurance after deductible

For more information and plan details, visit the AMSURG Medical & Rx Page.

Your myCigna ID Card:

Cigna does not issue physical ID cards, but you can download a digital card at myCigna.com or request that an ID card be mailed to you by calling Cigna at **1-800-244-6224** and providing **Group #3345800.**

For more information, check out the Cigna ID Card Flyer and the Cigna ID Card FAQs Flyer.

Not registered on myCigna yet? It's quick and easy — just scan the QR code to download the myCigna App and follow the prompts to register.

YOUR CIGNA WELLBEING SUPPORT PROGRAMS

Your Cigna medical coverage includes more than traditional medical care. It connects you and your covered family members with wellbeing resources designed to support your physical, mental and emotional health.

From preventive care and health screenings to virtual care, behavioral health support and personalized guidance with managing and preventing type 2 diabetes, these programs make it easier to access care, build healthy habits and get the support you need wherever you are in your health journey. Explore the resources available to you and make them part of your everyday approach to wellbeing.

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. Click here to learn more about the program.

OMADA HEALTH

Cigna partners with Omada Health to offer participants who have pre-diabetes 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 digitally 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. Click here to learn more about this program.

CIGNA VIRTUAL CARE

Cigna, in partnership with MDLIVE, gives you and your covered family members convenient access to care by phone or video — anytime from wherever you are. Services are available in English and Spanish and include:

- **Primary care:** Preventive screenings, chronic condition support, referrals, prescriptions and lab orders.
- **Urgent care:** Treatment for minor illnesses and injuries, including pediatric care.
- **Dermatology:** No-appointment-needed support for skin, hair and nail concerns. Upload photos and typically receive a treatment plan within 24 hours.
- **Behavioral care:** Private, flexible therapy and psychiatry visits for concerns such as stress, anxiety, grief and depression.

Visit myCigna.com or call **MDLIVE at 1-888-726-3171** to connect with a provider. Availability and costs may vary by plan.

CIGNA ENHANCED BEHAVIORAL HEALTH SUPPORT

Finding the right mental health support can feel overwhelming. Cigna's Enhanced Behavioral Health Support program makes it easier to connect with the care and resources you need. Support includes:

- A dedicated Care Navigator to help guide you to appropriate care
- Personalized therapist matching based on your needs and preferences
- 24/7/365 real-time support from licensed clinicians
- Virtual and in-person behavioral health appointments
- Behavioral coaching and specialty support
- Assistance with complex needs, including substance use, eating disorders and autism
- Provider searches, guided navigation, wellness resources and more!

To get started, visit myCigna.com, select the **Wellness** tab and then choose **Mental Health Support.** You can also call the toll-free number on your Cigna ID card.

CIGNA HEALTHY PREGNANCIES, HEALTHY BABIES PROGRAM

Cigna's Healthy Pregnancies, Healthy Babies program provides personalized support and resources throughout pregnancy and after delivery. Once your pregnancy is confirmed, you can enroll in the program by contacting Cigna or through the Cigna Healthy Pregnancy mobile app. The program includes:

- A dedicated maternity nurse or coach for guidance, risk assessments and routine check-ins
- 24/7 support throughout your pregnancy
- Additional support from a Specialty Case Management Nurse or health advocate for high-risk pregnancies
- Educational resources on prenatal nutrition, baby development and risk reduction
- Postpartum depression screenings and behavioral health support
- In-network lactation support covered at 100%, subject to plan provisions
- A complimentary in-network breast pump, subject to plan provisions

To enroll or learn more, call **1-800-615-2906** or use the Cigna Healthy Pregnancy mobile app.

Get Rewarded for a Good Decision:

When you enroll in the Cigna Healthy Pregnancies, Healthy Babies program and complete it, including your postpartum check-in, you'll be eligible to receive a reward! The HPHB incentive reward amount is $150 if you enroll in the first trimester or $75 if you enroll in the second trimester.

For more information, check out **Cigna's Healthy Pregnancies, Healthy Babies Program Flyer** and the **Healthy Pregnancies, Healthy Babies Incentive Flyer**.

DENTAL BENEFITS – COVERAGE YOU CAN SMILE ABOUT

AMSURG offers three Cigna dental plans to help you and your family maintain healthy smiles and choose the level of coverage that best fits your needs. When comparing your options, consider whether you prefer in-network-only coverage with predictable copays or the flexibility to use in-network and out-of-network providers.

Your choices include:

DHMO Plan:

In-network-only coverage with most services subject to a flat copay. Includes orthodontia coverage for children and adults.

PPO Base Plan:

In-network and out-of-network coverage, with deductibles and coinsurance applying.

PPO Buy-Up Plan:

In-network and out-of-network coverage, with deductibles and coinsurance applying. Includes orthodontia coverage for children and adults.

Review the plan details, provider networks and costs before enrolling to choose the dental coverage that best supports your needs.

DENTAL BENEFITS-AT-A-GLANCE

	DHMO PLAN	PPO BASE PLAN	PPO BUY-UP PLAN
In-Network			
Annual Deductible (Individual/Family)	N/A	$50/$150	$50/$150
Annual Out-of-Pocket Maximum (Individual/Family)	No Maximum	$1,000 per person	$2,000 per person
Preventive & Diagnostic Services (routine exams, X-rays, cleanings)	Based on Fee Schedule	100% (no deductible)	100% (no deductible)
Basic/Restorative Services (fillings, extractions, periodontal, endodontics)	Based on Fee Schedule	80% (after deductible)	80% (after deductible)
Major Services (bridgework, crowns, dentures)	Based on Fee Schedule	50% (after deductible)	50% (after deductible)
Orthodontia (for adults and children)	Based on Fee Schedule	Orthodontia Not Covered	50% (after deductible) – separate lifetime maximum applies
Lifetime Maximum for Orthodontia	Covered	Orthodontia Not Covered	$2,000 per person

THINGS TO KNOW ABOUT DENTAL BENEFITS

- **Dental ID Cards**: If you enroll in a Cigna dental plan, you will not receive a physical ID card, but you can access one 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.
- **For more information**, visit the AMSURG Dental Benefits Page.

VISION BENEFITS – COVERAGE THAT KEEPS YOU IN FOCUS

AMSURG offers two vision plan options through EyeMed. Both plans allow you to visit the eye care provider of your choice, but you'll generally receive the highest level of benefits when you use an in-network provider.

Base Plan:

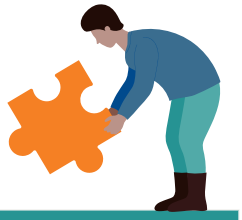
Provides in-network and out-of-network coverage, with allowances for covered services.

Buy-Up Plan:

Provides in-network and out-of-network coverage, with higher allowances for covered services.

When reviewing your options, keep these important reminders in mind:

- Frame and contact lens allowances must be used in a single visit. Any unused balance does not carry over.
- Contact lenses are provided instead of lenses. You cannot use the lens and contact lens allowances during the same plan year.
- Review the plan comparison and online options before enrolling.



VISION BENEFITS-AT-A-GLANCE

	BASE PLAN	BUY-UP PLAN
	In-Network	
Annual Exam (12 months)	$20 copay	$10 copay
Standard Plastic Lenses (12 months)	$25 copay	$10 copay
Standard Progressive Lenses (12 months)	$80 copay	$35 copay
Frames	$150 allowance every 24 months	$200 allowance every 12 months
Contact Lenses (12 months) – Elective	$150 allowance	$200 allowance
Contact Lenses (12 months) – Medically Necessary	$0	$0

THINGS TO KNOW ABOUT VISION BENEFITS

- **Online Options:** Click here to shop and buy frames, contacts and sunglasses, just like you would in the store but from your computer, smartphone or tablet. It's fast, it's easy and it's all built into your vision benefits.
- **Find an Eye Doctor:** Click here to search by location or by doctor for an in-network EyeMed doctor.
- **Vision Coverage FAQ:** Click here to access FAQs and Member How-To Tips for your EyeMed vision coverage.

YOUR SAVINGS & SPENDING ACCOUNTS – MAKE YOUR BENEFITS DOLLARS GO FURTHER

AMSURG offers tax-advantaged savings and spending accounts to help you plan for healthcare, dependent care and commuting expenses. Learn how each account works, consider your expected expenses and choose the options that can help you save money and make the most of your benefits.

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a tax-advantaged account that helps you pay for eligible healthcare expenses today while saving for future needs. HSAs are available to teammates who enroll in the Cigna HSA Primary or HSA Base medical plan and are administered by Fidelity Investments.

How an HSA Works

Your HSA contributions are deducted from your paycheck before taxes, which lowers your taxable income and gives you tax-free dollars to use for eligible healthcare expenses. You can use your HSA funds to pay for or be reimbursed for eligible expenses, including medical, prescription drug, dental and vision costs.

Top Features of an HSA:

- Carries over from year to year — there is no "use it or lose it" rule.
- It remains yours if you change jobs or health plans.
- It can help you prepare for future healthcare expenses.
- For more information, check out 4 Things to Know About HSAs and HSA Savings Tool and FAQs.

Your Fidelity HSA

- If you enroll in an HSA medical plan, AMSURG will establish an HSA for you with Fidelity Investments. You should receive a Welcome Packet and HSA debit card from Fidelity within two to three weeks after enrollment. Please complete the following important actions:
- You must activate your HSA by accepting Fidelity's account terms and conditions.
- You must also elect to make contributions to receive the AMSURG employer match.

HSA Contribution Limits

For 2027, the IRS HSA contribution limits are:

- **Employee-only coverage:** $4,500
- **Family coverage**: $9,000
- **Catch-up contribution for individuals age 55 or older:** $1,000

Your contributions and AMSURG's contributions count toward the annual IRS limit. Consult the BenefitsGO platform or Fidelity for current contribution limits and account information.



Dollar-for-Dollar Employer Match

AMSURG matches your HSA contributions dollar for dollar, up to the applicable match limit. Match limits vary by medical plan and coverage tier. **The company match is deposited into your HSA each pay period based on your contributions,** up to the applicable limit. If you open or activate your HSA after your initial enrollment, matching contributions will begin when you meet the account and contribution requirements.

Employer Match Limits

HSA PRIMARY	HSA BASE
$750 for Individual	$500 for Individual
$1,000 for Family	$750 for Family

FLEXIBLE SPENDING ACCOUNTS (FSAS)

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck on a pre-tax basis to help pay for eligible healthcare, dependent care and commuting expenses. Because contributions are deducted before taxes are withheld, FSAs can help reduce your taxable income and make eligible expenses more affordable.

Beginning in 2027, WEX will administer AMSURG's Health Care FSA, Limited Purpose FSA, Dependent Care FSA and Commuter Benefit Plan.

Manage your accounts through the WEX website or mobile app to:

- View your account balance and activity
- Submit claims and track reimbursement requests
- Upload supporting documentation
- Manage your account information

For more information, check out WEX's How To Set Up Your Account Flyer and the WEX Benefits Card Flyer.



Health Care FSA

You may enroll in a Health Care FSA if you choose the PPO medical plan or waive AMSURG medical coverage. You can use your account to pay for eligible healthcare expenses, such as:

- Medical plan deductibles
- Copayments and coinsurance
- Office visits
- Prescription expenses
- Eligible over-the-counter medications
- Eligible dental and vision expenses

For 2027, you can contribute a **minimum of $100 and up to a maximum of $3,500.**

For more information, check out this Health Care FSA Flyer.

Limited Purpose FSA

If you enroll in an HSA medical plan, you may contribute to a Limited Purpose FSA while also contributing to an HSA. Limited Purpose FSA funds may be used only for eligible dental and vision expenses for you and your eligible dependents.

For 2027, you can contribute **a minimum of $100 and up to a maximum of $3,500.**

For more information, check out this **Limited Purpose FSA Flyer**.

Commuter Benefit Plan

The Commuter Benefit Plan allows you to use pre-tax dollars for eligible work-related transportation and parking expenses. NOTE: Gasoline is not an eligible commuter expense.

Transit and vanpooling: You may contribute up to **$350 per month*** for eligible transportation, including trains, buses, subways, ferries and vanpools.

Parking: You may contribute up to **$350 per month*** for parking at or near your regular work location, including eligible park-and-ride facilities.

For more information, check out this **Commuter Benefits Flyer** and the **How to Use Commuter Benefits Flyer**.

**2026 Rates – At time of publication, the IRS had not released the 2027 contribution limits.*

Dependent Care FSA

A Dependent Care FSA helps you pay for eligible care expenses that allow you and your spouse, if applicable, to work or attend school. A Dependent Care FSA is for dependent care expenses — not your dependents' healthcare expenses. Eligible expenses may include:

- Day care
- Before- and after-school care
- Care for an eligible child under age 13
- Care for an elderly dependent who lives with you

For 2027, you may contribute a **minimum of $120 and up to a maximum of $7,500,** subject to IRS limits and applicable nondiscrimination testing. AMSURG will notify you if IRS testing affects your elected amount.

For more information, check out this **Dependent Care FSA Flyer**.

Important FSA Reminders:

- FSA elections do not automatically continue from year to year. You must actively elect an FSA during Annual Enrollment or when you become eligible.
- FSAs are generally subject to IRS "use it or lose it" rules. Unused funds may be forfeited after the applicable grace period.
- AMSURG's grace period extends the time available to incur and submit eligible claims through March 31st of the following calendar year, subject to plan rules.
- You cannot contribute to both a Health Care FSA and an HSA. If you enroll in an HSA medical plan, you may participate in a Limited Purpose FSA instead.
- You cannot transfer money between a Health Care FSA and a Dependent Care FSA.
- Health Care FSA funds cannot be used for dependent care expenses, and Dependent Care FSA funds cannot be used for healthcare expenses.
- Because FSA contributions are made on a pre-tax basis, you generally cannot change your election during the year unless you experience an eligible qualifying life event.
- IRS contribution limits and plan provisions may change. Review the final 2027 limits and rules in the BenefitsGO platform before enrolling.

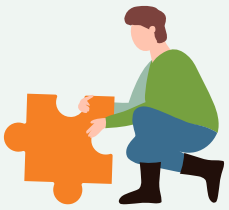
PROTECTION FOR WHAT MATTERS MOST

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Life and Accidental Death & Dismemberment (AD&D) insurance can help protect you and your family from financial hardship following a serious illness, injury or death. **New York Life** administers these benefits.

Visit the BenefitsGO platform through Corporate Connect/Center Connect to review your personalized coverage options and rates.

Company-Paid Basic Life and AD&D



AMSURG provides basic life insurance and basic AD&D coverage at no cost to you.

- Basic Life Insurance: $50,000
- Vice Presidents and above: Two times benefit salary, up to $2,000,000
- Basic AD&D: Pays an additional benefit if you die as the result of a covered accident.
- Dismemberment benefit: Pays a percentage of the full benefit amount if you experience a covered loss, such as the loss of a limb or eyesight. The amount depends on the type of injury.

Supplemental Life and AD&D

You may purchase additional life and/or AD&D coverage for yourself, your spouse or domestic partner and your children. You pay the full cost of any supplemental coverage you elect through after-tax payroll deductions.

Employee coverage options include:

- Up to $1,000,000 in supplemental life coverage, subject to plan limits and Evidence of Insurability (EOI) requirements
- Up to $1,000,000 in voluntary AD&D coverage
- Vice Presidents and above may elect up to $2,000,000 in combined Basic and Supplemental AD&D coverage

Family coverage is based on the amount of coverage you elect for yourself:

- Spouse/domestic partner: 50% of your elected amount if no dependent children are covered; 40% if one or more dependent children are covered
- Children: 10% of your elected amount if a spouse/domestic partner is covered; 15% if no spouse/domestic partner is covered

Dependent Supplemental Life

You may elect supplemental life and/or AD&D coverage for your spouse or domestic partner and children.

- Spouse/domestic partner: Up to 100% of your combined Basic and Supplemental Life coverage, subject to a maximum of $250,000.
- New enrollees: May elect up to $50,000 in spouse coverage without Evidence of Insurability.
- Current enrollees: May increase spouse coverage by $10,000 without Evidence of Insurability.
- Children: $10,000 for all covered children from live birth through age 26. NOTE: No Evidence of Insurability is required for child supplemental life coverage.

Name Your Beneficiaries

Designating beneficiaries ensures your life insurance benefits are distributed according to your wishes if you die. Name both a primary beneficiary and a contingent beneficiary in case your primary beneficiary is unable to receive the benefit.

Review your designations regularly and update them after important life events, such as marriage, divorce, the birth or adoption of a child or the death of a beneficiary. You can add or update your beneficiaries through the BenefitsGO platform.

Evidence of Insurability

Evidence of Insurability **(EOI)** is health information the insurance company may require before approving certain coverage amounts.

- When you are first eligible, coverage up to the applicable Guaranteed Issue Amount generally does not require EOI.
- EOI is required for coverage above the Guarantee Issue Amount.
- During Annual Enrollment, you may elect up to one additional $10,000 increment for yourself or your spouse, up to the Guarantee Issue Amount, without submitting EOI.
- Any increase greater than one increment or any amount above the Guarantee Issue Amount requires EOI and insurance company approval.
- Coverage above the Guarantee Issue Amount will not become effective until approved.

Accelerated Death Benefit

If you or your covered spouse is diagnosed with a terminal illness and has 12 months or less to live, you may be eligible to receive an advance of up to 80% of applicable Basic, Supplemental or Dependent Life Insurance coverage.

Benefit Reductions

Supplemental Life, Supplemental AD&D and spouse life benefits are reduced by:

- **40% at age 75**
- **65% at age 80**

Review the official plan documents for complete coverage details, limits, exclusions and Evidence of Insurability requirements.

Newly Eligible Teammates

If the supplemental coverage you elect for yourself or your spouse exceeds the Guaranteed Issue Amount (GIA), you will be required to submit 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.

SHORT-TERM DISABILITY (STD) INSURANCE

Short-Term Disability (STD) insurance replaces part of your income if you are unable to work because of a non-work-related illness, injury or pregnancy. **New York Life** administers both the company-paid STD benefit and the voluntary Buy-Up STD option.

COMPANY-PAID AND VOLUNTARY BUY-UP STD

AMSURG automatically provides STD coverage to all benefits-eligible teammates. You may also elect voluntary Buy-Up STD coverage for a higher level of income protection.

Feature	Company-Paid STD	Voluntary Buy-Up STD
Income replaced	50% of eligible earnings	65% of eligible earnings
Maximum weekly benefit	$3,500	$4,550
Benefits begin	After 14 consecutive days	After 14 consecutive days
Maximum benefit period	Up to 26 weeks*	Up to 26 weeks*
Pre-existing condition restriction	None	None

**The maximum benefit period includes the 14-day waiting period. Benefits may be reduced by other income you receive or are assumed to receive because of your disability.*

Electing Buy-Up STD Coverage

You must actively elect the voluntary Buy-Up STD option. If you enroll when you are first eligible, coverage is guaranteed without medical questions.

If you decline Buy-Up STD when first eligible and elect it later, you may be required to provide Evidence of Insurability (EOI), also called Proof of Good Health. The insurance carrier must approve your request before coverage can become effective, and approval is not guaranteed.

No Pre-existing Condition Restriction

Neither the company-paid STD plan nor the voluntary Buy-Up STD plan includes a pre-existing condition restriction. Once your coverage becomes effective, a claim cannot be denied solely because the condition existed before your coverage began.

Tax Treatment

Both company-paid STD and Buy-Up STD benefits are designed to be tax-free when paid.

- **Company-paid STD:** AMSURG pays the premium, and the IRS requires the related premium value to be included in your taxable wages so benefits can be paid tax-free.
- **Voluntary Buy-Up STD:** You pay the premium with after-tax dollars, so Buy-Up benefits are generally tax-free.

Review the official plan documents for complete details, including eligibility, offsets, limitations and claim requirements.

COMPANY-PAID LONG-TERM DISABILITY (LTD) INSURANCE

Long-Term Disability (LTD) insurance helps protect your income if you are unable to work for an extended period because of a covered illness or injury. AMSURG provides LTD coverage at no cost to eligible teammates.

LTD benefits begin after **180 consecutive days of disability or when your Short-Term Disability benefits end, whichever is later,** and may continue while you remain disabled, subject to the plan's maximum benefit duration and other requirements.

LTD COVERAGE

Feature	All Other Teammates	Vice Presidents and Above
Eligibility	Eligible teammates, excluding VPs and above	Eligible VPs and above
Benefits begin	After 180 consecutive days	After 180 consecutive days
Income replaced	60% of eligible earnings	60% of eligible earnings
Maximum monthly benefit	$10,000	$15,000
Definition of disability	Own occupation for two years, then any occupation through Social Security normal retirement age	Own occupation through age 65, then any occupation through Social Security normal retirement age
Pre-existing condition limitation	Yes	Yes

Pre-existing Condition Limitation

LTD coverage includes a pre-existing condition limitation. A pre-existing condition generally means an illness or injury for which, during the three months before your LTD coverage became effective, you:

- Received medical treatment or services;
- Received diagnostic testing;
- Took prescription medication; or
- Had symptoms that would have led a reasonable person to seek medical care.

In general, benefits may be limited for a disability related to a pre-existing condition unless you did not receive treatment for that condition during the three months immediately before your coverage effective date. Review the official plan documents for complete details about eligibility, benefit duration, disability definitions, pre-existing conditions, exclusions and limitations.

How LTD Benefits Are Taxed

Because AMSURG pays the LTD premium, the premium amount is reported as imputed income on your Form W-2 and is subject to taxes. In return, LTD benefits paid to you if you become disabled are generally tax-free and are not included in your gross income.



ADDITIONAL VOLUNTARY BENEFITS

SUPPLEMENTAL HEALTH BENEFITS – EXTRA FINANCIAL SUPPORT WHEN YOU NEED IT MOST

AMSURG offers supplemental benefits with Cigna to help provide additional financial support when unexpected health events occur. Accident, Critical Illness and Hospital Indemnity Insurance can pay cash benefits directly to you when you experience a covered injury, illness or hospital stay. You can use these payments to help with eligible medical expenses, deductibles, everyday bills, travel, childcare or other costs during treatment and recovery. These benefits complement your medical coverage and are designed to help protect your financial wellbeing when life takes an unexpected turn.

ACCIDENTAL INJURY INSURANCE

Accidental Injury Insurance provides a fixed cash benefit when you experience a covered accident-related injury. Benefits may help with expenses associated with doctor visits, diagnostic exams, fractures, physical therapy and other covered treatments. For example, a broken leg could result in benefits for the office visit, X-ray, injury and follow-up physical therapy. You can use the benefit payment to help with eligible medical expenses or other everyday costs during your recovery.



Click here to watch a quick video about **Accidental Injury Insurance.**

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance provides a lump-sum cash benefit if you are diagnosed with a covered serious health condition, such as a heart attack or stroke. The payment is made directly to you and can help with medical expenses, household bills, travel, childcare or other financial needs while you focus on your recovery.



Click here to watch a quick video about **Critical Illness Insurance.**

HOSPITAL CARE INSURANCE

Hospital Care Insurance provides a fixed cash benefit when you experience a covered inpatient hospital stay. Benefits may be available for a hospital admission, hospital stay or intensive care unit stay, including hospitalization related to certain procedures or childbirth. The payment is made directly to you and can help offset out-of-pocket medical costs and other expenses that may arise during a hospital stay and recovery.



Click here to watch a quick video about **Hospital Care Insurance.**

To manage your supplemental health benefits or submit a claim, log in to myCigna.com or use the myCigna App > Select Coverage > Supplemental Health.

Wellness Benefit

Your Cigna supplemental health coverage includes a wellness benefit. Each covered person may receive **$50 once per year** after completing an eligible wellness treatment, health screening test or preventive care service. Eligible services may include:

- Annual physical or general health exam
- Cancer screenings, including mammograms and colonoscopies
- Annual dental exam and/or routine eye exam
- Well-child care, including visits, labs and immunizations

Important Note:

Accidental Injury, Critical Illness and Hospital Care Insurance provide limited benefits and are not comprehensive medical coverage. Benefit amounts, covered services, exclusions and limitations vary by plan. Review the official plan documents for complete details.



VOLUNTARY LEGAL PLAN

Legal needs can arise when you least expect them — from buying a home or creating a will to handling identity theft, caring for aging parents or navigating family matters. The MetLife Legal Plan gives you and your eligible family members convenient access to experienced attorneys and online legal resources.

The MetLife Legal Plan Includes

The plan provides access to more than 18,000 network attorneys nationwide and support for more than 100 common personal legal matters, including:

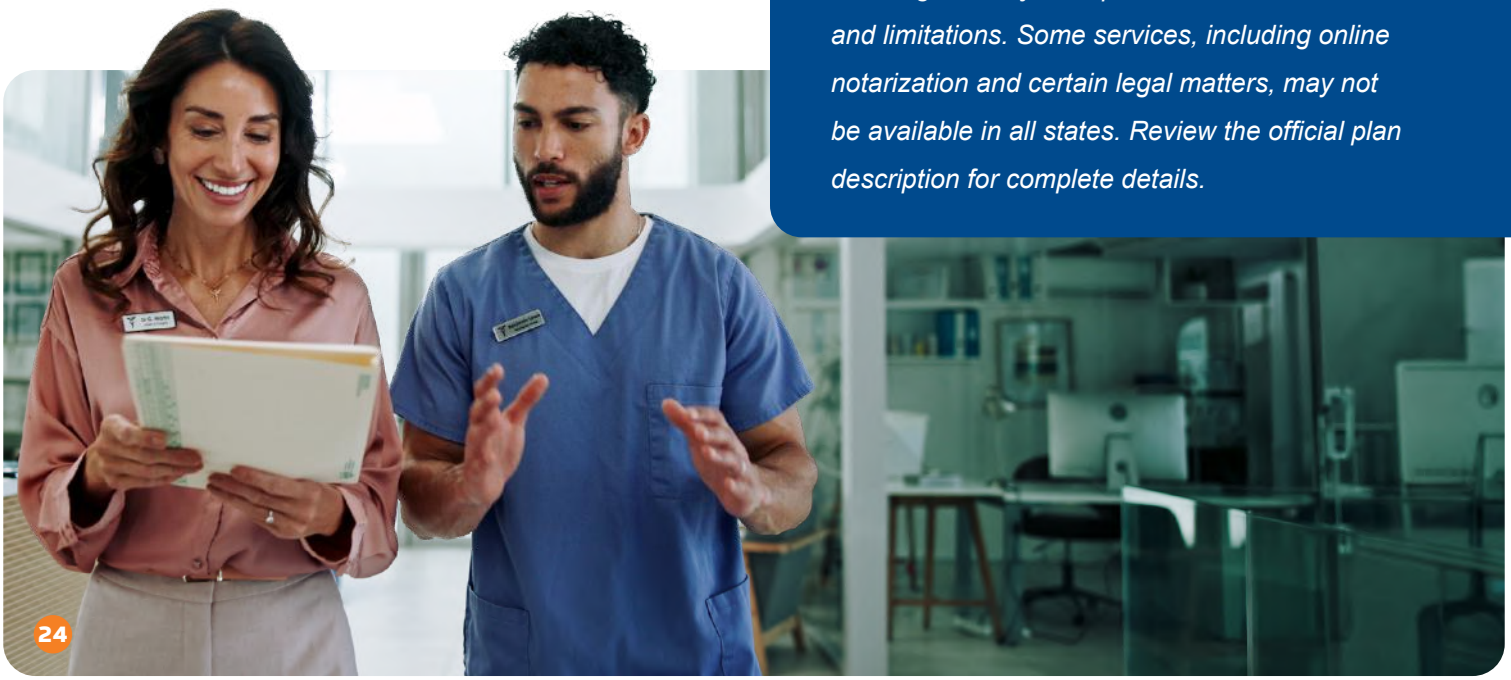
- **Estate planning:** Wills, living wills, healthcare proxies, powers of attorney and trusts
- **Home and real estate:** Buying, selling or refinancing a home, deeds, mortgages and tenant matters
- **Family and personal matters:** Adoption, guardianship, name changes, prenuptial agreements and immigration assistance
- **Money matters:** Debt collection defense, identity theft defense and restoration, bankruptcy and tax audits
- **Elder-care issues:** Medicaid, Medicare, nursing home agreements and documents for aging parents
- **Civil and consumer matters:** Small claims, consumer disputes and administrative hearings
- **Traffic and other matters:** Traffic tickets, driving privilege restoration and repossession

When you use a network attorney for a covered matter, services are provided at no additional cost. There are no copays, deductibles, waiting periods or claim forms. Your spouse or domestic partner and dependent children may also be covered, subject to plan provisions.

For more information, check out this MetLife Legal Plans Flyer.

For questions or help finding an attorney, call the MetLife Legal Plans Client Service Center at **1-800-821-6400,** Monday–Friday, 8 AM – 8 PM ET, or email clientservice@legalplans.com.

Coverage is subject to plan terms, exclusions and limitations. Some services, including online notarization and certain legal matters, may not be available in all states. Review the official plan description for complete details.



VOLUNTARY IDENTITY THEFT & CYBER PROTECTION

Allstate®

Your personal information, finances and digital devices face more risks than ever. **Allstate Identity Protection** provides tools and support to help you monitor your identity, recognize scams, protect your devices and recover if fraud occurs. You may choose individual or family coverage.

Allstate Identity Protection can help you:

- Monitor your credit reports, financial accounts and the dark web for signs of fraud
- Lock your TransUnion credit report and receive assistance with credit freezes
- Monitor social media accounts for signs of account takeover
- Receive 24/7 U.S.-based identity theft support
- Get full-service identity restoration if your identity is compromised
- Receive up to $5 million in identity theft expense and stolen-funds reimbursement, subject to policy terms and limits
- Access personal coaching and educational resources to help prevent fraud

For more information, check out this Allstate Identity Protection Flyer and click here to watch a quick video.

Allstate Scam Protection

Included with Pro+ Cyber, Allstate Scam Protection helps identify and stop scams before they cause harm. Features may include:

- Alerts for suspicious links in texts, messaging apps, emails, notifications and calendar invitations
- Protection for online shopping and banking
- Warnings about phishing websites and malicious content
- Robocall and text blocking
- Scam URL takedown tools
- Reimbursement for eligible scam, social engineering and digital crime losses

Cyber Protection for Your Devices

Pro+ Cyber also includes cybersecurity tools designed to protect your devices and home network, including:

- Malware, antivirus and phishing protection
- Military-grade VPN, firewall and network security
- Protection for up to 10 devices per adult with family coverage
- Up to $50,000 in eligible cyber-related reimbursement, including data recovery, system restoration and certain digital crime losses
- Up to $100,000 in cyberbullying coverage, subject to plan terms

Family Digital Safety

Family coverage includes digital safety tools powered by Bark to help parents support healthier and safer online habits. Features may include:

- Monitoring across more than 30 apps and websites
- Alerts about potential cyberbullying, online predators, self-harm, drug use, violence and threats
- Web filtering, screen-time scheduling, location tracking and check-in alerts
- Family coverage may also extend to eligible family members who live outside your household, including family members age 65 and older, subject to plan provisions.



SUPPORT FOR LIFE'S EVERYDAY CHALLENGES

AMSURG's Employee Assistance Program (EAP), provided by **TELUS Health**, offers confidential support at no cost to you and your eligible family members. Whether you're dealing with a personal concern, family challenge or work-related stress, the EAP connects you with professional help and practical resources in the way that works best for you.

EAP services are completely confidential and available 24/7/365 by phone at 1-800-641-9684, in person, online and through the TELUS Health One app. Resources include:

- A series of private sessions with an expert for each concern you're experiencing
- Online tools and resources to support your mental, emotional and overall wellbeing
- Guidance for personal, family and work-related concerns
- Exclusive discounts, offers and savings from participating brands and retailers
- For more information, click here to watch a quick video.

You can **invite up to five eligible dependents** to create their own TELUS Health account. Dependents will log in through the TELUS Health website.

For more information, check out this TELUS Health EAP Overview Flyer and the TELUS Health One App Overview Flyer.

OTHER TELUS HEALTH RESOURCES

Self-Guided Support with CareNow

The CareNow Counselor-Assisted Program through TELUS Health combines flexible, self-guided wellbeing resources with personalized support from a counselor.

Explore clinically designed content, tools and exercises at your own pace while receiving guidance to help you stay engaged and make progress toward your goals. You can:

- Message a counselor while reviewing resources or completing exercises.
- Ask questions and receive personalized feedback.
- Schedule check-ins to discuss your progress and stay on track.
- Build practical skills to support your mental and emotional wellbeing.



BENEFIT CONTACT LIST

Benefit – Carrier/Vendor	Website/Email	Phone
Medical and Prescription Drugs – **Cigna**	mycigna.com	1-800-244-6224
Health Savings Account (HSA) – **Fidelity Investments**	netbenefits.com	1-800-544-3716
Dental – **Cigna**	mycigna.com	1-800-244-6224
Vision – **EyeMed**	eyemed.com	1-866-800-5457
Flexible Spending Accounts (FSAs) – **WEX**	benefitslogin.wexhealth.com	1-866-451-3399
Basic Life/Basic AD&D/Supplemental Life – **New York Life**	newyorklife.com	1-888-842-4462
Disability – **New York Life**	newyorklife.com	1-888-842-4462
Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance – **Cigna**	mycigna.com	1-800-754-3207
Legal Services – **MetLife Legal Plans**	info.legalplans.com passcode: 9900364	1-800-821-6400
Identity Protection – **Allstate**	myaip.com	1-800-789-2720
Employee Assistance Program (EAP) – **TELUS Health**	Access from the Benefits Website via a direct single sign-on	1-800-641-9684
401(k) Plan – **Fidelity**	401k.com	1-800-835-5093
AMSURG Benefits Center – **Empyrean BenefitsGO**	web.benefitsgo.me Company Code: 093553	1-888-305-7027

LEGAL NOTICES

Use the link below to review important legal notices related to your AMSURG benefits.

View the 2027 Legal Notices

AMSURG



YOUR HEALTH
OUR PARTNERSHIP