

JUST PREMIUM

Reduced Premium Opportunity

We will offer a reduced premium opportunity to full-time team members known as Just Premium. Action is required within 30 calendar days of your new hire/new eligibility date to determine whether you are eligible for the reduced health plan premium. An application process will help determine eligibility.

Reduced premium eligibility is based on:

1. Full-time employment status
2. Total household income
3. Taxable dependents that were claimed on the team member's 2024 Federal Individual Income Tax Return

Completed and legible application and tax return information must be returned to JustPremium@FMOLHS.org or by fax (225) 765-9307 within 30 calendar days of your new hire/new eligibility date.

Tax document requirements:

- If your tax filing status was married filing married, you will be required to submit a copy of one tax return.
- If your filing status was married filing single or married filing head of household, you will be required to submit copies of your own tax return along with your spouse's tax return.

Team members MUST apply for the Just Premium by completing the application and submitting complete and legible tax return information.

IMPORTANT: Submit complete application and tax return within 30 calendar days of your new hire/new eligibility date, e.g., new hire date March 1, application and benefits enrollment deadline March 30.

Do NOT wait for a decision prior to your benefit enrollment. Don't miss the enrollment deadline. Enroll in benefits promptly.

Once eligibility is determined:

- If approved, the Just Premium is in effect for the 2026 calendar year.
- If not approved, the Standard Premium will be in effect for the calendar year.
- Changes in your income or dependents will be considered on an annual basis.
- Change in status to Part Time or PRN will disqualify your just premium rates.
- If your hourly rate exceeds \$32 during the year, you will disqualify for the just premium rates.

For questions about Just Premium or this application process, contact askHR@FMOLHS.org or 833-482-7547



2026 Just Premium Application – New Hire

To qualify for the Just Premium, you must be a full-time team member, your total household income cannot be more than the amount in the box below based on your 2024 dependents **and** your current hourly rate cannot exceed the amount below. For purposes of the Just Premium reduction, your total household income is the Adjusted Gross Income for you (and if married, your spouse) as reported on your 2024 U.S. Individual Income Tax Return. If you did not file a 2024 federal income tax return, you are ineligible to receive the 2026 Just Premium. If your spouse filed a separate return for 2024, you will need to combine your spouse's Adjusted Gross Income with your Adjusted Gross Income.

Dependents Listed on your 2024 tax return	Maximum Household Income
0	\$27,400
1	\$37,000
2	\$46,650
3	\$56,250
4 or more	\$65,900
Maximum Hourly Rate = \$32 per hour	

Legal marital status as of 12/31/2024:

☐ Single ☐ Legally married ☐ Legally divorced ☐ Widowed

- ☐ I confirm my **current hourly rate** is \$ _____
- ☐ I confirm my tax return(s) is valid and that the number of dependents reported on the 2024 tax return is accurate.
- ☐ Tax Return documentation is attached. Your 2024 tax status was determined as of 12.31.2024.
- If you were not married on 12.31.2024, attach copies of pages 1 and 2 of your 2024 IRS Form 1040.
 - If you were married on 12.31.2024 and you filed using the "Married Filing Jointly" status, attach copies of pages 1 and 2 of your 2024 IRS Form 1040
 - If you were married on 12.31.2024 and you filed using the "Married Filing Separately" or "Head of Household" status, attach copies of pages 1 and 2 of your 2024 IRS Form 1040 AND pages 1 and 2 of your spouse's 2024 IRS Form 1040.
- ☐ I understand that by submitting this application, I am requesting a reduced health plan premium for 2026. I understand that this application does not automatically enroll me in health plan coverage and that I must complete the New Hire Enrollment process through Oracle ESS within 30 calendar days of my new hire/new eligibility date in order to be enrolled in the Health Plan.
- ☐ I understand that this form and all attachments must be received within 30 calendar days of my new hire/new eligibility date.
- ☐ I understand that a change in status to part time or PRN will disqualify me from Just Premium rates.
- ☐ I understand that the approval/denial of the 2026 Just Premium Application will be sent to my FMOL Health team mail address.

Remember: If this form is not received within 30 calendar days of your new hire/new eligibility date, you will not be considered for 2026 Just Premium and will be subject to the unreduced 2026 standard premium for all medical plans.

My signature below indicates that the facts set forth on this form are true and complete to the best of my knowledge.

Employee Name (printed)

Employee Signature

Today's Date

Oracle ID

Return application/tax returns to JustPremium@fmolhs.org or fax to (225) 765-9307 by the deadline.

Exhibit A



2026 Just Premium Application – New Hire

2026 Just Premium Plan Options

Plan Name	EPO Medical Plan		PPO Medical Plan			
Network	FMOL HEALTH Provider Tier 1	Preferred Provider Tier 2	FMOL HEALTH Provider Tier 1	Preferred Provider Tier 2	Non-Preferred Tier 3	Out-of-Network
Deductible						
Single	\$300	\$600	\$800	\$1200	\$3,000	\$5,000
Family	\$600	\$1,200	\$1,600	\$2,400	\$6,000	\$10,000
Coinsurance (Insurance Pays)	90%*	*80%	80%*	70%*	60%*	40%*
Out-of-Pocket Maximum						
Single	\$2,500	\$3,500	\$3,000	\$4,500	\$6,000	\$10,000
Family	\$5,000	\$7,000	\$6,000	\$9,000	\$12,000	\$20,000
Primary Office Visit	\$0 copay	\$20	\$5 copay	\$30 Copay	60%*	40%*
Specialist Visit	\$35 copay	\$50	\$45 Copay	\$70 Copay	60%*	40%*
Urgent Care Visit	\$60 copay	\$60 copay	\$75 Copay	\$75 Copay	60%*	40%*
Emergency Room	\$250	\$250	80%			
Inpatient	\$200 copay per day (4 days / \$800 max)	80%*	80%*	70%*	60%*	40%*
Outpatient	\$250 copay	80%*	80%*	70%*	60%*	40%*

*after deductible

2026 Bi-Weekly Just Premiums

MEDICAL PLAN OPTIONS (BIWEEKLY TEAM MEMBER CONTRIBUTIONS)				
EPO PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Just Premium (0.8-1.0 FTE)	\$23.87	\$103.98	\$47.16	\$129.55
Standard Premium (0.8- 1.0 FTE)	\$55.07	\$177.85	\$109.19	\$233.97
PPO PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Just Premium (0.8-1.0 FTE)	\$68.35	\$257.01	\$130.16	\$325.27
Standard Premium (0.8- 1.0 FTE)	\$142.47	\$367.12	\$258.74	\$480.01



2026 Just Premium Application – New Hire

FMOL Health 2026 Just Premium Frequently Asked Questions

Q-1: What are the benefits of the Just Premium program?

A-1: The Just Premium program aligns with the FMOL Health Mission regarding Just Culture, Just Wage, Just Treatment and

- more accurately reflects those most in need by considering total household income;
- expands the premium reduction opportunity to more team members.

Q-2: The 2026 Just Premium is based on your FTE status at the time of your application and you must be a full-time team member to qualify. What happens if I change to part-time or PRN during the plan year?

A-2: If you change to part-time or PRN during the plan year, you will no longer be eligible for the Just Premium as of the end of the period in which your status change occurred.

Q-3: The 2026 Just Premium is based on the number of dependents reported on my 2024 Federal income tax return. Do I count as a dependent?

A-3: No. You should complete the application by using the number of dependents claimed on your 2024 tax return.

Q-4: How is my adjusted gross income determined?

A-4: We will use the following rules to determine your adjusted gross income:

- If you are single, we will use the adjusted gross income from line 11 of your tax return.
- If you are married, we will use the adjusted gross income from line 11 of the tax returns which cover you and your spouse. If you and your spouse file separate tax returns, we will need to see both returns, and we will add the numbers reported as adjusted gross income.

Q-5: What if I did not file a tax return for 2024?

A-5: You would be ineligible for the 2026 Just Premium. You could be eligible for the 2027 Just Premium if you file a 2025 tax return.

Q-6: What if the number of dependents has changed since the number reported on my 2024 tax return?

A-6: The 2026 Just Premium is based on your 2024 tax return. It does not take into account subsequent changes.

Q-7: When is the 2026 Just Premium application due?

A-7: The 2026 Just Premium application must be completed and received within 30 calendar days of your new hire/new eligibility date.



2026 Just Premium Application – New Hire

Q-8: What tax return documentation needs to be attached to the application?

A-8: Please provide page 1 and 2 of your 2024 IRS Tax Form. If you and your spouse filed using the “Married filing Separately” or “Head of Household” status, please also send pages 1 and 2 of your spouse’s form.

Q-9: What if I filed my tax return electronically?

A-9: If you filed your tax return electronically, please provide a copy of the prepared return.

Q-10: What is my deadline to return the application and the tax return documentation?

A-10: All information must be received by JustPremium@FMOLHS.org within 30 calendar days of your new hire/new eligibility date.

Q-11: What if I make a mistake and incorrectly report the number of dependents?

A-11: FMOL Health reserves the right to verify the eligible dependents noted on your 2024 return. If FMOL Health determines that a fraudulent tax return is submitted, you will be ineligible for the Just Premium Program.