Great River HEALTH

2026 Premium Relief Application

Premium Relief

Reduced Premium Opportunity

Great River Health offers a reduced medical premium opportunity to fully-benefit eligible employees meeting certain income requirements. Employees who believe they may be eligible for this program should submit the required documentation by the deadline listed in this document to determine whether you are eligible for the reduced health plan premium. Eligibility requirements are outline below.

Reduced premium eligibility is based on:

1. Fully-Benefit Eligible 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 askhr@greatriverhealth.org by the applicable deadline. Current employees applying as part of Open Enrollment should submit their completed application by November 7th, 2025. New Hires or employees who are newly fully benefit eligible will have 30 calendar days from their new hire date/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.
- If you have a common law spouse, you will be required to submit copies of your own tax return along with your common law spouse's tax return.

Employees MUST apply for the Premium Relief program by completing the application and submitting complete and legible tax return information.

IMPORTANT:

Current Employees: Submit complete application and tax return by the end of Open Enrollment, November, 7th 2025.

New Hires/Newly Fully-Benefit Eligible: 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 Premium Relief reduction is in effect for the 2026 calendar year.
- If not approved, the Standard Premium will be in effect for the calendar year.
- Change in status to Partially Benefit Eligible or PRN will disqualify your premium relief rates.

For questions about Premium Relief program or this application process, contact askhr@greatriverhealth.org or 319-768-3750.

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To qualify for the Premium Relief program, you must be a fully benefits eligible employee and your total household income cannot be more than the amount in the box below based on your 2024 dependents. For purposes of the Premium Relief program, your total household income is the Adjusted Gross Income for you (and if married, your spouse and/or common law 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 Premium Relief. If your spouse filed a separate return for 2024 or you have a common law spouse, you will need to combine your spouse's/common law spouse's Adjusted Gross Income with your Adjusted Gross Income.

Number of dependents on 2024 tax return	Maximum Household Income
0	$31,300
1	$42,300
2	$53,300
3	$64,300
4+	$75,300

Legal marital status as of 12/31/2024:

☐ Single ☐ Legally married ☐ Legally divorced ☐ Widowed

☐ 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 Benefits Enrollment process through Workday by the end of open enrollment or 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 by the end of open enrollment or within 30 calendar days of my new hire/new eligibility date.

☐ I understand that a change in status to partially benefit eligible or PRN will disqualify me from Premium Relief.

☐ I understand that the approval/denial of the 2026 Premium Relief Application will be sent to my GRH email address and updated in my askHR ticket within Workday.

Remember: If this form is not received by the end of open enrollment or within 30 calendar days of your new hire/new eligibility date, you will not be considered for 2026 Premium Relief program and will be subject to the 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 _____

Employee ID _____

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Return application/tax returns to askhr@greatriverhealth.org by the deadline.

Exhibit A

2026 Bi-Weekly Premium Relief Rates (24 pay periods)

MEDICAL PLAN OPTIONS (BIWEEKLY EMPLOYEE CONTRIBUTIONS)			
Health Basic Plan	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
Premium Relief (0.8-1.0 FTE)	**$33.79**	**$128.70**	**$193.05**
Standard Premium (0.8-1.0 FTE)	**$67.58**	**$257.40**	**$386.10**
Core HDHP	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
Premium Relief (0.8-1.0 FTE)	**$19.40**	**$74.05**	**$109.38**
Standard Premium (0.8-1.0 FTE)	**$38.79**	**$148.10**	**$218.75**
Value HDHP	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
Premium Relief (0.8-1.0 FTE)	**$11.56**	**$46.31**	**$68.32**
Standard Premium (0.8-1.0 FTE)	**$23.15**	**$92.61**	**$136.64**

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GRH 2026 Premium Relief Frequently Asked Questions

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

A-1: The Premium Relief program address our employee's personal needs, aiming to support various aspects of their lives by creating comprehensive total rewards offerings.

Q-2: The 2026 Premium Relief program is based on your benefit eligibilty status at the time of your application and you must be a fully-benefit eligible employee to qualify. What happens if I change to partially-benefit eligible or PRN during the plan year?

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

Q-3: The 2026 Premium Relief program 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.
- If you have a common law spouse enrolled in our medical plan we will use the adjusted gross income from line 11 of your tax return and your common law spouse's tax return.

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

A-5: You would be ineligible for the 2026 Premium Relief program. You could be eligible for the 2026 Premium Relief if you file a 2024 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 Premium Relief program is based on your 2024 tax return. Changes throughout the year are not taken into account.

Q-7: When is the 2026 Premium Relief application and tax return documentation due?

A-7: The 2026 Premium Relief application must be completed and received askhr@greatriverhealth.org by the end of open enrollment or within 30 calendar days of your new hire/new eligibility date.

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. If you have a common law spouse enrolled in medical coverage through GRH, please also send pages 1 and 2 of your common law 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 if I make a mistake and incorrectly report the number of dependents?

A-10: GRH reserves the right to verify the eligible dependents noted on your 2024 return. If GRH determines that a fraudulent tax return is submitted, you will be ineligible for the Premium Relief Program.