

2023  
INVESTING  
IN YOU

# Employee Benefits

## Sanford Health – Solutions by Sanford



**SANFORD**  
HEALTH



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# IMPORTANT INFORMATION

This benefits booklet highlights the benefits provided by Sanford Health in one helpful resource. The information in this booklet is not complete in its detail; for complete details of coverage, please refer to the appropriate Summary Plan Description found on the Total Rewards Dashboard in OneSource. If the terms of this Benefit Booklet differ from the policy, the policy will govern.

## Sanford Health's Plan Year

Sanford Health's plan year is from January 1-December 31.

## Am I Benefit Eligible?

You are eligible for benefits if you are scheduled to work at least 30 hours per week. Refer to each section for specific eligibility.

## Dependent Eligibility

Child dependents are eligible for health and dental coverage through the last day of the month in which they turn age 26.

If enrolling a domestic partner and/or domestic partner's child(ren) in health, dental, and/or vision, the employer-paid portion of that benefit will be imputed as income and will be subject to federal taxation at the responsibility of the employee. The domestic partner's and/or domestic partner's child(ren)'s portion of the premium will be deducted after taxes. For more information, see the Domestic Partner Knowledge Article in the Sanford Service Portal.

## Dependent Eligibility Verification

Sanford Health performs regular audits to verify the eligibility of dependents covered under our health and dental plans. You will be notified by the Sanford Health Human Resources department if you are required to provide additional information in order to verify eligibility of dependents. Note: If you fail to provide this documentation your dependent(s) may be removed from your health and dental plans.

### Eligible Dependents:

- Spouse
- Child(ren) (including biological, adopted, stepchild, legal ward, and/or foster child under age 26 or disabled child(ren) over age 26 with required documentation)
- Domestic partner
- Domestic partner's child(ren) (including biological child, adopted child, legal ward under age 26 or disabled child(ren) over age 26 with required documentation)

## Opportunities to Enroll

The opportunity to enroll in benefits or change benefits elections is available at the time of hire, during annual open enrollment, and when a qualifying life event occurs.

## New Hire Enrollment

As a new employee, you have 30 days from your date of hire to enroll in benefits.

To enroll online: go to [OneSource](#), find your inbox in the upper right-hand corner, click the "Benefits Enrollment" action item and complete the wizard as prompted.

To enroll over the phone, contact the Benefits Enrollment Call Center at (877) 403-1591 and a representative will help you enroll. Call center hours are Monday through Friday from 7:00 am – 5:00 pm CST.

Benefits elected as a new employee are effective the first of the month following date of hire.

### Need help with online enrollment?

Search for "benefits enrollment" in the Sanford Service Portal for a job aid with step-by-step instructions

## Annual Open Enrollment

The opportunity to enroll in benefits outside of new hire enrollment or a qualifying life event takes place during annual open enrollment, which occurs in the fall. Open enrollment elections are effective the January 1<sup>st</sup> of the following calendar year.

## Qualifying Life Events

Employees who experience a qualifying life event during the plan year have the opportunity to make changes to their benefits outside of the open enrollment period.

If you are experiencing a qualifying life event, you have 30 days from the event to initiate the qualifying life event in OneSource, or by calling Total Rewards Team through the Sanford Service Center. For more information on qualifying life events, refer to the knowledge article in the Sanford Service Portal via Inside Sanford.

### Examples of qualifying life events include:

- Birth, adoption, or child's placement for adoption
- Marriage, divorce, or legal separation
- Gaining or Losing coverage elsewhere
- Job status change (e.g. full-time to benefit ineligible)
- Death of spouse or eligible dependent
- Return from an **unpaid** leave of absence
- Become eligible or lose eligibility for Medicaid/Medicare or SCHIP

### The following are pre-tax benefit offerings and cannot be changed without a qualifying life event:

- Health Insurance
- Dental Insurance
- Flexible Spending Accounts
- Vision Insurance

Because these deductions are on a pre-tax basis, the IRS has guidelines on when you can make changes (i.e., enroll or cancel) to your benefit elections during the plan year.

All benefit changes are subject to Human Resources review and approval.

### If you are experiencing a qualifying life event:

- You have 30 days from the event date to submit the life event in OneSource
- You must provide appropriate documentation of the qualifying life event
- For more detailed information on how to submit a life event in OneSource and for a list of appropriate supporting documentation, refer to the Sanford Service Portal via Inside Sanford

## Continuation of Coverage (COBRA)

COBRA is a temporary extension of coverage when you or eligible dependents, who are covered under the plan, lose group coverage. COBRA coverage is available for health, dental, vision coverage and medical flexible spending accounts. COBRA coverage begins the first of the month following the date of the event that caused the loss of group coverage.

# BENEFITS RESOURCES

## Important Documents

The amount of information associated with employee benefits can be overwhelming, but it is important to be aware of the details of the benefits you're offered and enroll in. The following are important documents that can be useful as you enroll in and utilize your benefits. All of these documents can be found on the Total Rewards Dashboard in OneSource and/or in the Sanford Service Portal.

## Total Rewards Dashboard

The Total Rewards Dashboard is new this year! The dashboard is conveniently located within OneSource, so that you may access important benefits information in the same application as you complete your enrollment.

To access the dashboard, log in to [OneSource](#), enter "Total Rewards Dashboard" into the search bar and hit "enter." A list of important benefits-related documents will appear.

## Summary Plan Description

The terms and provisions of a benefit plan can be found in the Summary Plan Description (SPD). The current SPDs for each benefit plan are posted on the Total Rewards Dashboard.

## Summary of Benefits and Coverage

The Summary of Benefits and Coverage (SBC) is a snapshot of a health plan's costs, benefits, and covered health care services, and an explanation of the plan's unique features in easy-to-understand terms. The SBC is a helpful tool to use when comparing benefit plans. The SBC can be found on the Total Rewards Dashboard.

## Sanford Service Portal

The Sanford Service Portal is a tool for employees to find on-demand information related to commonly asked questions and important topics. To find the portal, go to Inside Sanford > Sanford Links > Sanford Service Portal. Utilize the search function to find the information you need. For example, search "health insurance" to find out more about the health coverage offered to you.

## Knowledge Articles

Knowledge articles are an information source within ServiceNow intended to promote on-demand answers to commonly asked questions



and important topics. For example, an employee wondering about benefits enrollment can search those terms in the Sanford Service Portal and be presented with articles related to New Hire Enrollment, Benefits Open Enrollment, etc.

## Job Aids

While knowledge articles provide an overview of a topic, job aids provide step-by-step instructions to complete a process. Job aids are housed within knowledge articles on the Sanford Service Portal.

## Benefits Education Courses

The Success Center provides online education to employees, some of which are benefits focused. Go to Inside Sanford > Sanford Links > Success Center to check out courses like "Basics of Benefits."

# HEALTH INSURANCE

Sanford Health offers two health insurance plans — Traditional Plan or Value Plan (HDHP+HSA). Employees who are scheduled to work 30 hours or more per week are eligible for health insurance.

**Note: Social Security numbers are required if enrolling your dependents in health insurance.**

## Important Benefit Definitions

**High-deductible health plan:** A plan with a higher deductible than a traditional health insurance plan. The monthly premium is usually lower, but you pay more health care costs before the plan pays. A high-deductible health plan (HDHP) can be combined with a health savings account (HSA). The Value Plan (HDHP+HSA) is a high-deductible health plan.

**Deductible:** The amount you owe out of pocket for covered health care services before your plan starts to pay.

**Coinsurance:** The percentage of charges to be paid by you for covered services, after the deductible has been satisfied.

**Copay:** A form of cost-sharing that requires you to pay a fixed dollar amount when a medical or pharmacy service is received. The insurance carrier is responsible for the rest of the reimbursement for the medical or pharmacy service.

**Out-of-pocket maximum:** The total amount of your deductible plus coinsurance and copayment amounts. Your out-of-pocket maximum is the most you have to pay during a policy period. Once you reach your out-of-pocket maximum, the plan begins to pay 100 percent of the allowed amount for covered services.

**Health savings account (HSA):** An HSA is a tax-free savings account, owned by the employee, into which the employee and employer may both make contributions. Funds can be saved and used to pay out-of-pocket medical expenses including pharmacy, dental and vision expenses. The plan is administered by HealthEquity. Available to those on the Value Plan only.

## Livongo

Sanford's health insurance offers Livongo to its members as a free health benefit. Livongo is a holistic program that helps with managing diabetes and other health goals like managing high-blood pressure, weight, stress and more.

To learn more about this benefit and the enrollment requirements visit the Livongo Knowledge Article in the Sanford Service Portal.

## Retiree Health

Sanford Health offers health insurance to retiring employees and their dependents under the following conditions:

- The employee is 55 years old or older and has completed a minimum of 20 years of continued service
- The employee and their dependents must be covered under the group health plan for active employees at the time of retirement or change to a non-benefit eligible status

Plan options and eligibility may differ based on an employee's collective bargaining agreement. Please refer to your specific contract to verify eligibility.

## Retired employees are responsible for 100% of the group rate.

Prior to retirement, contact the Sanford Service Center at (877) 949-5678. For more information about rates, eligibility or details on the plan, visit the Sanford Service Portal via Inside Sanford.

## HEALTH INSURANCE CONTINUED

Sanford Health offers two health plans to choose from through the Sanford Health Plan. The following outlines the employee responsibility for

each plan when seeking care in-network. Out-of-network care is not covered by health or pharmacy.

In-Network Benefits	Traditional Plan		Value Plan (HDHP+HSA)
<b>Annual Deductibles</b>			
Individual	\$2,500		\$3,500
Family	\$5,000		\$7,000
<b>Coinsurance</b>	70% before, 100% after out-of-pocket max is met		80% before, 100% after out-of-pocket max is met
<b>Annual Out-of-Pocket (OPM)</b>			
Individual	\$6,250		\$5,500
Family	\$8,750		\$8,500
<b>Individual Lifetime Maximum</b>	None		None
<b>Medical Office Visits</b>			
Sanford Clinic Providers	\$30 Copay		Deductible/Coinsurance
Other SHP Participating Providers	\$60 Copay		Deductible/Coinsurance
<b>Covered Preventive Health Services</b>	No Charge		No Charge
<b>Emergency Services</b>			
Emergency Room Care	100% of in-network allowance after \$300 Copay (waived if directly admitted)		20% Coinsurance
Emergency Medical Transportation	30% Coinsurance		20% Coinsurance
Urgent Care	\$30 Copay		20% Coinsurance
<b>Laboratory, X-ray and other Ancillary Services</b>	Deductible/Coinsurance		Deductible/Coinsurance
<b>Maternity, Pregnancy and Newborn Care</b>			
Routine prenatal care and one postpartum visit	No Charge		No Charge
Hospital Services	Deductible/Coinsurance		Deductible/Coinsurance
<b>Hospital Services Inpatient/Outpatient</b>	Deductible/Coinsurance		Deductible/Coinsurance
<b>Chiropractic Services</b>			
Sanford Clinic Providers	\$30 Copay		Deductible/Coinsurance
Other SHP Participating Providers	\$50 Copay		Deductible/Coinsurance
<b>Prescription Drugs (30-day supply)</b>	Preferred Participating Pharmacy	Participating Pharmacy	\$5 copay / prescription; Copay does not apply to deductible 20% coinsurance after deductible
Preventive drugs	--	--	
Generic drugs (Tier 1)	--	--	
<\$6	\$0 copay	--	
\$6 to <\$75	\$12 copay	--	
<\$75	--	\$22 copay	
>=\$75	\$30 copay	\$40 copay	
Preferred drugs (Tier 2)	\$50 copay	\$60 copay	
Non-preferred brand drugs (Tier 3)	\$100 copay	\$110 copay	

## Health Insurance Premiums

### Employee Responsibility, 52 Weekly Pay Periods

	TRADITIONAL	VALUE
<b>EMPLOYEE ONLY</b>	\$32.31	\$19.85
<b>EMPLOYEE + SPOUSE</b>	\$106.15	\$71.08
<b>EMPLOYEE + CHILD(REN)</b>	\$91.15	\$60.92
<b>FAMILY</b>	\$130.15	\$85.38



# HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity administers the Health Savings Account (HSA). An HSA is a tax-free savings account, owned by the employee, into which the employee and employer both make contributions. Funds can be saved and used to pay out-of-pocket medical expenses including pharmacy, dental and vision expenses.

## How does an HSA work?

**Funding:** Pretax contributions can be made through payroll deduction or post-tax directly into your account. The amount of your contribution made through payroll can be changed as often as you want in OneSource, and changes are effective as soon as administratively possible.

**Accessing Funds:** You may pay for eligible expenses with HSA funds in multiple ways:

- Pay with the debit card that is tied to your HSA.
- Pay for the expense out-of-pocket and request reimbursement from your HSA.
- Pay the bill directly to the provider through the member services portal which can be accessed through My.HealthEquity.com.

**Account Management:** You can log into the member services portal to monitor your account.

## What are the benefits of establishing an HSA?

There are many benefits of establishing an HSA. Some of the top benefits include:

- HSAs are considered one of the best tax-advantaged savings plans available.
- Sanford Health will make significant contributions to health savings accounts.
- The balance can grow from year to year as you contribute.
- HSA funds belong to you even if you leave Sanford Health, change medical plans, or retire.

## Can anyone establish an HSA?

Per IRS regulations, you are eligible for the HSA if all of the following statements are true:

- Enrolled in a qualified high-deductible health plan (HDHP). The Value Plan is a qualified plan.
- Not covered by another traditional health insurance plan or flexible spending account.
- Not enrolled in Medicare, Tri-Care or receiving VA benefits.
- Not a dependent on someone else's tax return.

How much can I contribute to my HSA in 2023?	
Employee Only Coverage	\$3,850
Employee + Spouse/Child(ren)/Family Coverage	\$7,750
<i>The maximum contribution amount includes any dollars contributed by Sanford Health. A catch-up contribution of an additional \$1,000 is allowed for employees 55 or older.</i>	

How much will Sanford Health contribute to my HSA in 2023?		
Sanford Health Match	Employee Only Value Plan	\$500
	Employee + Spouse/Child(ren)/Family Coverage	\$1,000
<i>Sanford Health will match each dollar you contribute into your HSA up to this amount.</i>		

**Download the mobile app to manage your account on-the-go!**

More information is available at [Learn.healthequity.com/sanfordhealth](https://learn.healthequity.com/sanfordhealth)

# FLEXIBLE SPENDING ACCOUNT (FSA)

Sanford Health's offers flexible spending accounts administered by HealthEquity. Using a flexible spending account is a great way to stretch your benefit dollars. An FSA is a tax-free account into which the employee makes contributions.

**Dependent care flexible spending account (DCFSA):** funds can be used to pay dependent care expenses incurred to allow you and your spouse to work. Children younger than age 13 are eligible for the dependent care spending account. The maximum amount you can set aside is \$5,000 or \$2,500 if separate tax returns are filed.

## How does the FSA work?

Estimate how much you expect to spend during the 2023 Plan Year for eligible out-of-pocket dependent care expenses. For your 2023 Plan Year, you will be able to submit for reimbursement of dependent care expenses with a date of service between your coverage effective date and coverage end date, and be reimbursed with your 2023 Plan Year Funds. All eligible claims will need to be submitted by March 31, 2024.

Funds will be automatically deducted through payroll each paycheck for the amount you elect. All dependent care claims will require completion of a dependent care claim form. All claim forms can be found on the Sanford Service Portal via Inside Sanford. All funds must be substantiated with HealthEquity by submitting documentation to your member account.

You will be able to manage your FSA on-the-go with an easy-to-use mobile app – you can see your available balance anywhere, anytime as well as file claims and upload receipts. Go to [Learn.healthequity.com/sanfordhealth](https://learn.healthequity.com/sanfordhealth) for more information on how to manage your account and download the mobile app.



# DENTAL INSURANCE

Sanford Health offers dental insurance through Delta Dental of South Dakota. Employees who are scheduled to work 30 hours or more per week are eligible for dental insurance. You may choose

from two plans — Enhanced and Base. For full plan details, see the Summary Plan Description and plan documents available on the Total Rewards Dashboard in OneSource.

Services	Enhanced (Group #3033) % Paid by Delta	Base (Group #2033) % Paid by Delta
<b>Preventive Care</b> These services do not apply to the Annual Maximum Benefit <ul style="list-style-type: none"> <li>• Routine exams and cleanings - two per coverage year</li> <li>• Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over</li> <li>• Full mouth/panoramic x-rays - once every five years</li> <li>• Fluoride applications - two per coverage year up to age 19</li> <li>• Space maintainers on primary back teeth</li> <li>• Dental sealants for unrestored 1st and 2nd permanent molars up to age 19</li> </ul>	100%	80%
<b>Fillings and Extractions</b> <ul style="list-style-type: none"> <li>• Silver and tooth-colored fillings</li> <li>• Stainless-steel crowns</li> <li>• Extractions and other oral surgery</li> <li>• Emergency treatment for relief of pain</li> </ul>	80%	80%
<b>Root Canals and Gum Disease Treatments</b> <ul style="list-style-type: none"> <li>• Root canals</li> <li>• Treatment of diseases of the tissues supporting teeth</li> <li>• Periodontal maintenance cleanings</li> </ul>	80%	50%
<b>Crowns and Prosthetics</b> <ul style="list-style-type: none"> <li>• Crowns, bridges, dentures, and implants</li> </ul>	50%	50%
<b>Braces and Teeth Alignment</b> <ul style="list-style-type: none"> <li>• Treatment necessary for the proper alignment of teeth</li> <li>• Lifetime Orthodontic Maximum*</li> </ul>	80% \$2,000 per person	No Coverage
<b>Deductible**</b>	\$50 per person per calendar year not to exceed \$150 per family	\$50 per person per calendar year not to exceed \$100 per family
<b>Annual Maximum Benefit***</b>	\$2,000 per person per calendar year	\$1,500 per person per calendar year

\* Delta Dental will make an initial payment of \$1,000 on an approved orthodontic treatment plan. A second payment up to \$1,000 will be made one year later as long as coverage under this group number still exists.

\*\*This deductible does not apply to Preventive Care or Braces.

\*\*\*All services (except Preventive Care and Braces) are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.

## Dental Insurance Premiums

### Employee Responsibility, 52 Weekly Pay Periods

	ENHANCED	BASE
<b>EMPLOYEE ONLY</b>	\$12.00	\$9.23
<b>EMPLOYEE + SPOUSE</b>	\$24.00	\$19.38
<b>EMPLOYEE + CHILD(REN)</b>	\$27.00	\$18.69
<b>FAMILY</b>	\$33.00	\$27.00

Refer to plan documents for information on plan features such as:

- Health *through* Oral Wellness®
- Prevention Pays
- Balance Billing Protection
- Maximum Bonus Account

# VISION INSURANCE

Sanford Health offers vision insurance through VSP with two options to choose from. Employees who are scheduled to work 30 hours or more per pay week are eligible for vision insurance. For full plan details, see the Summary Plan Description and other plan documents available on the Total

Rewards Dashboard in OneSource. Contact VSP at (800) 877-7195 or create an account at vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras.

Benefit	Enhanced Plan	Base Plan
<b>WellVision Exam</b>	<b>\$15 Copay</b> ; every calendar year	<b>\$15 Copay</b> ; every calendar year
Routine retinal screening	Up to \$39	Up to \$39
<b>Essential Medical Eye Care</b>	<b>\$20 per exam</b> ; available as needed	<b>\$20 per exam</b> ; available as needed
<b>Prescription Glasses</b>	<b>\$25 Copay</b> ; every calendar year	<b>\$25 Copay</b> ; every calendar year
Allowance for frames	\$225	\$175
Allowance for featured frame brands	\$245	\$195
Savings over the allowance	20%	20%
Costco frame allowance	\$120	\$95
<b>Lenses</b>	Every calendar year	Every calendar year
Single vision, lined bifocal and lined trifocal	Included in prescription glasses	Included in prescription glasses
Polycarbonate lenses for dependent children	Included in prescription glasses	Included in prescription glasses
<b>Lens Enhancements</b>	Every calendar year	Every calendar year
Standard progressive lenses	Covered in full	Covered in full
Premium progressive lenses copay	\$55	\$55
Custom progressive lenses copay	\$55	\$55
UV coating	Covered in full	--
Anti-glare coating	\$35	--
<b>Contacts (instead of glasses)</b>	Every calendar year	Every calendar year
Contact lens exam	Up to \$45	Up to \$45
Allowance for Contacts	\$175	\$150
<b>Second Pair Benefit</b>	Every calendar year; choose only one	--
Second pair of glasses	\$25 Copay	--
Contact lens allowance	\$150	--

## Vision Insurance Premiums

Employee Responsibility, 52 Weekly Pay Periods

	ENHANCED	BASE
<b>EMPLOYEE ONLY</b>	\$3.23	\$1.85
<b>EMPLOYEE + SPOUSE</b>	\$6.46	\$3.69
<b>EMPLOYEE + CHILD(REN)</b>	\$6.92	\$3.92
<b>FAMILY</b>	\$11.08	\$6.00

**Extra savings are available for both plans! Refer to the plan documents on the Total Rewards Dashboard in OneSource for more information on:**

- Glasses and sunglasses
- Second pair benefit
- Laser vision correction

# LIFE INSURANCE

## Basic Life Insurance

Sanford Health provides a basic level of term life insurance to full-time employees at no cost to you. The Basic Life Insurance coverage amount is equal to one times your annual salary up to a maximum of \$50,000.

## Voluntary Life Insurance

The amount of term Voluntary Life Insurance you may choose is in increments of \$25,000 up to a maximum of \$500,000.

## Accidental Death & Dismemberment (AD&D)

In addition to the amount of Basic Life (and Voluntary Life, if elected), AD&D benefits are provided at no cost to the employee if an accident results in death or dismemberment within 180 days of that accident. In the case of accidental death, the amount of your benefit is doubled.

## Dependent Life Insurance

You are able to elect Dependent Life Insurance coverage on your spouse and/or children in the amounts listed below:

### Life Insurance – Spouse

In increments of \$25,000 up to a maximum of \$75,000. Includes AD&D Insurance.

### Life Insurance – Child(ren)

For eligible child(ren) 14 days of age to age 26, you may elect coverage in the amount of \$10,000. For eligible child(ren) under 14 days of age, you may receive \$1,000 of coverage. Includes AD&D Insurance.

## Evidence of Insurability (EOI)

If you elect Voluntary and/or Dependent Life after your first 30 days of employment/benefit eligible status, you will need to complete an evidence of insurability statement or a good health questionnaire to UNUM. At annual enrollment only, you can elect the first increment (\$25,000) or increase coverage one increment (\$25,000) without medical questions. At any other time, you will need to complete an EOI.

## Beneficiary Designation

You will need to designate a beneficiary for your Basic Life and/or Voluntary Life insurance during your enrollment event in OneSource. A beneficiary is defined as someone who is listed on the insurance policy named to receive the death benefit. If you fail to designate a beneficiary, the benefit will be paid in the following order: your spouse, your children, your mother or father, your sisters or brothers, your estate.

### For life and accidental benefit premiums:

See the “[Sanford Health – Solutions by Sanford Premiums 2023](#)” section in the back of this benefits booklet

# VOLUNTARY BENEFITS

## Universal Life Insurance

Universal life insurance by Allstate Benefits can help employees replace income for dependents, pay final expenses, create an inheritance for beneficiaries, make significant charitable contributions and create a source of financial protection. Policies are available for employees with a spouse and dependent child rider. You must enroll in employee coverage to be eligible for the spouse and/or child rider. Universal life policies can be purchased by the employee to age 65, age 55 for a spouse, and to age 25 for children.

You may be required to answer health questions at enrollment outside of your new hire event or Open Enrollment.

### Additional benefits included in Universal Life:

- Accelerated Death Benefit
- Waiver of Premium
- Spouse & Child Term Insurance

## Cancer/Intensive Care Insurance

Cancer Insurance by Allstate Benefits helps protect you and your family against the additional costs associated with cancer. There are both direct costs (such as hospital, doctors, surgery, drugs, medicine) and indirect costs (such as loss of income, transportation, childcare, meals away from home, coinsurance, deductibles and home-related recovery). Cancer Insurance pays you benefits that can be used for non-medical, cancer-related expenses that health insurance and disability income might not cover. It pays benefits in addition to any other hospital or major medical coverage you have, and the benefit is payable directly to you.

### Benefits are payable for:

- Hospitalization
- Physician Charges
- Surgery
- Radiation, Chemotherapy and Blood Products
- Cancer Maintenance Therapy
- Wellness and Miscellaneous Benefits

- Lump Sum Diagnosis
- Intensive Care Benefits

## Accident Insurance

Accident Insurance by Allstate Benefits helps protect you and your family against the additional expenses associated with an accidental injury. It pays you benefits for specific injuries, emergency room treatment, hospital confinement and much more.

### Covered injuries include:

- Accidental Death
- Common Carrier Accidental Death
- Dismemberment
- Dislocation or Fracture
- Initial Hospital Confinement
- Hospital Confinement
- Intensive Care
- Ambulance
- Medical Expenses
- Outpatient Physician's Treatment

## Critical Illness Insurance

When you think about your family, have any of them experienced a heart attack, stroke, kidney failure or life-threatening cancer? If you answered yes, then you understand the emotional and financial impact a critical illness can have on your hard-earned savings. Critical Illness Insurance by Allstate Benefits pays a lump sum benefit to each covered person at time of diagnosis. It pays benefits in addition to any other hospital or major medical coverage you have, and the benefit is payable directly to you.

**For more information and premiums...**

Refer to the full [Allstate Benefits brochure](#)

The health coverages provided are limited benefit supplemental insurance. Coverage is provided by policy forms GULP23, GVCIP4, GVCP3, GVDI, and GVAP6, or state variations thereof. This is a brief overview of the benefits available under the group policies underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). The coverage has exclusions and limitations, and may vary by state. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.



**Allstate**  
BENEFITS

Make the most of your  
health plan with voluntary  
benefit coverage

**With Voluntary Insurance from Allstate Benefits,  
you can rest easy knowing your future is a little  
more secure.**

## Coverage Highlights

### Group Voluntary Accident Insurance

Accident coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an accidental injury occur.

### Group Critical Illness Insurance

Critical Illness coverage pays benefits that can be used for non-medical, critical illness-related expenses that your health insurance might not cover. The Critical Illness benefit is in the form of a lump-sum payment, which is paid to you if you are diagnosed with a covered critical illness.

### Group Voluntary Cancer Insurance

Cancer coverage pays cash benefits for cancer and 29 specified diseases to help with the costs of treatments and expenses as they happen.

### Group Universal Life Insurance

Group Universal Life coverage helps you gain peace of mind knowing your loved ones will receive a financial safety net when you die.

## Premiums are affordable

Allstate Benefits plans offer cash benefits that you can use for things like:

- deductibles
- out-of-pocket medical expenses
- child care while you are ill
- gas for your car
- over-the-counter medications
- anything else you need!

**SANFORD**  
HEALTH

THE EVANGELICAL LUTHERAN  
**Good Samaritan**  
Society®  
*In Christ's Love, Everyone Is Someone.*

ABJ37206X-1, Rev. 9/22. This material is valid as long as information remains current, but in no event later than August 1, 2024. Benefits are provided under policy forms GVAP6, GVCIP4, GVCP3, and GUL23 or state variations thereof, and are underwritten by American Heritage Life Insurance Company, Home Office, Jacksonville, FL. The coverage provided is limited benefit supplemental insurance. For costs and complete details, including availability, variations by state, exclusions, and limitations, you may contact your Allstate Benefits Representative. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2021 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com)

## VOLUNTARY BENEFITS CONTINUED

### LegalShield (Legal Services)

The LegalShield Services Plan assists you with the costs of personal legal services. A study commissioned by the American Bar Association found that more than half of all households have a legal situation right now.

Law firms representing LegalShield members are among the finest in the country, and the lawyers working directly with pre-paid legal members are qualified in all areas of law.

#### Membership benefits include:

- Toll-free phone consultations on any subject
- Mortgage documents assistance
- Healthcare power of attorney
- Living will
- Will preparation
- Trial defense services
- IRS audit legal services
- 100% coverage for divorces
- Unlimited document review
- Preferred member discount of 25% off your provider law firm's standard hourly rate for any legal matter not otherwise covered

### IDShield (Identity Theft Services)

Identity theft can be devastating and the process of restoring your name can be overwhelming and costly. According to the Federal Trade Commission, nearly 10 million people fall victim to identity theft annually, costing consumers \$5 billion in out-of-pocket losses, and businesses \$48 billion.

The Federal Trade Commission's most recent study found that identity theft victims cumulatively spend almost 300 million hours – or an average of 30 hours per person – correcting their records and “reclaiming their good names.”

#### Membership benefits include:

- Continuous monitoring of your identity 24/7
  - Lost Wallet
  - Bank Accounts
  - Credit Cards
  - Driver's License
  - Social Security Number
  - Minor child monitoring
- Identity restoration
- Fraud restoration
- Triple bureau monitoring
- \$1 million lost funds reimbursement
- Investment funds monitoring
- Mobile app

#### Counseling:

IDShield members have unlimited access to identity consultation services through Licensed Private Investigators including credit counseling and additional security monitoring.

#### Restoration services:

IDShield will restore your identity to exactly the way it was.

Within 5 days of your effective date, you will be receiving an email from Member Services ([memberservices@idshield.com](mailto:memberservices@idshield.com)) with instructions on activating your membership. Please also watch your Junk Email folder. If you do not receive an email, please call Member Services at (800) 654-7757.

Important: Minor Identity Protection (Family Plan only). The plan allows parents/guardians to include monitoring for up to 10 dependent children under age 18. Qualified dependent children between ages 18-26 only receive restoration services.

#### For Voluntary Benefit Premiums:

See the [“Sanford Health – Solutions by Sanford Premiums 2023”](#) reference guide in the back of this benefits booklet



# RETIREMENT BENEFITS

## 401(k) Retirement Savings Plan

**(Contract #458980)**

Sanford Health offers all employees the opportunity to contribute pre-tax or post-tax dollars towards their retirement by offering the Sanford 401(k) Retirement Savings Plan. The 401(k) is record kept by Principal. You are automatically enrolled at a 3% contribution rate following 30 days of employment. You may contribute sooner by making an active election online or by contacting Principal at (800) 547-7754 or logging into your account at Principal.com. Additionally, your contribution rate will be automatically increased by 1% each year until you reach a 15% contribution rate in your 13th year of employment.

Sanford Health matches dollars that you are contributing into your 401(k) account each pay period. This plan provides an incentive that if you contribute 6% of your pay, we reward you with a match of 5%. Specifically, we will match 100% on your first 4% and 50% on your next 2%. Consider deferring at least 6% of pay to maximize the match. Don't leave money on the table! See table for example.

Safe Harbor 401(k) Retirement Savings Plan							
Employee deferral	0%	1%	2%	3%	4%	5%	6%
Employer match	0%	1%	2%	3%	4%	4.5%	5%
Total contribution	0%	2%	4%	6%	8%	9.5%	11%

If your hire date is prior to 1/1/2022, you are immediately vested. If you are hired 1/1/2022 or after, you will be fully vested in the employer match 2 years following your original hire date. Refer to the Plan document for further details and information about vesting.

If you have qualified retirement funds from another employer and are interested in a direct rollover into the Sanford Health 401(k) Retirement Savings Plan, please contact Principal at (800)

547-7754 or log into your account at [principal.com](http://principal.com).

You may choose to contribute up to 50% of your total pay through any combination of pre-tax and/or Roth (post-tax) contributions. When you make pre-tax contributions, the amount you invest comes out of your paycheck before your income is taxed. A Roth (post-tax) contribution is the opposite. You can change the tax status of your pre-tax contributions, using an "in plan Roth conversion" at any time throughout the year. To do so, contact Principal Financial.

**You have the right to opt out or change your contribution rate or investment elections at any time...**

By contacting Principal at (800) 547-7754 or logging into your account at [principal.com](http://principal.com)



# OTHER BENEFITS

## Employee Assistance Program (EAP)

All employees, clinicians and their family members have access to our Employee Assistance Program through VITAL WorkLife, which offers coaching, consulting, counseling and other unique solutions that support individual well-being. Through this program you are eligible for three counseling sessions per incident (examples include things like depression, marital issues, conflict with a coworker, a house fire, a child struggling in school, etc.). Sessions can be conducted virtually or in person. Counselors are also available for in-the-moment support 24 hours a day, 7 days a week, 365 days a year.

Our employee assistance program goes beyond counseling services and offers support in additional areas such as career coaching, team building, parenting, finances, legal services, and identity theft prevention.

### To access the EAP benefit:

- Visit VITAL WorkLife website
  - Username: sanford
  - Password: member
- Download the VITAL WorkLife app
- Call at (800) 383-1908

## Sanford Health Employee Perks

As a member of the Sanford Health family, you are eligible for many discounts and perks.

Find over 30,000 local, regional, and national perks by visiting PerkSpot. Search for your favorite brands, find perks near you and suggest new businesses from the home page. Go to [sanfordhealth.perkspot.com](http://sanfordhealth.perkspot.com) to learn more. You can search for perks by state, city, category or by using keywords or phrases. Perks are listed in categories including automotive, cell phone, entertainment, food/dining, health/wellness, hotel/travel, retail and more!

In addition to PerkSpot, employees are also periodically offered special discounts/perks for amusement parks, sporting events, concerts and other local events through the Weekly Update email.

## Business Travel Accident Insurance

Sanford Health provides all part-time and full-time employees with travel accident insurance when traveling for business-related reasons. Benefit amounts and coverage depends on the employee's class. Refer to the [knowledge article](#) for more information.



# IMPORTANT CONTACTS

<b>To Enroll in Benefits</b>	Benefit Enrollment Center	(877) 403-1591
<b>HR, Payroll &amp; IT</b>	Sanford Service Center	(877) 949-5678
<b>Medical</b>	Sanford Health Plan	(800) 752-5863 Sanfordhealthplan.org
<b>Flexible Spending and Health Savings Accounts</b>	HealthEquity	(844) 281-0429 My.healthequity.com
<b>Pharmacy</b>	OptumRX	(866) 833-3463
<b>Dental</b>	Delta Dental of South Dakota	(800) 627-3961 deltadentalsd.com
<b>Vision</b>	VSP Vision	(800) 877-7195 Vsp.com
<b>Life Insurance</b>	Unum	(866) 269-0760
<b>Retirement Plan (401(k))</b>	Principal Financial Group Participant Contact Center	(800) 547-7754 Principal.com
<b>Accident, Cancer, Critical Illness, Universal Life Insurance</b>	Benefit Enrollment Center Allstate Benefits	(877) 403-1591
<b>Legal Insurance and Identity Theft Services</b>	LegalShield and ID Shield	(800) 654-7757
<b>Employee Assistance Program (EAP)</b>	VITAL Worklife	(800) 383-1908 <a href="http://www.vitalworklife.com">www.vitalworklife.com</a> Username: sanford Password: member

## About Your Prescription Drug Coverage and Medicare

### Creditable Coverage Disclosure Notice

**Please read this notice carefully and keep it where you can find it.**

This notice has information about your current prescription drug coverage with Sanford Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Sanford Health has determined that the prescription drug coverage offered by Sanford Health is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and **is therefore considered Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan while enrolled in Sanford Health coverage as an active employee, please note that your Sanford Health coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Sanford Health coverage as a former employee.

You may also choose to drop your Sanford Health coverage. If you do decide to join a Medicare drug plan and drop your current Sanford Health coverage, be aware that you and your dependents may not be able to get this coverage back.

#### **When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Sanford Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

If you have questions about this Notice, please contact Customer Service at (800) 752-5863 (toll-free) | TTY/TDD (877) 652-1844 (toll-free). NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Sanford Health changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at (800) 772-1213 (TTY (800) 325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: October 2022  
Name of Entity/Sender: Sanford Health  
Contact--Position/Office: Human Resources – Benefits Department  
Address: 2200 E. Benson Road  
Sioux Falls, SD 57104  
Phone Number: (877) 949-5678

CMS Form 10182-CC

Updated October, 2022

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# New Health Insurance Marketplace Coverage Options and Your Health Coverage



## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins **November 1, 2022** for coverage starting as early as **January 1, 2023**.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Name of Entity/Sender: Sanford Health  
Contact – Position/Office: Human Resources – Benefits Department  
Address: 2200 E. Benson Rd.  
Sioux Falls, SD 57104  
Phone Number: (877) 949-5678  
Email Address: [hrbenefits@sanfordhealth.org](mailto:hrbenefits@sanfordhealth.org)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name <b>Sanford Health</b>		4. Employer Identification Number (EIN) <b>27-1218956</b>	
5. Employer Address <b>1305 E 60<sup>th</sup> St North</b>		6. Employer Phone Number <b>877-949-5678</b>	
7. City <b>Sioux Falls</b>	8. State <b>SD</b>	9. Zip Code <b>57117</b>	
10. Who can we contact about employee health coverage at this job? <b>Sanford Health Human Resources – Benefits Department</b>			
11. Phone Number (if different from above) <b>877-949-5678</b>		12: Email Address <a href="mailto:hrbenefits@sanfordhealth.org">hrbenefits@sanfordhealth.org</a>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All Employees

Some Employees.

Sanford offers health coverage to employees scheduled to work at least 40 hours or more per pay period (which is a two-week period of time).

- With respect to dependents

We do offer coverage.

Eligible dependents are:

- Spouse
- Common law spouse
- Dependent child(ren) to age 26

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

# SANFORD HEALTH – SOLUTIONS BY SANFORD

## PREMIUMS 2023

This is a summary of premiums for your convenience. If there is a discrepancy between this summary and your Certificate of Coverage, the Certificate of Coverage will take precedence in determining your benefits.

### Benefit Premium Deductions from Payroll

Benefit premiums are deducted weekly from 52 pay periods per year.

### HEALTH INSURANCE BY SANFORD HEALTH PLAN

Premiums per weekly pay period

FULL-TIME EMPLOYEE		TRADITIONAL		VALUE	
		EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER
	<b>EMPLOYEE ONLY</b>	\$32.31	\$106.15	\$19.85	\$114.92
	<b>EMPLOYEE + SPOUSE</b>	\$106.15	\$184.15	\$71.08	\$211.85
	<b>EMPLOYEE + CHILD(REN)</b>	\$91.15	\$157.85	\$60.92	\$181.85
	<b>FAMILY</b>	\$130.15	\$298.38	\$85.38	\$332.54

### DENTAL INSURANCE BY DELTA DENTAL

Employee responsibility, Premiums per weekly pay period

	ENHANCED	BASE
<b>EMPLOYEE ONLY</b>	\$12.00	\$9.23
<b>EMPLOYEE + SPOUSE</b>	\$24.00	\$19.38
<b>EMPLOYEE + CHILD(REN)</b>	\$27.00	\$18.69
<b>FAMILY</b>	\$33.00	\$27.00

### VISION INSURANCE BY VSP

Employee responsibility, Premiums per weekly pay period

	ENHANCED	BASE
<b>EMPLOYEE ONLY</b>	\$3.23	\$1.85
<b>EMPLOYEE + SPOUSE</b>	\$6.46	\$3.69
<b>EMPLOYEE + CHILD(REN)</b>	\$6.92	\$3.92
<b>FAMILY</b>	\$11.08	\$6.00



## VOLUNTARY LIFE INSURANCE & ADD – EMPLOYEE & SPOUSE

Per weekly pay period/ Per \$1,000 of coverage

Age	Rate
<b>Less than 25</b>	\$0.0180
<b>25 – 29</b>	\$0.0201
<b>30 – 34</b>	\$0.0245
<b>35 – 39</b>	\$0.0263
<b>40 – 44</b>	\$0.0323
<b>45 - 49</b>	\$0.0482

Age	Rate
<b>50 – 54</b>	\$0.0745
<b>55 – 59</b>	\$0.1248
<b>60 – 64</b>	\$0.1832
<b>65 – 69</b>	\$0.3305
<b>70+</b>	\$0.6822

## LIFE INSURANCE – CHILD(REN)

\$0.460 per weekly pay period/ Per \$10,000 of coverage

## LEGAL SERVICES BY LEGALSHIELD

Employee responsibility, Premiums per weekly pay period

<b>EMPLOYEE</b>	\$4.62
<b>FAMILY</b>	\$4.62

## IDENTITY THEFT BY IDSHIELD

Employee responsibility, Premiums per weekly pay period

<b>EMPLOYEE</b>	\$2.07
<b>FAMILY</b>	\$3.91

**NOTES**

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