

2024
INVESTING
IN YOU

Employee Benefits Sanford Health



SANFORD
HEALTH

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WELCOME TO YOUR 2024 BENEFITS!

Sanford Health is pleased to provide you and your family with a wide range of competitive benefits. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

The information in this booklet is only intended to highlight the benefit plans offered by Sanford; for complete details of coverage, please refer to the appropriate Summary Plan Description found on the Total Rewards Dashboard in One Source or in the policy in PolicyTech. If the terms in this benefit booklet differ from the policy, the policy will govern.

What's New in 2024

Your feedback helps us make these enhancements each year!

2024 Premiums

- Health and Dental Insurance premiums have increased
- Reduced premium for identity theft protection by IDShield
- Find updated premiums [here](#)

Legal Services

LegalShield's legal services plan will include additional benefits such as gender rights, reproductive assistance, and other helpful services in 2024

Allstate Benefits

- Hospital Indemnity Insurance – New!
- Critical Illness Insurance and Cancer Insurance have been combined into one product
- Accident Insurance and Critical Illness Insurance provides increased wellness benefits (screenings)
- Find more information on benefits in the [2024 Allstate Benefits Video](#)

Identity Theft Services

IDShield's identity theft services plan will cost less and will include additional benefits such as cryptocurrency wallets, financial account monitoring, and other helpful services in 2024

Annual Benefits Open Enrollment

During the Open Enrollment period, all 2024 benefit elections must be completed online or over the phone. Benefits elected during Open Enrollment are effective for the 2024 plan year, which is Jan. 1 to Dec. 31.

Open Enrollment Dates

Oct. 23 – Nov. 10, 2023
for benefits effective
Jan. 1, 2024

How To Enroll Online

Go to One Source, click on the Open Enrollment link on the homepage, and complete the step-by-step guide

Which plans are best for you?

Use the Ask ALEX tool for help in choosing the benefits and coverage options that will meet your needs and your budget!



How To Enroll by Phone

Call the Benefits Enrollment Call Center at 877-403-1591 Monday through Friday from 7 a.m. – 6 p.m. CST and a representative will help you enroll

What Happens If I Do Nothing?

If you do not complete your enrollment by the deadline, you will not receive benefits in 2024; You will continue to receive employer-paid benefits and retirement

ELIGIBILITY

Am I Eligible for Benefits?

You are eligible for benefits if you are regularly scheduled to work at least 40 hours per pay period. Refer to each benefit's section for specific eligibility. For details on eligibility and when your benefits begin and end, refer to the summary plan documents on the Total Rewards Dashboard.

A FULL-TIME EMPLOYEE

Works greater than or equal to 60 hours per pay period.

A PART-TIME EMPLOYEE

Works greater than or equal to 40 and less than 60 hours per pay period.

Dependent Eligibility

You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status (this includes stepchildren, foster children, and children of your domestic partner)
- Children past the age of 26 with required documentation (including biological, adopted, step, legal ward, and/or foster children)

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 count 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, refer to the Domestic Partner Knowledge Article in the Sanford Service Portal.

Dependent Eligibility Verification

Regular audits are performed 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 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.

Continuation of Coverage

Continuation of Coverage (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. Enrollment information is sent directly to an employee from the COBRA administrator following an event.

HOW 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. During the year, you cannot make changes to your health insurance, flexible spending accounts, dental insurance or vision insurance unless you experience a qualifying life event.

New Hire Enrollment

As a new employee, you have 30 days from your date of hire to enroll in benefits. Benefits elected as a new employee are effective the first of the month following date of hire.

TO ENROLL ONLINE

Go to [One Source](#), find your inbox in the upper right-hand corner, click “Benefits Enrollment” action item and complete the wizard as prompted

TO ENROLL BY PHONE

Call the Benefits Enrollment Call Center at 877-403-1591 Monday through Friday from 7 a.m. – 5 p.m. CST and a representative will help you enroll

For additional help with online enrollment, search “benefits enrollment” in the Sanford Service Portal for a job aid with step-by-step instructions.

Qualifying Life Events

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

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 part-time)
- Death of spouse or eligible dependent
- Return from an **unpaid** leave of absence
- Become eligible or lose eligibility for Medicaid/Medicare or SCHIP

You have 30 days from the date of the qualifying event to make benefit changes. You may be required to provide documentation in order to make benefit changes, depending on the type of qualifying event. Benefit enrollment changes can be made in One Source or by calling Total Rewards through the Sanford Service Center, or you will have to wait until the next annual enrollment to make changes (unless you experience another qualifying life event). All benefit changes are subject to Human Resources review and approval.

For more information on how to change your benefits when you experience a life event, and for a list of appropriate supporting documentation, refer to the Sanford Service Portal via Inside Sanford.

Which plans are best for you?

Use the Ask ALEX tool for help in choosing the benefits and coverage options that will meet your needs and your budget!



BENEFITS RESOURCES

Ask ALEX

ALEX is our interactive online benefits counselor who will explain your benefits in simple language in a fun and entertaining way. ALEX can help you choose the benefits and coverage options that will meet your needs and your budget.



Scan the QR code or go to <https://www.myalex.com/sanfordhealth/2024/sanford> to access this tool

Note: ALEX is not the online enrollment system. Once you have reviewed your benefits with ALEX, you must enter your elections into One Source to complete your enrollment.

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. There are several important documents that can be useful as you enroll in and utilize your benefits. Each of these documents can be found on the Total Rewards Dashboard in One Source and/or in the Sanford Service Portal.

Total Rewards Dashboard

The dashboard is conveniently located within One Source, so that you may access important benefits information in the same application as you complete your enrollment.

To access the dashboard, log in to [One Source](#), 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 in One Source.

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, and more.

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" and "Sanford Health Employee Benefits Education Session."

HEALTH INSURANCE

Two health insurance plans are offered — Traditional Plan or Value Plan (HDHP+HSA – see definitions below). Employees who are scheduled to work 40 hours or more per pay period are eligible for health insurance. For full plan details, see the Summary of Benefits and Coverage (SBC) on the Total Rewards Dashboard in One Source.

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

Important Benefit Definitions

High-deductible health plan (HDHP): 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 reached.

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 cost 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% 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 and available to those on the Value Plan.

Livongo

Livongo is a holistic program that helps with managing diabetes and other health goals like managing high-blood pressure, weight, stress and more. It is included in the health plan as a free health benefit for members.

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

Retiree Health

Health insurance is offered 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

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

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

This table is not complete and is for illustrative purposes only; Refer to SBC and other plan documents for plan details

Health Insurance Premiums

Employee Responsibility, 24 Pay Periods

	FULL-TIME EMPLOYEE		PART-TIME EMPLOYEE	
	Traditional	Value	Traditional	Value
EMPLOYEE ONLY	\$73.50	\$44	\$162.50	\$134
EMPLOYEE + SPOUSE	\$242.50	\$160	\$337.50	\$280
EMPLOYEE + CHILD(REN)	\$206.50	\$134	\$290	\$222.50
FAMILY	\$297.50	\$190	\$495	\$405

HEALTH SAVINGS ACCOUNT

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 One Source, 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 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 the organization, 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 2024?

Individual	\$4,150
All other coverage tiers	\$8,300

The maximum contribution amount includes any dollars contributed by Sanford. A catch-up contribution of an additional \$1,000 is allowed for employees 55 or older.

How much will Sanford contribute to my HSA in 2024?

Individual	\$500
All other coverage tiers	\$1,000

Sanford will match each dollar you contribute into your HSA up to this amount.

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

More information is available at Learn.healthequity.com/sanfordhealth

FLEXIBLE SPENDING ACCOUNT

HealthEquity administers the flexible spending accounts (FSAs). 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.

Medical FSA

Funds can be used to pay out-of-pocket expenses (medical, pharmacy, dental and vision). Medical flexible spending account funds do not roll over year to year. Employees who elect the Value Plan and a health savings account are not eligible for an FSA. The maximum amount you can set aside is \$3,050.

Dependent care FSA

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. These funds cannot be used for dependent care expenses incurred during a leave of absence.

Limited purpose FSA

Funds can be used to pay out-of-pocket dental and vision expenses. You must enroll in the Value Plan (HDHP) and a health savings account (HSA) to elect a limited purpose flexible spending account. The maximum amount you can set aside is \$3,050.

How does an FSA work?

Estimate how much you expect to spend during the plan year for eligible out-of-pocket medical expenses or dependent care expenses. For your 2024 Plan Year, you will be able to submit for reimbursement of medical expenses with a date of service between Jan. 1, 2024, and Dec. 31, 2024, and be reimbursed with your 2024 Plan Year Funds. All eligible claims will need to be submitted by Mar. 31, 2025.

Funds will be automatically deducted through payroll each paycheck for the amount you elect. You can access those funds quickly and easily by using your HealthEquity provided benefits card or request to have funds deposited to your bank account by submitting a claim form along with documentation.

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.

Important:
All 2024 transactions must be substantiated with HealthEquity by submitting documentation to your member account by March 31, 2025.



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

Dental insurance is offered through Delta Dental of South Dakota. Employees who are scheduled to work 40 hours or more per pay period 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 One Source.

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

This table is not complete and is for illustrative purposes only; Refer to SPD and other plan documents for plan details

Dental Insurance Premiums

Employee Responsibility, 24 Pay Periods

	FULL-TIME EMPLOYEE		PART-TIME EMPLOYEE	
	Enhanced	Base	Enhanced	Base
EMPLOYEE ONLY	\$17	\$13	\$28.50	\$21.50
EMPLOYEE + SPOUSE	\$36	\$28.50	\$55.50	\$43.50
EMPLOYEE + CHILD(REN)	\$41	\$28	\$63	\$42.50
FAMILY	\$49	\$39	\$75	\$60

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

Vision insurance is offered through VSP. Employees who are scheduled to work 40 hours or more per pay period are eligible for vision insurance. You may choose from two plans – Enhanced and Base. For full plan details, see the Summary Plan Description and other plan documents available on the Total Rewards Dashboard in One Source. 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
WellVision Exam	\$15 Copay ; every calendar year	\$15 Copay ; every calendar year
Routine retinal screening	Up to \$39	Up to \$39
Essential Medical Eye Care	\$20 per exam ; available as needed	\$20 per exam ; available as needed
Prescription Glasses	\$25 Copay ; every calendar year	\$25 Copay ; 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
Lenses	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
Lens Enhancements	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	--
Contacts (instead of glasses)	Every calendar year	Every calendar year
Contact lens exam	Up to \$45	Up to \$45
Allowance for Contacts	\$175	\$150
Second Pair Benefit	Every calendar year; choose only one	--
Second pair of glasses	\$25 Copay	--
Contact lens allowance	\$150	--

This table is not complete and is for illustrative purposes only; Refer to SPD and other plan documents for plan details

Vision Insurance Premiums

Employee Responsibility, 24 Pay Periods

	ENHANCED	BASE
EMPLOYEE ONLY	\$7	\$4
EMPLOYEE + SPOUSE	\$14	\$8
EMPLOYEE + CHILD(REN)	\$15	\$8.50
FAMILY	\$24	\$13

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

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

DISABILITY INSURANCE

Short Term Disability

Short Term Disability is provided to part-time and full-time employees through Unum. This coverage is designed to protect you and your family from the economic loss that an illness or injury may cause.

Short Term Disability pays you a benefit of 60% of your monthly earnings (as defined in the Summary Plan Description) up to a maximum of \$10,000 per month. Benefits begin after you have been totally disabled for seven consecutive calendar days. Your physician and the disability carrier will determine how long benefits are payable, up to the maximum of 180 days after a 7 calendar day elimination period.

Maternity Benefit

Upon giving birth, you will receive a benefit of 60% of your monthly earnings up to a maximum of \$10,000 per month. Benefits begin on day of birth and continue for a maximum of 6 weeks for vaginal and 8 weeks for C-Section.

Long Term Disability

Long Term Disability is provided to full-time employees. Long Term Disability pays you a benefit of 60% of your monthly earnings (as defined in the Summary Plan Description) up to a maximum of \$12,500 per month. Benefits begin after you have been partially or totally disabled for 180 calendar days.

This benefit plan is designed to coordinate with other sources of income during your disability. Your physician and the disability carrier will determine how long benefits are payable, up to the SSNRA (Social Security normal retirement age). Your benefit amount will be offset by: Primary Social Security, Worker's Compensation, Pension Benefits and/or State Mandated Disability Benefits.

Voluntary Long Term Disability

Voluntary Long Term Disability is offered to part-time employees. The benefit is paid for by the employee. Voluntary Long Term Disability pays you a benefit of 60% of your monthly earnings (as defined in the Summary Plan Description) up to a maximum of \$12,500 per month. Benefits begin after you have been partially or totally disabled for 180 calendar days.

This benefit plan is designed to coordinate with other sources of income during your disability. Your physician and the disability carrier will determine how long benefits are payable, up to the SSNRA (Social Security Normal Retirement Age). Your benefit amount will be offset by: Primary Social Security, Worker's Compensation, Pension Benefits and/or State Mandated Disability Benefits.

Evidence of Insurability

If you elect Voluntary Long Term Disability after your first 31 days of employment/benefit eligible status, Unum will require an evidence of insurability statement or a good health questionnaire to be completed in One Source.

For Voluntary Long Term Disability rates:

Refer to the [Unum Voluntary LTD flier](#) to see how rates and coverage are calculated

LIFE INSURANCE

Basic Life Insurance

A basic level of term life insurance is provided to part-time and full-time employees, through Unum, at no cost to you. The Basic Life Insurance coverage amount is equal to one times your annual salary up to a maximum of \$250,000.

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

In addition to the amount of Basic Life (and Voluntary Life, if elected), Accidental Death & Dismemberment (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

If you elect Voluntary and/or Dependent Life after your first 31 days of employment/benefit eligible status, Unum will require an evidence of insurability statement or a good health questionnaire to be completed in One Source. 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 evidence of insurability.

Beneficiary Designation

You will need to designate a beneficiary for your Basic Life and/or Voluntary Life insurance during your enrollment event in One Source. 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 AD&D benefit rates:

See the "[Sanford Premiums 2024](#)" section in the back of this benefits booklet

VOLUNTARY BENEFITS

The following voluntary benefits by Allstate Benefits are offered to full-time and part-time employees working 20 hours or more per week (excluding temporary and seasonal employees).

Hospital Indemnity Insurance – NEW!

Unexpected hospital visits lead to unexpected expenses. Hospital Indemnity insurance from Allstate Benefits can help offset costly medical bills by paying a cash benefit directly to you, regardless of other coverage. You can use the money towards deductibles, copays, premiums and even daily living expenses.

With Hospital Indemnity Insurance from Allstate Benefits:

- Coverage is Guaranteed Issue
- Coverage is available for spouse or children

Benefits include:

- Daily Hospital Confinement
- First Day Hospital Confinement
- Hospital Intensive Care

Please note: Benefits are not paid for emergency room treatment or outpatient procedures.

Accident Insurance

Accidents can strike at any time and can be costly. If you suffer a covered injury on- or off-the-job, Accident insurance from Allstate Benefits can help offset unexpected expenses not covered by your medical insurance. Our coverage pays cash benefits directly to you to be used however you choose.

With Accident Insurance from Allstate Benefits:

- Coverage is Guaranteed Issue, at initial enrollment subject to pre-existing condition limitations if applicable
- Coverage is available for spouse and children

Benefits include:

- Accident Treatment and Urgent Care
- Dislocation and Fracture
- Emergency Room Services
- Initial Hospital Confinement

- Daily Hospital Confinement
- Intensive Care
- Organized Sports Activity Rider
- Fixed Health Screening Services Rider

Critical Illness Insurance

Facing a serious illness can be life-changing and costly. It can also mean time without a paycheck and unexpected expenses not covered by your health insurance. Critical Illness insurance from Allstate Benefits can help close the gaps in your major medical coverage while paying you cash to use however you choose if you are diagnosed with a covered critical illness.

With Critical Illness Insurance from Allstate Benefits:

- Coverage is Guaranteed Issue, at initial enrollment subject to pre-existing condition limitations if applicable
- Coverage is available for children or family

Benefits include:

- Heart Attack
- Stroke
- End Stage Renal Failure
- Major Organ Failure
- Coronary Artery Disease/Coronary Artery Bypass Graft
- Transient Ischemic Attack (TIA) and Reversible Ischemic Neurological Deficit (RIND)
- Invasive Cancer
- Carcinoma in Situ
- Waiver of Premium (employee only)

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 GC15, GVSP2, 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 Hospital Indemnity Insurance

Group Hospital Indemnity coverage helps offer peace of mind when a hospitalization occurs.

Group 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 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.

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

ABJ37206X-2. Rev. 7/23. This material is valid as long as information remains current, but in no event later than July 1, 2026. Benefits are provided under policy forms GVSP2, GVAP6, and GCIC5 or state variations thereof, and are underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). The coverages provided are limited benefit supplemental insurance. For costs and complete details, including variations by state, and 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. ©2023 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

VOLUNTARY BENEFITS CONTINUED

Legal Services (LegalShield)

Protect yourself and your family with a comprehensive legal services plan from LegalShield.

The Legal Plan administered by LegalShield provides you, your spouse/domestic partner, and eligible, unmarried dependent children up to age 26 with direct access to a dedicated provider law firm for a wide range of personal legal matters.

Membership benefits include:

- Direct access to a dedicated provider law firm
- Toll-free phone consultations on any subject
- Mortgage documents assistance
- Healthcare power of attorney
- Living will
- Will preparation
- Court representation
- Speeding ticket assistance
- 100% coverage for divorces
- Document review and preparation

Identity Theft Services (IDShield)

Identity theft can be devastating and the process of restoring your name can be overwhelming and costly. According to the Federal Trade Commission, in 2021, nearly 5.7 million people fell victim to identity theft, costing consumers \$5.9 billion in out-of-pocket losses, and businesses \$48 billion.

Modern day scammers can take advantage of your public information to open accounts, file tax returns, purchase properties, and compromise children's identities.

IDShield not only gives you best-in-class identity monitoring, but it also alerts you about suspicious activity. If an identity theft event does occur, our licensed private investigators will work to restore your identity to its pre-theft status.

Membership benefits include:

- Continuous monitoring of your identity 24/7 (bank accounts, credit cards, driver's license, social security number, and more)
- Monitors personal identifiable information
- Protects multiple devices with anti-malware
- Password manager
- Virtual private network (VPN)
- Online parental controls
- Identity & 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) 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 800-807-0407.

For more information, visit

www.shieldbenefits.com/sanford.

For Voluntary Benefit Premiums:

See the "Sanford Premiums 2024" section in the back of this benefits booklet

RETIREMENT BENEFITS

401(k) Retirement Savings Plan

(Contract #458980)

All employees are offered the opportunity to contribute pre-tax or post-tax dollars towards their retirement through 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 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 401(k) Retirement Savings Plan, please contact Principal at 800-547-7754 or log into your account at 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



OTHER BENEFITS

Paid Time Off

Part-time and full-time employees are provided with a Paid Time Off (PTO) Plan which provides flexibility in using time off for personal time, holidays, and illness. You will accrue PTO on eligible hours and will move through the PTO accrual levels as indicated in the below table. For employees who work in an area with mandated sick time, PTO will be divided into two separate banks – one for PTO and one for State Sick. You may donate PTO to employees that have exhausted their own PTO due to a medical emergency that includes a prolonged absence or if the employee is unable to work due to experiencing catastrophic casualty losses due to a major disaster. Full details are included in the Paid Time Off (PTO) and PTO Sell Back – Enterprise policy and the Paid Time Off (PTO) Donation – Enterprise policy.

Years of Service	Hours / Days*	Accrual Rate
0	184 / 23	0.08846
3	208 / 26	0.10000
7	224 / 28	0.10769
10	240 / 30	0.11538
15	248 / 31	0.11923
20	256 / 32	0.12308
25	264 / 33	0.12692
30	272 / 34	0.13077
35	280 / 35	0.13462

*Based on 80 hours per pay period – Full-Time employee



Volunteer Time Off

A paid day of service is provided to allow employees to volunteer in our communities, supporting a cause that is important to them. This benefit exemplifies the understanding that we all play an important role, not only in the health and healing of the body, but in the health and healing of our communities.

Full-time employees are eligible to receive up to eight (8) hours per calendar year and part-time employees are eligible to receive up to four (4) hours per calendar year. Full details are included in the Volunteer Time Off – Enterprise policy.

Working Flexibly

Working flexibly aims to improve the employee experience by providing the opportunity for a non-traditional approach to how and when work is done. Working flexibly requests must support the business needs of the department. Employees who desire a working flexibly arrangement must contact their direct leader to inquire about an arrangement. Full details are included in the Working Flexibly – Enterprise policy.

Compassionate Leave

Paid time off from work is provided to part-time and full-time employees to bereave the death of a relative. Eligible employees may request up to five days (40 hours) to bereave the death of immediate family members (including in the event of a loss of pregnancy) or up to three days (24 hours) for other relatives. The definition of a relative and full eligibility details are included in the Compassionate Leave – Enterprise Policy.

OTHER BENEFITS CONTINUED

Caregiver Leave Pay

Caregiver Leave Pay provides full-time employees up to one week (40 hours) of paid time off to care for a family member qualifying leave. A qualifying leave may include caring for a spouse, child or parent with a serious health condition, bonding with a child following birth or adoption or foster care placement, and may also be used for certain military leave entitlements. Full details are included in the Caregiver Leave Pay – Enterprise policy.

Living Donor Leave Pay

Living Donor Leave Pay provides part-time and full-time employees with up to three days (24 hours) of paid time off work to complete the requirements prior to a living donor procedure. This benefit will also pay up to 40% of an employee's base pay while recovering from the procedure with no elimination period, not to exceed 100% of employee's base wages when combined with short term disability (STD) coverage. Must be an approved donation. Full details are included in the Living Donor Leave Pay – Enterprise policy.

Family Building Benefit

If you work full-time and want to adopt a child, use a surrogate, or undergo fertility treatments, you may be able to get financial help through the Family Building Benefit. This benefit is available to full-time employees who have worked for 90 days or more. You can get reimbursed for up to \$5,000 for qualified expenses, but you'll need to provide proper documentation. Combined lifetime benefit of surrogacy and fertility assistance cannot exceed \$10,000. Employees that are a part of a collective bargaining agreement should refer to their specific contract to verify their benefit options and eligibility. Full details are included in the Family Building Benefit knowledge article in the Sanford Service Portal.

Adoption Assistance Plan

Provides reimbursement of qualified adoption expenses up to \$5,000 per child. Qualified adoption expenses include reasonable and necessary adoption fees, court costs, attorney fees and other expenses. Reimbursement will be made upon receipt of proper documentation showing placement is finalized.

Surrogacy Assistance

Provides reimbursement of qualified expenses up to \$5,000 per year. Reimbursement will be made when the surrogacy becomes final, or the child is placed in the home (applicable to state and/or local regulations).

Fertility Assistance

Provides reimbursement of qualified expenses of \$5,000 per year. Employees will receive the funds through a Health Reimbursement Account (HRA) administered by HealthEquity. Enrollment in a group-sponsored health insurance plan is required. Employees enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) must meet the IRS minimum annual deductible prior to utilizing the HRA per IRS regulations. Qualified expenses include fertility consultation, diagnostics, office visits, genetic testing related to fertility, and treatments, prescription, and medications.

OTHER BENEFITS CONTINUED

Employee Assistance Program

All employees, clinicians and their family members have access to our Employee Assistance Program (EAP) 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 EAP 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 Employee Perks

As a member of the Sanford 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. Go to 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, Sanford also periodically offers special discounts/perks for amusement parks, sporting events, concerts and other local events through the Weekly Update email.

Business Travel Accident Insurance

Part-time and full-time employees are provided with travel accident insurance when traveling for business-related reasons. Benefit amounts and coverage depends on the employee's class. Refer to the Business Accident Travel Insurance knowledge article in the Sanford Service Portal for more information.

IMPORTANT CONTACTS

To Enroll in Benefits	Benefit Enrollment Center	877-403-1591
HR, Payroll & IT	Sanford Service Center	877-949-5678
Medical	Sanford Health Plan	800-752-5863 Sanfordhealthplan.org
Flexible Spending and Health Savings Accounts	HealthEquity	844-281-0429 My.healthequity.com
Pharmacy	OptumRX	866-833-3463
Dental	Delta Dental of South Dakota	800-627-3961 deltadentalsd.com
Vision	VSP Vision	800-877-7195 Vsp.com
Life and Disability	Unum	866-868-6737
Retirement Plan (401(k))	Principal Financial Group Participant Contact Center	800-547-7754 Principal.com
Hospital Indemnity, Accident and Critical Illness Insurance	Allstate Benefits Customer Care Center	866-828-8501
Legal and Identity Theft Services	LegalShield and IDShield	800-654-7757
Employee Assistance Program (EAP)	VITAL WorkLife	800-383-1908 www.vitalworklife.com 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
- 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, 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 2023
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, 2023

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, 2023** for coverage starting as early as **January 1, 2024**.

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

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

¹ 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 Sanford Health		4. Employer Identification Number (EIN) 27-1218956	
5. Employer Address 2200 E Benson Rd		6. Employer Phone Number 877-949-5678	
7. City Sioux Falls	8. State SD	9. Zip Code 57104	
10. Who can we contact about employee health coverage at this job? Sanford Health Human Resources – Benefits Department			
11. Phone Number (if different from above) 877-949-5678		12. Email Address hrbenefits@sanfordhealth.org	

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 PREMIUMS 2024

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 from 24 of the 26 pay periods per year, except for retirement, which is deducted from all 26 pay periods. Refer to the biweekly payroll calendar on Inside Sanford to determine which pay periods are benefit-free.

HEALTH INSURANCE *by Sanford Health Plan*

Premiums per pay period

FULL-TIME EMPLOYEE		TRADITIONAL		VALUE	
		EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER
	EMPLOYEE ONLY	\$73.50	\$239	\$44	\$260
EMPLOYEE + SPOUSE	\$242.50	\$411.50	\$160	\$477.50	
EMPLOYEE + CHILD(REN)	\$206.50	\$354	\$134	\$412.50	
FAMILY	\$297.50	\$668	\$190	\$751	

PART-TIME EMPLOYEE		TRADITIONAL		VALUE	
		EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER
	EMPLOYEE ONLY	\$162.50	\$150	\$134	\$170
EMPLOYEE + SPOUSE	\$337.50	\$316.50	\$280	\$357.50	
EMPLOYEE + CHILD(REN)	\$290	\$270.50	\$222.50	\$324	
FAMILY	\$495	\$470.50	\$405	\$536	

DENTAL INSURANCE *by Delta Dental of South Dakota*

Premiums per pay period

FULL-TIME EMPLOYEE		ENHANCED		BASE	
		EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER
	EMPLOYEE ONLY	\$17	\$11.50	\$13	\$8.50
EMPLOYEE + SPOUSE	\$36	\$19.50	\$28.50	\$15	
EMPLOYEE + CHILD(REN)	\$41	\$22	\$28	\$14.50	
FAMILY	\$49	\$26	\$39	\$21	

PART-TIME EMPLOYEE		ENHANCED		BASE	
		EMPLOYEE	EMPLOYER	EMPLOYEE	EMPLOYER
	EMPLOYEE ONLY	\$28.50	\$0	\$21.50	\$0
EMPLOYEE + SPOUSE	\$55.50	\$0	\$43.50	\$0	
EMPLOYEE + CHILD(REN)	\$63	\$0	\$42.50	\$0	
FAMILY	\$75	\$0	\$60	\$0	

VISION INSURANCE *by VSP*

Employee responsibility, Premiums per pay period

	ENHANCED	BASE
EMPLOYEE ONLY	\$7	\$4
EMPLOYEE + SPOUSE	\$14	\$8
EMPLOYEE + CHILD(REN)	\$15	\$8.50
FAMILY	\$24	\$13

VOLUNTARY LONG TERM DISABILITY INSURANCE *by Unum*

Refer to the [Unum Voluntary LTD flier](#) to see how rates and coverage are calculated

VOLUNTARY LIFE & AD&D INSURANCE FOR EMPLOYEE & SPOUSE *by Unum*

Per Pay Period/ Per \$1,000 of Coverage

Age	Rate	Age	Rate
Less than 25	\$0.039	50 - 54	\$0.162
25 - 29	\$0.044	55 - 59	\$0.271
30 - 34	\$0.053	60 - 64	\$0.397
35 - 39	\$0.057	65 - 69	\$0.716
40 - 44	\$0.070	70-74	\$1.478
45 - 49	\$0.105	75+	\$1.478

VOLUNTARY LIFE INSURANCE FOR CHILD(REN) *by Unum*

\$1.00 per pay period/ per \$10,000 of coverage

HOSPITAL INDEMNITY, CRITICAL ILLNESS, & ACCIDENT INSURANCE *by Allstate Benefits*

Refer to the [Allstate Benefits brochure](#) for premiums and additional information

LEGAL SERVICES *by LegalShield*

Employee responsibility, Premiums per pay period

FAMILY	\$10
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IDENTITY THEFT SERVICES *by IDShield*

Employee responsibility, Premiums per pay period

EMPLOYEE	\$3.73
FAMILY	\$7.03

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