

Employee Benefits Good Samaritan Society



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IMPORTANT INFORMATION

The Benefits Booklet highlights the benefits provided to Sanford Health employees in one convenient 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. If the terms of this Benefit Booklet differ from the policy, the policy will govern.

About Enrolling

Good Samaritan Society's plan year is from January 1-December 31.

Am I "Benefit Eligible?"

If you are scheduled to work at least 24 hours per pay period (which is a two-week period of time), then you are eligible for benefits.

Full-time: 60–80 hours per pay period
Part-time: 24–59 hours per pay period

How Do I Enroll?

This benefits booklet is being provided to you as an overview of the benefits that are available to you.

For more information go to Inside Sanford > Sanford Service Portal.

The Effective Date for Benefits

Benefits will become effective the first of the month following 60 days of employment. For open enrollment all benefits will be effective January 1 of the following year.

To enroll in benefits, contact the Benefits Enrollment Call Center within 30 days of your hire date:

- (877) 403-1591
- M–F 7 a.m.–4 p.m. CST
- Be in front of a computer with internet access (optional)
- You may also self-enroll online through Sanford OneSource

Dependent Eligibility

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.

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.

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)

Qualifying Life Events

When can I make benefit changes throughout the plan year?

There are certain benefits offered to you which are deducted from your paycheck on a pre-tax basis under Section 125 of the Internal Revenue Service Code.

The following are pre-tax benefit offerings:

- 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. Under these IRS guidelines, you can only make changes to your benefits if you experience a **qualifying life event** during the plan year.

If you experience a **qualifying life event** and would like to make changes to your benefits, you have 30 days from the event date to notify the Human Resources Department.

Examples of qualifying life events include:

- Birth, adoption, or child's placement for adoption
- Marriage, divorce, or legal separation
- Termination or beginning of your spouse's/dependent's employment
- Change in eligibility due to you, your spouse's or your dependent's job status changes from full-time to part-time or vice versa
- Significant change in your or your spouse's health coverage
- Eligibility for your dependent begins or ends
- Change in residence or place of work causing change in health plan availability for an employee, spouse or dependent
- Death of spouse or eligible dependent
- Commencement or return from an **unpaid** leave of absence
- Become eligible or lose eligibility for Medicaid or SCHIP (you have 60 days from the event date)
- Become eligible or lose eligibility for coverage under the Federal Employee Health Benefits (FEHB) program

All benefit changes must be consistent with one of the qualifying life events listed above and 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 notify the Human Resources Benefits Department to change or modify your benefit election(s).
- You must provide appropriate documentation of the qualifying life event.
- List of appropriate documents can be found on Inside Sanford > Sanford Service Portal.

Summary Plan Description (SPD)

The terms and provisions of a benefit plan can be found in the Summary Plan Description (SPD). The most current summary plan descriptions can be found on Inside Sanford > Sanford Service Portal.

Continuation of Coverage (COBRA)

COBRA continuation of coverage is a temporary extension of coverage when you or eligible dependents, who are covered under the plan, lose group coverage. COBRA coverage is available under the health insurance, dental insurance, vision coverage or medical flexible spending account. Employees residing in Minnesota may be eligible for continuation of life insurance. Under the law, you or your affected family member must notify the Human Resources department of a divorce, legal separation, or a child's loss of dependent status. COBRA coverage begins the first of the month following the date of the event that caused the loss of group coverage.

Affordable Care Act

The Good Samaritan Society follows the Affordable Care Act (ACA) to determine eligibility of health insurance for part-time and PRN employees. A full-time employee is expected to work an average of 30 hours per week and will be eligible for health insurance. A variable hour employee is when it cannot be determined if the employee will work an average of 30 hours per week (part-time and PRN status).

The Good Samaritan Society uses a 12 month look-back measurement period. The look-back measurement period tracks an employee's hours of service over an initial measurement period or standard measurement period. If the employee works an average of 30 hours per week during the 12 month look-back period, they are eligible for health insurance for the stability period.

For more information regarding ACA refer to the policy on Inside Sanford > Sanford policies.

HEALTH INSURANCE

Good Samaritan Society offers health insurance with two options you may choose from based on which coverage best meets the needs of you and your family — Traditional Plan or Value Plan (HDHP+HSA).

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. Traditional Plan only. Preventive care medications under the Value Plan have a \$5 copay.

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 Health Equity. Value Plan only.

Things to consider when choosing which plan is best for you:

- Who do you need coverage for?
- How often do you and/or your family members go to the doctor in a year?
- How many prescriptions do you and/or your family members have each month?
- How much out-of-pocket expense are you comfortable with?

Health Insurance Premiums

Per Pay Period

	TRADITIONAL	VALUE
	Employee	Employee
Single	\$69.00	\$42.00
Family	\$253.00	\$156.00

Summary of Benefits and Coverage (SBC)

The SBC is a brief summary of benefits under this plan for your convenience and is not a complete list. If you would like additional information, please review the entire Summary Plan Description (SPD) located on Inside Sanford > Sanford Service Portal.

All health benefits shown on this SBC are subject to the annual maximums, copays, deductibles, coinsurance and are subject to all provisions of this plan including medical necessity and other benefit determinations based on an evaluation of medical facts and covered services. **Note:** Certain covered services require approval before benefits will be considered for In Network Coverage or payment. Refer to the Prior Authorization section of the SPD for a description of these services and prior authorization procedures.

SUMMARY OF BENEFITS AND COVERAGE (SBC)



Additional Plan



Value Plan (HDHP+HSA)

	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Copays do not apply to deductible.	Individual \$2,500	NO OUT-OF-NETWORK COVERAGE (EXCEPT AS OTHERWISE NOTED)	Individual \$3,500	NO OUT-OF-NETWORK COVERAGE (EXCEPT AS OTHERWISE NOTED)
Annual Out of Pocket (OPM) Maximum Limits Includes deductible, copay, and coinsurance amounts. The plan will pay 100% of eligible charges after the out-of-pocket maximum is met.	Family Individual \$5,000 \$6,250		Family Individual \$7,000 \$5,500	
Coinsurance Any required deductible must be satisfied before coinsurance will apply.	Family \$8,750 30%		Family \$8,500 20%	
Medical Office Visits Primary care visit to treat an injury or illness Specialist visit	\$30.00 copay \$30.00 copay	Not covered Not covered	20% coinsurance 20% coinsurance	Not covered Not covered
Preventive Health Services (See Preventive Health Guidelines) Well Baby and Well Child Care Routine Periodic Preventive Health Exams Screening Immunizations	No charge No charge No charge No charge	Not covered Not covered Not covered Not covered	No charge No charge No charge No charge	Not covered Not covered Not covered Not covered
Tests Diagnostic test (X-ray, blood work) Imaging (CT/PET scans, MRIS)	30% coinsurance 30% coinsurance	Not covered Not covered	20% coinsurance 20% coinsurance	Not covered Not covered
Outpatient Surgery Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	30% coinsurance 30% coinsurance	Not covered Not covered	20% coinsurance 20% coinsurance	Not covered Not covered
Emergency Services Copay subject to prudent layperson definition as defined by Policy. Members should seek care at the nearest in-network emergency facility if medically able to travel or to be transported to an in-network provider. If you are outside the service area, you should go to the nearest emergency facility. Excludes non-emergent use of the emergency room. Emergency room care Emergency medical transportation Urgent Care	\$300.00 copay 30% coinsurance \$30.00 copay	30% coinsurance 30% coinsurance 30% coinsurance	20% coinsurance 20% coinsurance 20% coinsurance	20% coinsurance 20% coinsurance 20% coinsurance
Hospital Stay Facility fee (e.g., hospital room) Physician/surgeon fees	30% coinsurance 30% coinsurance	Not covered Not covered	20% coinsurance 20% coinsurance	Not covered Not covered
Behavioral Mental Health Services Services for marriage/couples counseling are not covered. Inpatient Services Outpatient Services	30% coinsurance 30% coinsurance	Not covered Not covered	20% coinsurance 20% coinsurance	Not covered Not covered
Substance Use Disorder Service Inpatient Services Outpatient Services	30% coinsurance 30% coinsurance	Not covered Not covered	20% coinsurance 20% coinsurance	Not covered Not covered

	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity, Pregnancy and Newborn Care Cost sharing does not apply to certain preventative services. Depending on the type of services, other cost sharing may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Office visits (prenatal care and postnatal care) Childbirth/delivery professional services Childbirth/delivery facility services	No charge 30% coinsurance 30% coinsurance 30% coinsurance	Not covered Not covered Not covered Not covered	No charge 20% coinsurance 20% coinsurance 20% coinsurance	Not covered Not covered Not covered Not covered
Home Health Care 40 visits maximum for in-network home health care per benefit period.	30% coinsurance	Not covered	20% coinsurance	Not covered
Skilled Nursing Care	30% coinsurance	Not covered	20% coinsurance	Not covered
Durable Medical Equipment	30% coinsurance	Not covered	20% coinsurance	Not covered
Hospice Services	30% coinsurance	Not covered	20% coinsurance	Not covered
Rehabilitative Services 45 visits maximum applies for in-network physical, occupational and speech therapy per benefit period	30% coinsurance	Not covered	20% coinsurance	Not covered
Habilitative Services 45 visits maximum applies for in-network physical, occupational and speech therapy per benefit period	30% coinsurance	Not covered	20% coinsurance	Not covered
Child Eye and Dental Care Children's eye exam Children's glasses Children's dental check-up	No charge Not covered Not covered	No charge Not covered Not covered	No charge Not covered Not covered	Not covered Not covered Not covered
Pharmacy				
Prescription Drugs/Retail 31-day supply	Tier 1 - \$15.00 Tier 2 - \$60.00 Tier 3 - \$30.00 Tier 4 - \$60.00 Specialty - \$100 Follows standard benefit	Not covered	20% coinsurance	Not covered
KeyRX - Value Based design drug list - Retail 31-day supply	Follows standard benefit	Not covered	\$5 copay	Not covered
Prescription Drugs/90-day RX Mail Order/Retail	Tier 1 - \$30.00 Tier 2 - \$120.00 Tier 3 - \$60.00 Tier 4 - \$120.00 Follows standard benefit	Not covered	20% coinsurance	Not covered
KeyRX Value based design drug list Mail Order/Retail 90-day supply	Follows standard benefit	Not covered	\$5 copay	Not covered

HEALTH SAVINGS ACCOUNT (HSA)

Health Equity administers the Health Saving 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: Contributions can be made pre-tax 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, 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. You will receive the reimbursement through direct deposit to your personal checking account.
- 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. Contributions reduce taxable income; funds grow tax-free and distributions for qualified expenses are not taxed.
- Good Samaritan Society will make significant contributions to health savings accounts.
- The balance can grow from year to year. Unlike a traditional flexible spending account (FSA), the HSA is not a “use it or lose it” account. The balance can continue to grow until a time you have a need to access the funds for qualified expenses.
- Contributing to an HSA is easy! Contributions can be made through payroll deduction.
- HSA funds belong to you even if you leave Good Samaritan Society, 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 2022?

Single Coverage	\$3,650
Family Coverage	\$7,300

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

How much will Good Samaritan Society Health contribute to my HSA in 2022?

	Single Value Plan	Family Value Plan
Good Samaritan Society Match*	\$750	\$1,500

**Good Samaritan Society will match each dollar you contribute into your HSA up to this amount.*

Be sure to take advantage of the many tools and resources available on [Learn.healthequity.com/sanfordhealth](https://www.healthequity.com/sanfordhealth).

FLEXIBLE SPENDING ACCOUNT (FSA)

Good Samaritan Society offers flexible spending accounts administered by Health Equity. Using a flexible spending account is a great way to stretch your benefit dollars.

Medical flexible spending account (FSA): An FSA is a tax-free account into which the employee makes contributions. 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 a medical flexible spending account. Flexible spending account funds can be used for medical expenses for eligible children through the end of the year in which they turn 26. The maximum amount you can set aside is \$2,750.

Limited purpose flexible spending account:

A limited purpose flexible spending account is a tax-free account into which the employee makes contributions. Funds can be used to pay out-of-pocket dental and vision expenses. You must enroll in the Value Plan (HDHP+HSA) and a health savings account to elect a limited purpose flexible spending account. Employees who elect the Traditional Health Plan or the Value Plan with no health savings account are not eligible for a limited purpose flexible spending account. Limited purpose flexible spending account funds can be used for dental and vision expenses for eligible children through the end of the year in which they turn 26. The maximum amount you can set aside is \$2,750.

Dependent care flexible spending account:

A dependent care flexible spending account is a tax-free account into which the employee makes contributions. 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.

Important: Dependent care expenses are NOT reimbursable during a leave of absence.

How does the FSA work?

Estimate how much you expect to spend during the 2022 Plan Year for eligible out-of-pocket medical expenses or dependent care expenses. For your 2022 Plan Year, you will be able to submit an eligible expense with a date of service between January 1, 2022, and December 31, 2022, and be reimbursed with your 2022 Plan Year Funds. All eligible claims will need to be submitted by March 31, 2023.

Based on your estimation, decide how much you want to deposit to each account for the upcoming Plan Year. The amount you allocate to each account is automatically deducted from your paycheck in equal amounts each pay period before taxes are calculated.

You can quickly and easily access funds using your prepaid benefits card at point of sale, or request to have funds directly deposited to your bank account by submitting a medical expense claim form along with required documentation.

All dependent care claims will require completion of a dependent care claim form. The debit card will not be eligible for use with dependent care claims. All claim forms can be found on Inside Sanford > Sanford Service Portal.



When you use the card, payments are automatically withdrawn from your account. Just swipe the card and go. It's that easy! Per IRS regulations, all debit card transactions must be substantiated to ensure that the date of service is within the appropriate plan year and that the expense is eligible. If Health Equity cannot identify the eligibility of the debit card transaction, you will receive a letter asking for your documentation. Debit cards may be suspended if documentation is not returned in a timely manner, and you may be taxed on the amount of the transaction.

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.

DENTAL INSURANCE

Dental insurance is offered through Delta Dental of South Dakota. You may choose from two options of dental coverage that best meets your and your family's needs — Enhanced and Base.

Services	Enhanced (Group #7073) % Paid By Delta	Base (Group #7072) % Paid By Delta
Diagnostic and Preventive Services These services do not apply to the Annual Maximum Benefit. <ul style="list-style-type: none"> • Routine examinations – two per calendar year. • Routine dental cleanings (prophylaxis) – two per calendar year. • Bitewing X-rays – two per calendar year up to age 19 and once per calendar year age 19 and over. • Full mouth/panoramic X-rays – once in any 5-year interval. • Fluoride applications – two per calendar year up to age 19. • Space maintainers (fixed, band type) on primary posterior teeth up to age 14. • Dental sealants – once for unrestored first and second permanent molars up to age 16. 	100%	100%
Basic Services <ul style="list-style-type: none"> • Pre-formed or stainless steel restorations and restorations such as silver (amalgam) fillings, and tooth-colored (composite) fillings. • Extractions and other oral surgery. • Emergency treatment for relief of pain. 	80%	80%
Endodontics and Periodontics <ul style="list-style-type: none"> • Root canals. • Treatment of diseases of the tissues supporting teeth. • Periodontal maintenance cleanings. 	80%	80%
Major Services <ul style="list-style-type: none"> • Crowns, bridges, dentures, and implants 	50%	50%
Orthodontics <ul style="list-style-type: none"> • Treatment necessary for the proper alignment of teeth 	50% Lifetime Orthodontic Maximum: \$2,000 per person.	No orthodontic coverage
Deductible	\$50 per person per calendar year not to exceed \$150 per family. This deductible does not apply to diagnostic, preventive or orthodontic services.	\$50 per person per calendar year not to exceed \$150 per family. This deductible does not apply to Diagnostic and Preventive Services.
Annual Maximum Benefit	\$2,000 per person per calendar year. All services (except orthodontics) are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.	\$1,000 per person per calendar year. All services are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.

Health through Oral Wellness®

Health *through* Oral Wellness® is a unique, patient-centered program that adds benefits to a Delta Dental plan based on individual oral health needs. A Delta Dental network dentist trained in Health *through* Oral Wellness will conduct a clinical risk assessment during a regular preventive visit. The assessment measures the risk and severity of periodontal disease, and the risk of tooth decay.

If the assessment determines a member is at risk for tooth decay, additional benefits include fluoride treatments, sealants and oral hygiene instruction. If a member is at risk for periodontal (gum) disease, has periodontal disease or has had periodontal surgery, the member will be eligible for two additional cleanings* and two fluoride treatments.

If a member has any of the following health conditions, they are eligible for additional benefits.

- Diabetes (2 additional cleanings*)
- High-risk cardiac care (2 additional cleanings*)
- Kidney failure or dialysis (2 additional cleanings*)
- Cancer-related treatment - chemotherapy or radiation (2 additional cleanings* and 2 applications of fluoride varnish)
- Suppressed immune system (2 additional cleanings* and 2 applications of fluoride varnish)
- Rheumatoid arthritis (2 additional cleanings*)
- Stroke (2 additional cleanings*)
- Pregnancy (1 additional cleaning* during the time of pregnancy)

**Cleanings can either be a general cleaning (prophylaxis) or a periodontal maintenance cleaning. Periodontal maintenance cleanings are typically covered under the "Endodontics and Periodontics" category, not the "Diagnostic and Preventive Services" category.*

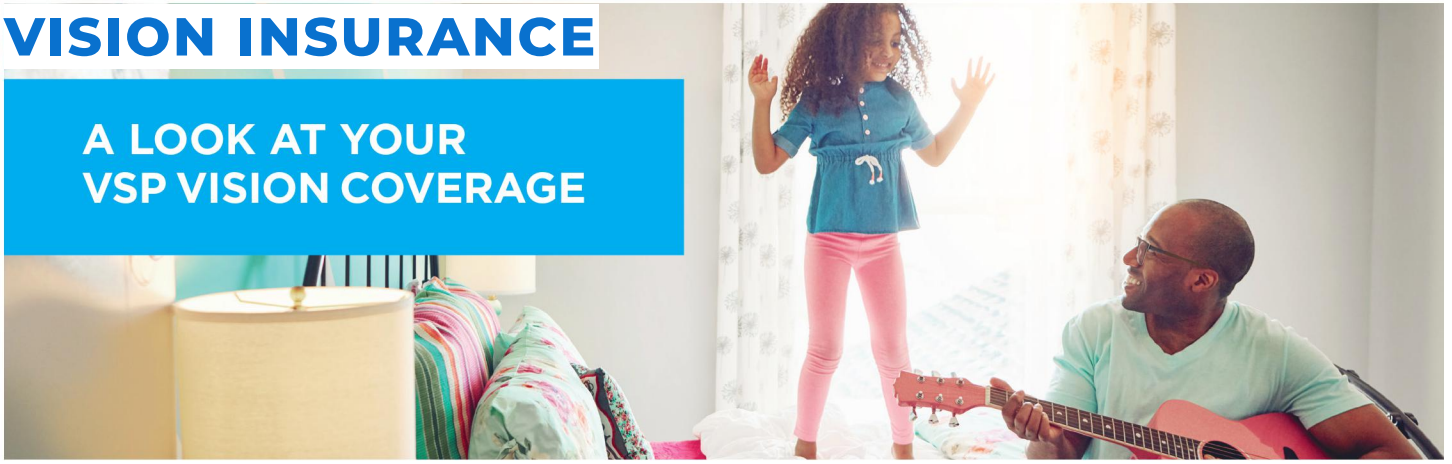
Dental Insurance Premiums

Per Pay Period

	ENHANCED	BASE
Employee Only	\$19.00	\$15.00
Employee + Spouse	\$38.00	\$32.00
Employee + Child(ren)	\$42.00	\$30.00
Family	\$62.00	\$55.00

VISION INSURANCE

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM SANFORD AND VSP.

Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.

PREMIER
PROGRAM

Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.



USING YOUR BENEFIT IS EASY!

Create an account on **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. At your appointment, just tell them you have VSP.

GET YOUR PERFECT PAIR

EXTRA \$20 +

TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON

LACOSTE



NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP
TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: **800.877.7195** or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

SANFORD and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$15	Every calendar year
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$195 featured frame brands allowance \$175 frame allowance 20% savings on the amount over your allowance \$95 Costco® frame allowance 	Included in Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses UV protection Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$55 \$55	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$45	Every calendar year
DIABETIC EYECARE PLUS PROGRAMSM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
YOUR MONTHLY CONTRIBUTION	\$9.74 Member only	\$26.84 Member + family	

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

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DISABILITY INSURANCE

Short Term Disability

Short term disability is provided to full-time employees. 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 50% of your weekly earnings (as defined in the Summary Plan Description) up to a maximum of \$300 per week. 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 12 weeks.

Short Term Disability Buy-Up

Part-time and full-time employees are offered the option to purchase short term disability. This benefit is paid for by the employee. Short term disability buy-up pays you a benefit of 70% (combined with short term disability) of your monthly earnings (as defined in the Summary Plan Description) up to a maximum of \$5,000 per month. Benefits begin after you have been totally disabled for 7 consecutive calendar days, up to a maximum of 3 months.

Long Term Disability

Good Samaritan Society offers long term disability to part-time and full-time employees. The benefit is paid for by the employee. 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 \$10,000 per month. Benefits begin after you have been partially or totally disabled for 90 calendar days. Your physician and the disability carrier will determine how long benefits are payable, up to the SSNRA (Social Security normal retirement age).

This benefit plan is designed to coordinate with other sources of income during your disability. Your benefit amount will be offset by: Primary Social Security, Worker's Compensation, Pension Benefits and/or State Mandated Disability Benefits.

Plan Highlights — Long Term Disability

Worksite Modification Benefit: Helps cover the cost of modifying the worksite to allow disabled employees to return to work. The benefit may pay up to \$5,000 for actual expenses incurred to modify worksites to help disabled employees return to work.

Survivor Income Benefit: A benefit is paid to the survivor of employees who die while receiving disability benefits and have been disabled for at least 180 consecutive days. This benefit is equal to three times the employee's last monthly benefit.

Dependent Care Expense Benefit: Provides reimbursement for family expenses up to \$350 per month per dependent to a maximum of \$1,000 per month.

LIFE INSURANCE

Basic Life Insurance

Good Samaritan Society provides a base 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 and Dismemberment (AD&D)

In addition to the amount of Base 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.

Plan Highlights — Life Insurance

Waiver of Premium: Provides for waiver of premium while receiving disability benefits.

Seat Belt/Airbag, Common Carrier Benefit: Provides additional benefits up to \$10,000 or 10% of the principal sum, whichever is less if you die as a result of a covered auto accident while wearing a seat belt or up to \$5,000 or 5% if in a vehicle equipped with an airbag. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the employee certificate.

Repatriation: Provides a benefit up to \$5,000 for preparation or transportation of a deceased insured employee whose death occurs at least 100 miles from the employee's principal address.

Assist America: Travel assistance services for employees and eligible dependents traveling more than 100 miles from home. This benefit includes medical emergency evacuation and transportation, dependent child transportation, travel monitoring and much more.

LifeKeys: Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.

Things to consider before enrolling in voluntary life insurance:

- Is the amount of your Basic Life Insurance adequate to provide for your beneficiary in the event of your death?
- The amount of your life insurance is reduced to 75% on the date you reach age 75.

LIFE INSURANCE

Underwriting Provisions

If you elect Voluntary and/or Dependent Life as a late entrant (after your first 30 days of employment/benefit eligible status) you will need to complete an evidence of good health questionnaire that is subject to approval. At annual enrollment only, you can elect the first option or increase coverage 1 option without medical questions. At any other time, you will need evidence of good health.

Beneficiary Designation

You will need to designate a beneficiary for your basic level and/or voluntary life insurance. 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.

Voluntary Life Insurance/ AD&D Insurance — Employee & Spouse

(Per \$1,000/monthly)

Age	Rate
Less than 25	\$0.078
25-29	\$0.087
30-34	\$0.106
35-39	\$0.114
40-44	\$0.140
45-49	\$0.209

Age	Rate
50-54	\$0.323
55-59	\$0.541
60-64	\$0.794
65-69	\$1.432
70+	\$2.956

Life Insurance – Child(ren)

\$2.00 per month/per \$10,000 of coverage.

VOLUNTARY BENEFITS

Universal Life Insurance

Life Insurance will always be the foundation of a good family financial planning program. Universal life insurance 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. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required.

Additional benefits included in Universal Life:

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

Cancer/Intensive Care Insurance

Cancer Insurance 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
- Cancer Maintenance Therapy
- Wellness and Miscellaneous Benefits
- Lump Sum Diagnosis
- Intensive Care Benefits

Accident Insurance

Accident Insurance 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 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.

To get a complete brochure of information and a listing of claim forms, go to [Inside Sanford > Sanford Service Portal](#).



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



Offered to the employees of:
Sanford Health

ABJ37206X. 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, GVCIP3, 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 or allstatebenefits.com



Allstate[®] BENEFITS

Provides a monthly benefit if you are disabled from an off-the-job injury and cannot work

Disability Insurance

Like most, unless you know someone who has been disabled, you may not see the value of Disability insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

Meeting Your Needs

- You choose the monthly maximum benefit level that meets your needs
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work
- Premiums are affordable and conveniently payroll deducted
- You can take your coverage with you if you leave your job or your employer cancels coverage; refer to your certificate for details

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.[®]**

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!



ABJ37207X. This material is valid as long as information remains current, but in no event later than August 1, 2024. Group Short Term Disability benefits are provided under policy form GVDIP, 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 or allstatebenefits.com

VOLUNTARY BENEFITS

LegalShield (Legal Services)

The LegalShield Services Plan assists you with the costs of personal legal services. The need is real. 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

Additional benefits included in Universal Life:

- Accelerated Death Benefit
- Waiver of Premium
- Child's Level Term Insurance

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) 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, please see the “Sanford Premiums 2022” reference guide in the back of this benefits booklet.

RETIREMENT BENEFITS

401(k) Retirement Savings Plan (Contract #817560)

Good Samaritan Society offers all employees the opportunity to contribute pre-tax or post-tax dollars towards their retirement by offering the Good Samaritan Society 401(k) Retirement Savings Plan. The 401(k) is record kept by Principal®. You are automatically enrolled at a 3% contribution rate. Your contributions will start 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.

Good Samaritan Society matches dollars that you are contributing into your 401(k) account each pay period after one year of service. 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. See chart below for example. Refer to the Plan Document for further details and information about vesting. You are always 100% vested in your tax-deferred, rollover, Roth, and catch-up contributions to the 401(k) Plan and your investment earnings on these contributions. You must be employed for two years to be 100% vested in the employer contributions. If you have qualified retirement funds from another employer and are interested in a direct rollover into the Good Samaritan Society 401(k) Retirement Savings Plan, please contact Principal at (800) 547-7754 or log into your account at principal.com.

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%

You may choose to contribute up to 50% of your total pay through any combination of pre-tax and/or post-

tax (Roth) contributions. When you make a pre-tax contribution, the amount you invest generally comes out of your paycheck before your income is taxed. A Roth or post-tax contribution is basically the opposite. You can even change the tax status of your pre-tax contributions, using an “in plan Roth conversion.”

All elections can be made by logging into your account at principal.com.

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.

Retiree Health

Good Samaritan Society provides 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 PRN status

Employees are responsible for 100% of the group rate.

Prior to retirement, contact the Sanford Service Center at (877) 949-5678 and select Opt. 1 for Human Resources to initiate Retiree Health Insurance enrollment. A Total Rewards Administration Specialist will then work with you to enroll and complete an enrollment packet.

OTHER BENEFITS

Paid Time Off (PTO) Plan

Good Samaritan Society provides part-time and full-time employees 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 each hour paid and will move through the PTO accrual levels as indicated in the below table. The maximum accumulation of PTO is 324 hours. 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.

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 a pay period — full-time employee		

Volunteer Time Off

Good Samaritan Society offers a paid day of service to allow employees to volunteer in our communities, supporting a cause that is important to them. This volunteer time 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. It offers our employees, leaders, and clinicians the opportunity for paid time to volunteer for a cause that is important to them.

Employees are eligible to participate as soon as they start employment and are eligible for the benefit based on the status they are in at the time they want to volunteer. 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. PRN employees are not eligible due to the nature of their unscheduled status.

Compassionate Leave

Good Samaritan Society provides part-time and full-time employees with paid time off from work to bereave the death of relatives.

You are eligible to receive up to 5 days (40 hours) for your:

- husband
- wife
- common-law spouse
- domestic partner
- daughter
- son
- stepdaughter
- stepson
- adopted children
- guardian children
- domestic partner's children

You are eligible to receive up to 3 days (24 hours) for your:

- father
- stepfather
- father-in-law
- mother
- stepmother
- mother-in-law
- parental guardian
- brother
- stepbrother
- brother-in-law
- sister
- stepsister
- sister-in-law
- son-in-law
- daughter-in-law
- grandparent
- great-grandparent
- step-grandparent
- grandchildren

OTHER BENEFITS

Business Travel Accident Insurance

Good Samaritan Society provides all part-time and full-time employees insurance equal to ten times your annual salary (minimum of \$250,000 to maximum of \$1,000,000) if you die as a result of a business-related travel accident. There is a \$20,000,000 maximum benefit payment per accident which means if there are multiple employees who lose their lives in one accident and the amount payable would exceed \$20,000,000 then the maximum will be split equally between those involved.

Employee Assistance Program (EAP)

Good Samaritan Society Employee Assistance Program (EAP) provides help to employees and their family members to confront and overcome life's challenges. The EAP is a free and confidential professional support service that's available 24 hours a day, 365 days a year. Services provided through the EAP include counseling and related services to help employees and family members:

- Resolve marital and relationship troubles
- Relieve depression, stress and anxiety
- Solve parenting and child concerns
- Recover from drug and alcohol abuse
- Cope with anger, grief and loss
- Get healthy and stay active
- Overcome legal and financial problems
- Eliminate employee conflicts
- Create a plan for educational success

To use the EAP service, simply call VITAL Worklife at (800) 383-1908 to talk with a certified counselor or schedule a face-to-face visit. This benefit allows up to three face-to-face sessions per issue. Employees

can also access these EAP services in addition to a variety of self-help resources through their website at www.vitalworklife.com.

Username: sanford
Password: member



Sanford Employee Perks

As a member of the Sanford family, you are eligible for many discounts and perks just for being an employee.

You can check out the many opportunities for local, regional, and national perks by visiting the Employee Perks site on the Sanford intranet. **To find the Employee Perks site, go to Inside Sanford > Departments > Human Resources > Perks.**

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!

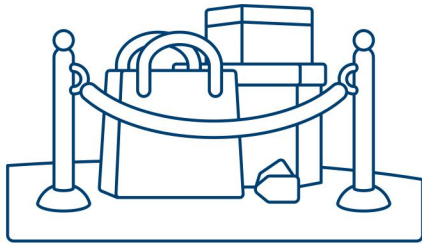
In addition to the Employee Perks site, Sanford also periodically offers special discounts/perks for amusement parks, sporting events, concerts and other local events.

You may be required to present your employee ID to receive discounts/perks. See the perk details for information on how to access the discounts/perks. The list of Sanford discounts/perks can only be viewed if logged onto the Sanford network.

NEW PERK ALERT!

Pet insurance is available to employees as a voluntary benefit starting in 2022. A pet insurance policy can help you plan for your pet's healthcare.

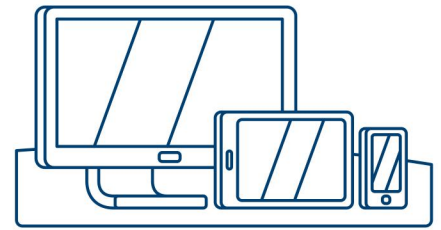
Welcome to Your Sanford Health Discount Program



Exclusive Discounts from
Your Favorite Brands



30,000 National and
Local Offers



Designed for Your Device
of Choice

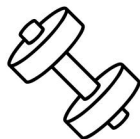
Start by signing up or logging in at
sanfordhealth.perkspot.com

Access at work, home, or on the go and browse
thousands of discounts!

Keep an eye out for new featured discounts
in your weekly email.



TRAVEL



GYMS



CELL PHONES



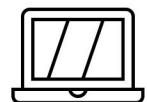
RESTAURANTS



AUTO



APPAREL



ELECTRONICS

Get Started Today!

sanfordhealth.perkspot.com



Families LOOK OUT FOR EACH OTHER,

and the Sanford Family is no exception. We care about your health and well-being, and as such, we are offering you an exclusive deal to Profile. Our Profile coaches tailor each plan to fit your needs and get you the results you want. By combining nutrition, activity, and lifestyle into a weight loss plan, we offer a program that is simple, effective and best of all, sustainable.



Cathy
—Down—
100 LBS¹

**TRY 4 WEEKS
OF PROFILE**

FOR \$49²

FOR SANFORD HEALTH EMPLOYEES



**Download our Free
Weekly Habit Tracker!**

JOIN NOW & GET \$100 OFF³

20% off Profile Food for Profile members.
10% off Profile Food for non-members who are Sanford Employees³

LET'S DO THIS. VISIT [PROFILEPLAN.COM/SANFORD](https://profileplan.com/sanford)

1. Individual results will vary. Profile Members following our program lose 1 -3 pounds per week on average. 2. \$49 for 4 weeks is for coaching only. All other Profile products sold separately. Valid on at participating stores. Non-transferable and nonrefundable. Offer expires 12/31/21, Subject to terms at [ProfilePlan.com/privacy-policy-terms/](https://profileplan.com/privacy-policy-terms/). 3. Badge required to join. 20% off food when Sanford Health employees join as Profile Members. 10% off Profile Food for non-Profile members who are Sanford Employees. Valid only at participating stores. Not available online. Non-transferable and nonrefundable. Offer expires 12.31.22. Subject to exclusions and additional terms. BDO08V2



SANFORD
HEALTH
FOUNDATION

 **Good Samaritan
Foundation**

GIVING MEANS MORE MOMENTS LIKE THIS.

The Sanford Health Foundation and Good Samaritan Foundation work across the region to inspire generous support for our Sanford Family and the patients and residents you serve. That generosity fuels the margin of excellence in the care we provide. It's at work all around you, supporting everything from the big projects to the meaningful details that really make a difference—but might not otherwise be possible:

- Services like Child Life, spiritual care and nurse navigation
- Financial assistance for patients and Sanford Family in need
- Staff training, recognition and scholarships
- Technology and equipment like Giraffe OmniBeds for newborns and 3D mammography machines
- So much more...

SUPPORT THE MOMENTS THAT MATTER

- 1. Visit sanfordhealthfoundation.org/giveback.** Learn more and meet colleagues who give back. When you're ready to join us ...
- 2. Select** one of the donation options.
- 3. Choose** any area of care that's close to your heart.
- 4. Give** an amount that's right for you.

Payroll deduction is the easiest way to give. Your gift will be automatically deducted each pay period. Log on using your Sanford username and password to give or update your current giving level.

Your generosity means more than you will ever know for patients, residents, our communities and colleagues.

Thank you for giving and inspiring generosity in others through your work.

[SANFORDHEALTHFOUNDATION.ORG/GIVEBACK](https://sanfordhealthfoundation.org/giveback)

IMPORTANT CONTACTS

Benefit Enrollment Call Center

- Accident, cancer, critical illness and universal life insurance
 - Claims assistance
 - General coverage questions
- To enroll in 2022 benefits

(877) 403-1591

Sanford Service Center

- Human Resources, Payroll and IT

(877) 949-5678

Blue Cross Blue Shield of Minnesota – Customer Service

- In-network providers
- Health insurance claims
- Pre-authorization process
- Identification cards

(866) 477-1596

bluecrossmnonline.com

Prime Therapeutics

- Pharmacy cost estimator
- Participating pharmacies
- Pharmacy listing

(800) 509-0545

myprime.com

Health Equity (the approved HSA/HRA/FSA partner of Sanford Health Plan)

- Medical flexible spending account
- Limited purpose flexible spending account
- Dependent daycare flexible spending account
- Health savings account administration
 - Account access
 - Investment options
 - Rollover form
- Debit card inquiries

(844) 281-0429

My.HealthEquity.com

Allstate Workplace Division

- Accident, cancer, critical illness and universal life insurance
 - Filing a claim

(800) 521-3535

allstatebenefits.com

Unum

- Basic life insurance, voluntary life insurance, dependent life insurance
- Short term disability and Long term disability

(800) 858-6843

LegalShield and IDShield

(800) 654-7757

Delta Dental of South Dakota

- In-network providers
- Dental insurance claims
- Identification cards

(800) 627-3961

deltadentalsd.com

VSP (Vision Plan)

- Vision insurance claims

(800) 877-7195

vsp.com

Principal Financial Group Participant Contact Center

- General questions, deferral/investment changes
- Login help

(800) 547-7754

(800) 986-3343

principal.com

Important Notice from Sanford Health About Your Prescription Drug Coverage and Medicare



Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Evangelical Lutheran Good Samaritan Society 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. The Evangelical Lutheran Good Samaritan Society has determined that the prescription drug coverage offered by the Sanford Health Plan, Blue Cross and Blue Shield of Minnesota, Kaiser Permanente and HMSA/Blue Cross Blue Shield of Hawaii 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 through 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, your current employer coverage will be affected.

- You can retain your existing coverage and choose not to enroll in a Part D plan; or
- You can enroll in a Part D plan as a supplement to, or in lieu of, the other coverage. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.
- If you do decide to join a Medicare drug plan and drop your current Sanford Health group medical and prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back until your employer's next open enrollment period.

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 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...

Contact Human Resources at the number listed below. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan. 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 (800)-MEDICARE (633-4227). TTY users should call (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, 2020
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) 243-1372

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 in **November 2020** for coverage starting as early as January 1, **2021**.

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.¹

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) 243-1372
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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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 1305 E 60th St North		6. Employer phone number 877-243-1372	
7. City Sioux Falls	8. State SD	9. ZIP code 57117	
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) 877-243-1372		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 24 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

GOOD SAMARITAN SOCIETY PREMIUMS 2022

Health Insurance – PER PAY PERIOD

	TRADITIONAL		VALUE	
	Employee	Employer	Employee	Employer
Single	\$69.00	\$295.00	\$42.00	\$291.00
Family	\$253.00	\$623.50	\$156.00	\$644.50

Dental Insurance – PER PAY PERIOD

	ENHANCED	BASE
	Employee	Employee
Employee Only	\$19.00	\$15.00
Employee + Spouse	\$38.00	\$32.00
Employee + Child(ren)	\$42.00	\$30.00
Family	\$62.00	\$55.00

Vision Insurance – PER PAY PERIOD

VSP	
Single	\$4.87
Family	\$13.42

Legal Services & Identity Theft – PER PAY PERIOD

LegalShield & IDShield	
LegalShield	\$10.00
IDShield – Single	\$4.48
IDShield – Family	\$8.48

Voluntary Life Insurance & Life Insurance Spouse – (Per \$1,000/monthly)

Age of Employee and Spouse	Rate	Age of Employee and Spouse	Rate
Less than 25	\$0.078	50-54	\$0.323
25-29	\$0.087	55-59	\$0.541
30-34	\$0.106	60-64	\$0.794
35-39	\$0.114	65-69	\$1.432
40-44	\$0.140	70+	\$2.956
45-49	\$0.209		

Life Insurance – Child(ren) \$2.00 per month/per \$10,000 of coverage

Short Term Disability Buy-Up (Allstate)

(Per \$100/covered benefit)

Age of Employee	Rate
Less than 49	\$1.75
50-59	\$2.13
60-64	\$2.87
65-69	\$3.14
70+	\$3.30

Voluntary Long Term Disability (Unum)

(Per \$100/covered benefit)

Age of Employee	Rate
Less than 25	\$0.085
25-29	\$0.085
30-34	\$0.160
35-39	\$0.235
40-44	\$0.360
45-49	\$0.465
50-54	\$0.580
55-59	\$0.710
60-64	\$0.700
65-69	\$0.545
70+	\$0.445

Universal Life Insurance (Allstate) – PER PAY PERIOD

Death Benefits (Non-Tobacco/pay period)

Covered Individual	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
Age 25	\$3.18	\$6.31	\$11.53	\$16.74	\$21.96
Age 35	\$4.22	\$8.92	\$16.75	\$24.59	\$32.42
Age 45	\$5.94	\$13.22	\$25.36	\$37.49	\$49.63
Age 55	\$9.28	\$21.56	\$42.03	\$62.49	\$82.96

- Universal Life policies can be purchased on employee and additional term riders can be purchased on dependents.

Critical Illness Insurance (Allstate) – PER PAY PERIOD

Lump Sum Benefit – Without Cancer Coverage	Ages 18-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60-64	Ages 65+
\$5,000	\$0.60	\$1.19	\$2.38	\$4.48	\$6.40	\$11.03
\$10,000	\$1.15	\$2.24	\$4.47	\$8.42	\$12.11	\$21.21
\$20,000	\$2.26	\$4.36	\$8.65	\$16.30	\$23.52	\$41.57
\$30,000	\$3.35	\$6.46	\$12.80	\$24.17	\$34.93	\$61.93

Lump Sum Benefit – With Cancer Coverage	Ages 18-29	Ages 30-39	Ages 40-49	Ages 50-59	Ages 60-64	Ages 65+
\$5,000	\$3.08	\$4.42	\$6.99	\$10.95	\$14.33	\$21.61
\$10,000	\$4.02	\$6.48	\$11.23	\$18.60	\$24.98	\$38.90
\$20,000	\$5.91	\$10.63	\$19.71	\$33.90	\$46.28	\$73.76
\$30,000	\$7.78	\$14.75	\$28.15	\$49.18	\$67.58	\$108.52

- Critical illness is a post-tax benefit and is portable.
- Policies can be purchased on employee and dependents.

Cancer Insurance (Allstate) – PER PAY PERIOD

Hospital-\$100/day; Surgery-up to \$1,500; Radiation/Chemotherapy-up to \$5,000; Wellness-\$0/year; Initial Diagnosis Benefit-\$1,000; Intensive Care Benefit-\$0/day.

Base Option Premium Rates			
Employee	\$5.33	Employee with Spouse	\$8.10
Family	\$10.49	Employee with Child(ren)	\$7.73

Hospital-\$100/day; Surgery-up to \$1,500; Radiation/Chemotherapy-up to \$5,000; Wellness-\$50/year; Initial Diagnosis Benefit-\$1,000; Intensive Care Benefit-\$200/day..

Low Option Premium Rates			
Employee	\$6.58	Employee with Spouse	\$10.36
Family	\$13.03	Employee with Child(ren)	\$9.27

Hospital-\$300/day; Surgery-up to \$3,000; Radiation/Chemotherapy-up to \$10,000; Wellness-\$100/year; Initial Diagnosis Benefit-\$3,000; Intensive Care Benefit-\$300/day.

High Option Premium Rates			
Employee	\$13.58	Employee with Spouse	\$21.31
Family	\$26.84	Employee with Child(ren)	\$19.12

- Cancer Insurance is a post-tax benefit and is portable.

Accident Insurance (Allstate) – PER PAY PERIOD

Outpatient Physician Treatment \$0/visit; Dislocation & Fracture-up to \$2,000; Hospital Admission-\$1,000; Hospital Confinement-\$200/day; Accidental Death \$0.

Base Option Premium Rates			
Employee	\$3.16	Employee with Spouse	\$5.46
Family	\$8.97	Employee with Child(ren)	\$6.81

Outpatient Physician Treatment \$25/visit; Dislocation & Fracture-up to \$2,000; Hospital Admission-\$1,000; Hospital Confinement-\$200/day; Accidental Death \$20,000.

Low Option Premium Rates			
Employee	\$4.08	Employee with Spouse	\$7.05
Family	\$11.20	Employee with Child(ren)	\$8.61

Outpatient Physician Treatment \$50/visit; Dislocation & Fracture-up to \$4,000; Hospital Admission-\$1,500; Hospital Confinement-\$300/day; Accidental Death-\$40,000.

High Option Premium Rates			
Employee	\$7.84	Employee with Spouse	\$13.55
Family	\$21.68	Employee with Child(ren)	\$16.58

- Accident Insurance is a post-tax benefit and is portable.

This sheet is a premium summary only. If there is a discrepancy between this summary and your Certificate of Coverage, the Certificate of Coverage will take precedence in determining your benefits.

