

2022 EMPLOYEE BENEFITS GUIDE

| | |
|------------------------------------|-------|
| Benefit Eligibility | 2 |
| Benefit Enrollment Checklist | 3 |
| Enrollment Instructions | 4-5 |
| Traditional PPO Plan..... | 6 |
| HDHP Plan & HSA | 7 |
| Prescription Drug Benefit | 8 |
| Dental Plan | 8 |
| Vision Plan | 9 |
| Retirement | 10-11 |
| Life Insurance & AD&D | 12 |
| Dependent Care FSA | 13 |
| Short-Term Disability..... | 13 |
| Long-Term Disability..... | 13 |
| Time Away from Work | 14 |
| Employee Assistance Program.. | 15 |
| Other Benefits & Discounts | 16 |
| Payroll Calendar..... | 17 |
| Benefits Definitions | 17 |
| Required Notices | 18-26 |
| 2022 Insurance Premiums | 27 |
| Important Contacts | 28 |



BENEFIT ELIGIBILITY WORKSHEET

| | Full-Time 36 – 40 hours per week | Part-Time Benefitted 16 – 35 hours per week | Part-Time Ineligible Under 16 hours per week | PRN As needed – Must fol- low PRN hours worked guidelines |
|---|--|--|---|---|
| PPO Health Insurance | Eligible | Eligible with higher pre- miums than Full- time status | Ineligible | Ineligible |
| HDHP Health Insurance with HSA | Eligible | Eligible with higher premiums than Full time status | Ineligible | Ineligible |
| Dental and Vision | Eligible | Eligible with same cost of premiums as Full- time status | Ineligible | Ineligible |
| Retirement – 457B and 401A | Eligible | Eligible | Ineligible | Ineligible |
| Dependent Care Flexible Spending Account | Eligible | Eligible | Ineligible | Ineligible |
| Employee Assistance Pro- gram (EAP) | Eligible | Eligible | Eligible | Eligible |
| Life Insurance | Eligible | Ineligible | Ineligible | Ineligible |
| Short Term Disability | Eligible | Ineligible | Ineligible | Ineligible |
| Hospital Services Discount | Eligible | Eligible | Eligible | Eligible |
| PTO | Eligible | Eligible | Ineligible | Ineligible |
| EIB | Eligible | Eligible | Ineligible (Employee forfeits accruals upon this status change) | Ineligible (Employee forfeits accruals upon this status change) |
| Tuition Reimbursement | Eligible after 1 year service | Eligible after 2 years service | Ineligible | Ineligible |
| Onsite Fitness Center | Eligible | Eligible | Eligible | Eligible |
| Gym Membership Reimbursement | Eligible | Eligible | Eligible | Eligible |
| Employee Wellness Program | Eligible | Eligible | Eligible | Eligible |

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). To be eligible for these Special Enrollment rights you must have completed a waiver when you were first eligible stating that you were declining because of other group health insurance coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. In the case of marriage, eligible individuals must submit their enrollment forms prior to the Effective Dates of coverage in order for salary reductions to have preferred tax treatment from the date coverage begins.

BENEFITS ENROLLMENT: EMPLOYEE CHECKLIST

STEP 1: GATHER INFORMATION

- Review benefits information and understand your benefit enrollment options.
- Gather dependent and beneficiary birthdate(s) and SSN(s) in preparation for enrollment.
- If choosing HDHP/HSA, determine whether your HSA account will be with First Federal Bank (local) or Health Equity (online with investment options). Determine pre-tax HSA contribution amount.
- Determine whether to contribute new hire auto-enrollment amount of 6% to retirement, or elect a different percentage. SMH will match new hire retirement contributions up to 6%!
- Calculate 2022 childcare/day camp expenses to enroll in pre-tax flexible spending account. Note: This is a “use it or lose it” dollar amount each calendar year.
- Evaluate need for additional voluntary life insurance and/or short-term disability coverage.

STEP 2: ENROLL ONLINE

- For benefits eligible employees, visit INFOR Employee Space to enroll in (or waive) benefits ASAP (within 30 days of hire, benefits-eligible status change, or qualifying life event).
Hire/Life Event Date: _____ Eligibility Date: _____ Enrollment Deadline: _____
- Check your email to ensure you have received the Life Event Benefit Enrollment Finalized email from the Benefits Administrator before moving to the next step.

STEP 3: POST-ENROLLMENT ACTION ITEMS

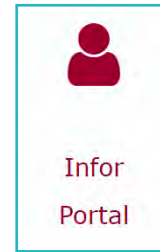
- Obtain employee wellness screening voucher from the SMH Wellness department (voucher is required for payment at lab appointment check-in).
- Schedule your FREE employee wellness blood draw at www.sheridanhospital.org (Locate the “Blood Draw” icon on the home page or type “Wellness Screening” in the Search box). You may also call 307-675-4675 (message line) to request a lab appointment. Appointments are required!
Appt Date: _____ Time: _____
- Remember to fast for 12 hours prior to your appointment! Report to the Outpatient Lab, located on the 1st floor of the SMH Outpatient Center, a few minutes prior to your appointment for check-in.
- Establish account at www.Principal.com for 24/7 access to update beneficiary, elect retirement contribution amount (other than 6% auto-enrollment), and access online retirement planning tools. Note: In Wyoming, your spouse must be named the beneficiary unless the spouse signs a notarized waiver.
User ID: _____
Password: Only store your passwords in a secure location!
- Establish account at www.UMR.com for 24/7 access to medical/dental plan coverage & providers.
User ID: _____
Password: Only store your passwords in a secure location!
- Establish account at www.VSP.com for 24/7 access to vision plan coverage & providers.
User ID: _____
Password: Only store your passwords in a secure location!
- Have a gym membership? Submit your receipt/documentation to Jessica Jensen in the HR department.
- Share Life Matters EAP phone number and website with household family members. It's FREE!
- Review bi-weekly paycheck stubs online to ensure wages, deductions, and incentives are correct.

BENEFIT ENROLLMENT

INFOR EMPLOYEE SPACE LOGIN

WHEN ACCESSING FROM INSIDE SMH:

1. Access Infor Employee Space from the Pulse: intranet.sheridanhospital.org
2. Click the Infor Portal icon, then login using your hospital username and password

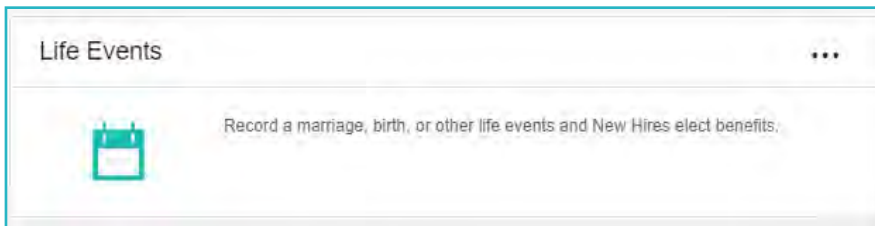


WHEN ACCESSING FROM HOME:

1. Go to www.sheridanhospital.org – scroll to the bottom and click on Staff Portal under “Other”.
2. Select “Infor Employee Space Log In”
3. Use your hospital username and password to login.

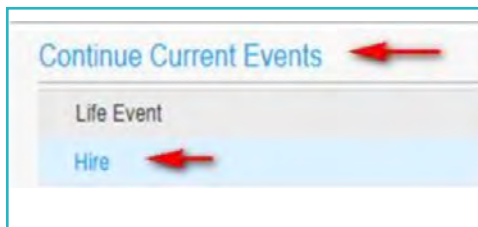
ENTERING BENEFIT ELECTIONS

Step 1: Click the Life Events box for new hire or life event enrollment. Click the Benefits Open Enrollment to elect benefits for the next plan year during your open enrollment window.



Step 2: Select the Continue Current Events box.

Step 3: Select Hire if you are electing new hire benefits for the first time. Otherwise select Life Event or Open Enrollment, if applicable.



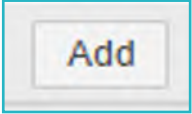
BENEFIT ENROLLMENT

STEP 1:

Click on the Instructions button to review the instructions.

STEP 2:

Click on the Dependents and Beneficiaries button to add any of the dependent(s) to cover on insurance or beneficiaries for life insurance plans.



STEP 3:

Click on the Enrollment tab. Now click on each benefit section to elect or waive the insurance coverage.



STEP 4:

The red circle designates those required to be reviewed. The yellow circle designates items may be missing, i.e. missing beneficiary.

STEP 5:

Select the plans in the upper section and the dependent(s) to cover on the plan in the bottom section of the window.

If the dependent does not currently appear in the bottom section, click Add to update the list.

Dental – Make selection of benefit plan and dependent(s) to cover.

Vision – Make selection of benefit plan and dependent(s) to cover.

Retirement Accounts – Select whether to contribute to your retirement savings, change your contribution amount, or update your beneficiaries for the plan.

REVIEW AND SUBMIT

If you missed any steps in the process or have any errors, you will receive a message and can return to those areas to fix. Otherwise, you can click on Submit to have the changes entered. A Confirmation window displays. Click OK to continue submitting.

You can print out a confirmation of the plans selected. A Benefit cost summary shows the employer and employee cost per pay period.

A screenshot of a "Benefits Cost Summary - Pay Period" table. The table lists various benefit types and their associated costs for a specific pay period.

| Benefits Cost Summary - Pay Period | |
|------------------------------------|--|
| Type | |
| Health/Medical | |
| Health Savings Account | |
| Dental | |
| Dependent Life | |
| Spending Accounts | |
| Pay Period Total | |



In the enrollment section, items with a red exclamation point require employees to waive or select the benefit.

Please have beneficiary name(s), birthdate(s), and Social Security Number(s) ready before you enroll.

TRADITIONAL PPO MEDICAL PLAN

WHAT YOU PAY AND WHAT THE PLAN PAYS

The below Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see the summary plan description.

After you pay your annual deductible and/or any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80%. The remaining percentage, for example 20%, is your responsibility – your “out-of-pocket” costs. You're protected from



financial hardship by a maximum out-of-pocket amount each year – the most you'll have to pay before the plan covers costs at 100% (excluding non-covered expenses and expenses above reasonable and customary charges). (Copays do not apply to the out-of-pocket maximum.)



Employees and their spouse/dependent children are eligible for a discount for hospital or SMH clinic services

SAVE WHEN YOU SEE NETWORK PROVIDERS

This plan offers a Preferred Provider Organization (PPO), a network of doctors and other healthcare professionals who have agreed to accept lower amounts than their standard charges. These lower amounts are negotiated and predetermined. That means when you see a PPO provider, your share of costs is based on a lower charge – so your costs are lower, too. PPO providers are conveniently located in both urban and rural areas. Remember: If you go outside the PPO network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.

| Benefit | Traditional PPO Plan | | |
|----------------------------|----------------------------------|----------------------------------|----------------------------------|
| | SMH Providers | Network Providers | Non-Network Providers |
| Deductible | \$1,250/single \$2,500/family | \$1,250/single \$2,500/family | \$1,250/single \$2,500/family |
| Out-of-Pocket Max* | \$1,750/single \$3,500/family | \$2,250/single \$4,500/family | \$2,750/single \$5,500/family |
| Preventive Care | 100%, DW | 100%, DW | 60%, AD |
| Office Visit | \$20 copay | \$20 copay | 60%, AD |
| Specialist Office visit | \$20 copay | \$20 copay | 60%, AD |
| Outpatient Hospital | 90%, AD | 80%, AD | 60%, AD |
| Inpatient Hospital | 90%, AD | 80%, AD | 60%, AD |
| Emergency Room | 90%, AD | 80%, AD | 80%, AD |
| Prescriptions | | | |
| Retail – 30 day supply | | | |
| Generic | \$5 copay, plus 20% DW | \$5 copay, plus 20% DW | \$5 copay, plus 20% DW |
| Preferred | \$10 copay, plus 20% DW | \$10 copay, plus 20% DW | \$10 copay, plus 20% DW |
| Non-Preferred | \$20 copay, plus 50% DW | \$20 copay, plus 50% DW | \$20 copay, plus 50% DW |
| Maximum Out of Pocket Rx | \$2,500 | \$2,500 | \$2,500 |
| Mail Order – 90 day supply | | | |
| Generic Preferred | \$10 copay, plus 20% DW | \$10 copay, plus 20% DW | \$10 copay, plus 20% DW |
| Non-Preferred | \$20 copay, plus 20% DW | \$20 copay, plus 20% DW | \$20 copay, plus 20% DW |
| | \$40 copay, plus 50% DW | \$40 copay, plus 50% DW | \$40 copay, plus 50% DW |

*Includes Deductible, AD – After Deductible, DW – Deductible Waived

HIGH DEDUCTIBLE HEALTH PLAN WITH HSA

| Benefit | High Deductible Health Plan (HDHP) | | |
|-------------------------|--------------------------------------|------------------------|-----------------------|
| | Sheridan Memorial Hospital Providers | Network Providers | Non-Network Providers |
| Deductible | \$2,250/single | \$2,250/single | \$2,250/single |
| | \$4,500/family | \$4,500/family | \$4,500/family |
| Out-of-Pocket Max* | \$2,750/single | \$3,250/single | \$4,250/single |
| | \$5,500/family | \$6,500/family | \$8,500/family |
| Preventive Care | 100%, DW | 100%, DW | 60%, AD |
| Office Visit | 90%, AD | 80%, AD | 60%, AD |
| Specialist Office visit | 90%, AD | 80%, AD | 60%, AD |
| Outpatient Hospital | 90%, AD | 80%, AD | 60%, AD |
| Inpatient Hospital | 90%, AD | 80%, AD | 60%, AD |
| Emergency Room | 90%, AD | 80%, AD | 80%, AD |
| Prescriptions | 80%, AD | 80%, AD | 80%, AD |
| *Includes Deductible | AD – After Deductible | DW – Deductible Waived | |

*Includes Deductible, AD – After Deductible, DW – Deductible Waived

HEALTH SAVINGS ACCOUNTS (HSA)

What is an HSA? (Only available with HDHP)

An HSA is an account that can be funded by you with pre-tax dollars. The HSA helps pay for eligible medical expenses not covered by an insurance plan, including the deductible, co-insurance, and prescriptions.

2022 IRS Contribution Limits for HSAs

| | |
|----------------------------------|---------|
| Individual | \$3,650 |
| Family | \$7,300 |
| Catch-Up Contribution (Age 55+) | \$1,000 |

HOW HSA WORKS – CONTRIBUTIONS CAN BE UPDATED AT ANY TIME

If you are choosing the HDHP, determine which HSA bank you would like for your HSA funds. Health Equity is an online option with investment options. First Federal is a local option. Both banks set up the HSA like a checking account. Participants can make contributions to HSAs up to the allowable IRS limits. The funds can earn interest and be withdrawn at any time to cover qualified medical expenses. Unlike a flexible spending account, there is not a “use-it-or-lose-it” rule. The account will automatically roll over year-after-year. It is an individual account; if you change health plans or jobs, the balance is yours to keep.



WHEN DO I USE MY HSA?

After visiting a physician, facility, or pharmacy, request they submit your claim to your Health Plan for payment. You should make sure your provider has your most up-to-date insurance information. Once the claim has been processed, any out-of-pocket expenses will be billed. Always ask that your claim be submitted to the health plan before you seek HSA reimbursement. This will ensure provider discounts are applied. Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You can choose to save your HSA dollars for future medical expenses.



Select your HSA bank, open an account and notify HR asap with your account information

PRESCRIPTION DRUG BENEFIT

The annual deductible includes non-preventive prescription drugs. If you have the High Deductible Health Plan you pay 100% of the cost of your prescription until you have met your medical and/or prescription drug deductible, per the plan summary. Thereafter, you pay your co-pay up to the combined medical and prescription drug out of pocket maximum. If you have the Traditional PPO Health Plan your deductible is waived, and you pay a percentage of the cost plus a co-pay up to the maximum out of pocket amount based on the plan summary.

You can fill a 30-day supply prescription at any network pharmacy or Magellan RX home delivery pharmacy. You can use Magellan RX to search for a network pharmacy for your 30-day supply fills. You may fill your maintenance medication in a 90-day supply through Magellan RX home delivery pharmacy.

Visit www.MagellanRx.com for more information regarding your prescription home delivery benefit.



There is a limit of 30-day fills at local pharmacies. Utilize the Magellan Rx Mail Pharmacy for 90-day fills and for potential Rx savings.

DENTAL BENEFITS

Sheridan Memorial Hospital offers dental benefits through UMR. The medical and dental benefits are independent plans. You may elect dental even if you waive medical coverage.

| Dental Plan | Benefits |
|--|---|
| Deductible | \$50/single \$100/two-Party \$150/family |
| Calendar Year Maximum | \$1,000/person, does not apply to dependent children under age 19 |
| Preventive Services Oral Exams • X-rays • Cleanings | 100%, deductible waived |
| Basic Services Fillings • Space • Maintainers General Anesthesia • Palliative Treatment | 50%, after deductible |
| Major Services Crowns • Inlays & Onlays • Bridgework Dentures • Complex Surgical Extractions | 50%, after deductible |



TruHearing offers hearing aid benefits to all VSP Vision Care members. Learn more about this VSP Member Extra at vsp.truhearing.com or call (877) 396-7194 with questions. You must mention VSP when you call!

VISION BENEFITS

Sheridan Memorial Hospital offers voluntary vision benefits through VSP. The vision plans through VSP provide access to a national network including both private practice and retail chain providers. To find a participating provider, visit www.vsp.com.

| VISION PLAN | In-Network Basic Plan | In-Network Premium Plan |
|---|--|--|
| Vision Exam Frequency | | \$10 copay Once every 12 months Routine Retinal Screening covered after \$39 maximum copay |
| Frames | | |
| *Wide Selection | \$130 allowance | \$150 allowance |
| *Featured Brands Additional Savings: Frequency: | \$150 allowance 20% Every 24 months | \$170 allowance 20% Every 24 months |
| Lenses (in lieu of contacts) | | |
| *Single Vision | | \$25 materials copay |
| *Lined Bifocal | | \$25 materials copay |
| *Lined Trifocal | | \$25 materials copay |
| *Lenticular | | \$25 materials copay |
| Frequency: | | Every 12 months |
| Lens Enhancements: | | |
| *Standard Progressive | No additional copay | No additional cost |
| *Premium Progressive | Additional \$95-\$105 copay | No additional cost |
| *Custom Progressive | Additional \$150-\$175 copay | No additional cost |
| *Anti-Reflective Coating | Additional \$41 copay | No additional cost |
| *Scratch Resistant Coating | Additional \$17 copay | No additional cost |
| *Tints/Photochromic Lenses | Additional \$70-\$82 copay | No additional cost |
| Contacts (in lieu of lenses) Lens exam (fitting/evaluation) | \$130 allowance, no copay 15% discount to a maximum copay of \$60 | \$150 allowance, no copay 15% discount to a maximum copay of \$60 |
| Frequency: | Every 12 months | Every 12 months |
| Network Providers | VSP Physicians; plus, Eye Masters, Costco, Vision Works, Pearle Vision, Eye Care Centers of America, etc. | |
| Out-of-Network Benefits | \$45 Exam Allowance \$30 Single Vision Lenses/\$50 Bifocal Lenses/\$65 Trifocal Lenses \$100 Lenticular Lenses/\$50 Progressive Lenses \$70 Frame Allowance/\$105 Elective Contact Lenses \$210 Medically Necessary Contact Lenses | |

VSP PRIMARY EYECARE

You can visit your VSP Doctor as often as needed, paying only a \$20 copay for services, which may allow for greater savings compared to the specialist copay under your medical plan.

To Find a VSP Doctor, visit vsp.com or call 800-877-7195. At your appointment, tell them you have VSP. There is no ID card necessary. Office visit copay includes treatment for:

Eye Pain, Conditions like Pink Eye, Tests to diagnose sudden vision changes, Exams to monitor cataracts, Retinal screenings, Pictures of your eyes to detect and track conditions for glaucoma and diabetic eye disease



DEFINED CONTRIBUTION RETIREMENT PLAN

The SMH retirement plan offers full-time and part-time benefitted employees a powerful way to save for retirement. Employee contributions can be made on a pre- or post-tax (Roth) basis directly from the employee's bi-weekly paycheck. Retirement contributions and investment earnings in the plans are tax-deferred, so they have the potential to compound and substantially grow over time. The sooner you begin saving for retirement, the better!

To assist our employees in reaching retirement savings goals, SMH matches employee 457(b) retirement plan contributions. The matched funds are put into the 401(a) retirement plan. The hospital's contribution match grows based on the employee's years of service.

EACH EMPLOYEE WILL HAVE TWO DEFINED CONTRIBUTION RETIREMENT PLANS:

457(b) Plan:

Employee Contributions

Employee contributions are deposited into the 457(b) plan.

The 457(b) is most similar to a traditional 401(k) that many people are accustomed to.

New employees are auto-enrolled at 6%. Each year, employee contribution amounts will be auto-adjusted to the SMH matched amount, if employee contribution was less than that.

Employees may update the contribution percentage or opt out at any time throughout the year at Infor Employee Space ("Defined Contribution Change" life event) or at www.Principal.com.

Employee contribution maximum for 2022, per IRS:

- \$20,500 during the 2022 calendar year
- \$6,500 catch-up contribution if age 50 or over

Employees can choose whether to contribute 457(b) funds on a pre-tax basis or roth (post-tax) basis. Contact D.A. Davidson or your tax advisor to determine whether the pre-tax or roth option may be best for you.

100% vested immediately – your contributions to the 457(b) are always yours and are not subject to any vesting or forfeiture provision.

Rollover contributions into the 457(b) are allowed from other "like" plans, such as 401(k), IRA, etc. Contact D.A. Davidson or Principal for assistance.

Up to 2 loans are allowed at a time from the 457(b) Plan. Visit www.Principal.com for loan amount information or to initiate a loan. This plan does not allow hardship withdrawals.

Withdrawals are not allowed until an employee is no longer employed by SMH.

Upon leaving employment from SMH, Principal will send a notification to the employee's home address regarding SMH retirement plan options.

Visit www.Principal.com to view interactive retirement planning tools, plan summary documents, account summaries, and plan investment options. D.A. Davidson on Main St. in Sheridan is also available to assist with retirement planning at no additional cost to SMH employees.

401(a) Plan:

SMH Matched Contributions

SMH matched contributions are deposited into the 401(a) plan.

SMH matches 100% of employee contributions, up to the following salary percentage limits determined by the employee's years of service:

| | |
|-------------|-------|
| 0-5 years | = 6% |
| 6-10 years | = 7% |
| 11-15 years | = 8% |
| 16-19 years | = 9% |
| 20 or more | = 10% |

Employees have the option of contributing non-roth after-tax dollars to the 401(a) account in addition to the employer matched funds. Do NOT contribute your own funds to the 401(a) plan unless you have maximized your contributions FIRST into the 457(b) plan!

100% vested at 3 years of service. If an employee leaves employment before the 3-year vesting period, all employer contributions to the 401(a) plan are forfeited.

Up to 2 loans are allowed at a time from the 401(a) Plan. Visit www.Principal.com for loan amount information or to initiate a loan. This plan does not allow hardship withdrawals.

Withdrawals are not allowed until an employee is no longer employed by SMH, unless employee is age 59 ½ or older.



New employees are auto-enrolled in 6% retirement contributions.

RETIREMENT & FINANCIAL WELLNESS RESOURCES

Log into your retirement account at www.Principal.com for access to financial planning resources. Take advantage of interactive financial wellness calculators, online seminars, and free access to valuable tools related to budgeting and managing your money.

The screenshot shows the Principal Retirement Planning Education Hub. At the top, there is a navigation menu with options: Overview, Contributions, Investments, Loans, Rollovers, and Planning Resources. The Principal logo is in the top right corner. The main heading is "Education Hub" with a sub-heading "Retirement Planning > Education Hub". Below this, there is a paragraph: "Planning for retirement can be stressful. We get it. When you need help, we'll be here with quick resources that can help you make informed decisions for the future. Plus, we'll incorporate some fun along the way!". There are three main sections: "Fun, Interactive Experiences" featuring "MyVirtualCoach" with a link to "View all My Virtual Coach experiences >"; "Monthly Webinar Series" with a "Register Now" button and a link to "View previous webinars >"; and "Article Library" with a list of topics: "Trending Topics", "Retirement Planning Articles", "Managing Money", and "Life Event Planning". Below the Article Library is a "Related Resources" section with "Calculators" and "Online seminars". At the bottom right is a "My Retirement Countdown" section with a clock icon, the text "How long until you retire?", and a "Set My Countdown" link.

Principal has partnered with Enrich to help provide the informational foundation and teach the “why” behind financial decision-making. The Enrich Financial Wellness Personality Assessment may be a great place to begin! From your Account Overview section of either your 457(b) or 401(a) account, scroll down to the Financial Wellness portion of the page to select various financial education topics that interest you. Many of those topics will redirect you to the Enrich website, or you may go directly to <https://principal.enrich.org> and follow the prompts to “log in with Principal.”



D.A. Davidson – A local team dedicated to your retirement and wealth planning needs

Please call or stop by: 2 North Main Street, Ste 102 Sheridan, WY 82801, (307) 674-6288

LIFE INSURANCE

GROUP TERM LIFE AND AD&D COVERAGE (100% HOSPITAL PAID)

All full-time employees are enrolled in Sheridan Memorial Hospital's employer-sponsored Group Term Life and Accidental Death & Dismemberment (AD&D) plan at no cost to the employee.

Coverage Amounts

| | |
|---------------------------------|--|
| Employee Life and AD&D Benefit: | 1 times annual salary to a maximum of \$300,000. |
| Spouse Life and AD&D Benefit: | \$2,000 |
| Children Life and AD&D Benefit: | \$1,000 |

Employees may be covered as both an employee and a dependent. Dependent children cannot be covered by more than one employee on the Term Life and AD&D Coverage.

Reduction:

Basic Life/AD&D and Supplemental Life benefits will reduce to 50% of the original amount at age 70. No further reductions will occur after age 70.

VOLUNTARY SUPPLEMENTAL TERM LIFE AND AD&D (EMPLOYEE PAID OPTION)

| Coverage Amounts | | |
|------------------|---|---|
| Employee: | Guarantee Issue: Eligible Amount with Evidence of Insurability: | Benefits are available in increments of \$10,000 up to \$80,000 The lesser of 5x Basic Annual Salary or \$500,000 |
| Spouse: | Guarantee Issue: Eligible Amount with Evidence of Insurability: <small>*Amount cannot exceed 50% of employee's coverage</small> | Benefits are available in increments of \$5,000 up to \$25,000 \$250,000 |
| Child: | Maximum: | Flat amount \$10,000 <small>*Only 1 spouse can cover eligible children *Must Cover Self at least \$20,000 to cover child. Please inquire with HR for more specific details regarding child life insurance.</small> |

*Guarantee Issue amount is the maximum amount of coverage that a newly eligible employee can purchase regardless of medical condition. Such eligibility periods include New Hire Enrollment and other Qualifying Life events. Qualifying Life events are eligible for the guarantee issue only if they have not been previously declined. Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility date is subject to evidence of insurability. Coverage is subject to approval by Reliance Standard Insurance Company. Open Enrollment is not a qualifying life event unless otherwise specified by Reliance Standard during the designated annual enrollment period.

Waiver of Premium

If you become totally disabled while insured; remain disabled for 6 months and continue to pay premiums during that period; and, are less than age 60, your life insurance will continue until the day you retire or you reach age 65. If total disability ends, you may exercise the conversion privilege.

Conversion

If your insurance terminates because you are no longer employed full-time, your insurance may be converted to an individual life insurance policy if you apply and include payment of the first premium within 31 days of termination. Conversion does not require proof of medical insurability.



Employees need to designate a beneficiary, even if you don't elect an additional voluntary amount!

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Care Flexible Spending Account (FSA) is a great way to save money by paying for certain dependent care expenses tax-free. The money you contribute is deducted from your paycheck before taxes are deducted, which lowers your taxable income and means lower taxes for you. You pay for eligible expenses using the FSA debit card, or you may use another form of payment and request FSA reimbursement.

Eligible expenses may include care at licensed daycare centers, day camps, or afterschool care for dependent children under age 13 and/or dependents who are physically or mentally unable to care for themselves. Note that the dependent care FSA does not cover medical expenses.

If your spouse is unemployed or doing volunteer work, you cannot set up a dependent care FSA. You must meet the following criteria in order to set up this account:

- You and your spouse both work;
- You are the single head of household; or
- Your spouse is disabled or a full-time student

Each year the IRS allows you to contribute the following amounts, depending on your family status:

- If you are single, the lesser of your earned income or \$5,000
- If you are married, you can contribute the lesser of:
 - Your (or your spouse's) earned income; or
 - \$5,000 if filing taxes jointly or \$2,500 if filing taxes separately



**Pay for your
childcare with
pre-tax dollars!**

VOLUNTARY SHORT-TERM DISABILITY

Disability income protection insurance provides a benefit for “short-term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continues while you are disabled up to the maximum benefit duration. Each active full-time employee is eligible to enroll in Short-Term Disability coverage.

The weekly benefit is an amount equal to 60% of covered earnings, with a minimum benefit of \$25 and up to a maximum benefit of \$1,500 per week. Benefits begin on the 15th consecutive day of disability, and will be paid up to a maximum of 24 weeks.

The premiums for Short-Term Disability are 100% employee paid, and the premium amount is calculated based on the employee's age and salary.

Maternity is covered under this plan as any other illness. There are some limitations and exclusions, however, outlined in the plan summary or Certificate of Insurance. Please note that pre-existing conditions defined within 3 months prior to eligibility may not be covered.



**Premiums are
calculated in Infor,
based on the
employee's age and
annual salary**

LONG-TERM DISABILITY (Physicians Only)

Long-term disability income protection insurances provides a benefit for long-term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continues while you are disabled up to the maximum benefit duration. Long-term disability applies to active full-time physicians only. Please see HR for additional details.

TIME AWAY FROM WORK

Paid Time Off (PTO) – Upon hire, employees with full-time or Part-Time Benefits (PTB) status are eligible to accrue PTO. PTO may be used for vacation, sick time (in lieu of EIB availability), SMH designated holidays, and personal business days. The PTO is accrued based on regular worked hours and length of service, up to the employee's budgeted FTE.

The accrual schedule is as follows for eligible employees:

| EMPLOYEE STATUS | Less the 1 Year of Employment | 1 Year and Less than 5 Years of Employment | 5 Years and Less than 10 Years of Employment | Over 10 Years of Employment |
|---|--|--|--|--|
| FULL-TIME & PTB | 0.0770 PTO Hours Accrued Each Hour Paid | 0.0846 PTO Hours Accrued Each Hour Paid | 0.0962 PTO Hours Accrued Each Hour Paid | 0.1154 PTO Hours Accrued Each Hour Paid |
| | Equals Approx. 160 Hours or 4 weeks/yr. for FT | Equals Approx. 176 Hours or 4.4 weeks/yr. for FT | Equals Approx. 200 Hours or 5 weeks/yr. for FT | Equals Approx. 240 Hours or 6 weeks/yr. for FT |
| * The accrual schedule shown here may be superseded by an employment contract. | | | | |

SMH designated holidays are: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. PTO is applied for time off due to holiday office closures, if applicable, unless employees choose to apply office closure days toward the six unpaid days per year.

PTO Buy Back – Twice per year, SMH offers PTO buy back for employees. During these designated PTO buy back periods, employees may request PTO hours in the form of a cash payment or SMH Foundation donation. Employees can request 8-40 hours of PTO each fiscal year, and must have at least 40 hours of accrued PTO remaining after the buy back.

Extended Illness Bank (EIB) – Upon hire, employees with a full-time or part-time benefit status accrue 0.0346 hours of EIB for each hour paid up to 40 hours worked each week. EIB may be used by an employee to take paid leave from work for the employee's own injury, illness or serious health condition. Employees must apply PTO to the first eight hours of illness or injury-related absence unless hospitalization, outpatient procedure in an operating room, or childbirth guidelines are met.

Family Medical Leave Act (FMLA) – FMLA grants an eligible employee up to 12 work weeks of unpaid leave during any rolling 12-month period. To be eligible, an employee must have been employed by SMH for at least 12 months and worked at least 1,250 compensable hours during the 12 consecutive months immediately preceding the first day of leave.

FMLA may be taken for the following reason(s):

- a. The birth of a child and to bond with the newborn child within one year of birth;
- b. The placement with the employee of a child for adoption or foster care and to bond with the newly placed child within one year of placement;
- c. A serious health condition that makes the employee unable to perform the functions of his or her job;
- d. To care for the employee's spouse, son, daughter, or parent who has a serious health condition;
- e. Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty.

Eligible spouses who are both employed by SMH are entitled to a total of 12 work weeks of leave between them, as outlined in the FMLA regulations, when the leave is for the birth and care or placement of a child.

Leave of Absence (LOA) – Employees who are not eligible for FMLA time off may request a LOA for personal or medical reasons. An approved LOA period cannot exceed 60 days. Employees may use any available PTO or EIB (if applicable) for a LOA.

Bereavement Leave – Employees may be allowed paid bereavement leave not to exceed a maximum of three working days for a death in the immediate family. Immediate family for the purpose of bereavement leave includes, spouse, children, parents, brothers, sisters, grandparents, and spouse's immediate family. Employees are eligible for bereavement leave on the date of hire.

Jury Duty Leave – Employees receiving summons for jury duty are granted time off with pay to perform their civic duty. Full and part-time employees are paid their regular hourly wage for their scheduled time to work that is spent on jury duty.

Military Leave – An employee of SMH who leaves his or her job for voluntary or involuntary service in the uniformed services, upon giving notice, is granted an unpaid military leave of absence. It is the policy of SMH to pay the employee the difference between hospital earnings and military pay if the military pay is less than that which would be earned through working at SMH.

Visit the SMH Employee Leave Policy for additional details regarding time off. Benefits pertaining to time off are subject to change with or without notice at the discretion of the organization, and in compliance with local and federal statutes.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

WHAT'S HAPPENING IN YOUR LIFE?

When you face challenges, LifeMatters can help. Caring professionals are available 24/7 every day of the year to help you address concerns both big and small. These professionals are available for virtual or in-person counseling appointments based on your preference. Call or visit us online to receive expert assistance.

RELATIONSHIPS

I want to get along better with my significant other.
How do I handle a difficult co-worker?
I want to be a better parent.

WELLBEING

I want to start an exercise routine.
How can I start eating better?
It's time to quit smoking.

EMOTIONAL DISTRESS

COVID-19 has impacted my life and work in a way that feels overwhelming.
Sometimes I feel sad and I'm not sure why.
Why am I anxious all the time?
I worry more than I'd like.

LEGAL

My identity has been stolen.
I'm in a custody dispute.
How do I set up a power of attorney for an elderly parent?

STRESS

What are some relaxation techniques?
My schedule is always overloaded. Help!

SUBSTANCE USE

I worry that I might be drinking too much.
What do I do if my child is on drugs?

FINANCES

I want to buy a house. How much do I need to get started?
What can I do about my debt problems?

CHILD AND ELDER CARE

I need good child care that fits my schedule.
What summer activities are available for my preteens?
My aging parents live far away. What resources are available to help them?

SERVICES ARE FREE

There is no charge for services provided by LifeMatters. Services are available for employees and your household family members. You will be advised of costs if you are referred to outside resources.

CONFIDENTIAL

LifeMatters is provided by Empathia, Inc., an independent consultation firm. Any information you share is confidential, except when your safety or the safety of another individual is at risk.

IMMEDIATE 24/7/365

Your call will be answered by a professional who will begin helping you immediately.
Use the company password provided by SMH to access mylifematters.com.

ASSISTANCE WITH LIFE, WORK, FAMILY, AND WELLBEING

Relationships • Wellbeing • Emotional Distress Legal • Stress • Substance Use • Finances Child and Elder Care • Any Other Concern

Life Matters is available anytime via your computer, smartphone or tablet. Visit mylifematters.com for free, confidential access to services. Call **1-800-634-6433** to speak with someone live 24/7. You can also text "Hello" to **61295**.

Employee Password: MHSC1
Supervisor Password: MHSC2



Employees' household family members are eligible to use this FREE service!

OTHER BENEFITS AND DISCOUNTS

SMH HOSPITAL & CLINIC SERVICES DISCOUNT

Employees and their spouse/dependent children are eligible for a discount for hospital or SMH clinic services. Employees on hospital insurance plan get 40% off their bill before SMH insurance is billed. Employees on other insurance get up to 40% discount on their bill after their insurance is billed. The exact discounted amount depends on contractual discounts already in place with the insurance company. Please contact the SMH Billing Department for the specific discount and for employee discount invoice adjustments. Eligible locations are as follows:

| | | |
|----------------------------------|--------------------------|----------------------|
| Sheridan Memorial Hospital (SMH) | Wyoming Rehab | SMH Home Care |
| SMH Urgent Care | Ear, Nose & Throat (ENT) | SMH Hospice |
| SMH Internal Medicine | Heart Center | Outpatient Lab |
| Rheumatology | Wound Care | Outpatient Radiology |
| Women's Clinic | Welch Cancer Center | Sleep Lab |

FREE WELLNESS BLOOD DRAW

All employees will receive a voucher for a free wellness blood draw to use at the Outpatient Lab in 2022. We encourage you to review your blood draw results with your primary care provider.

ONSITE FITNESS ROOM

In support of a healthy workplace, the Employee Fitness Room located at the hospital location is available to employees 24/7. In order to utilize the facility, please complete the orientation process with the Wellness department and sign an employee waiver to obtain badge access.

GYM MEMBERSHIP REIMBURSEMENT

Employees qualify for gym reimbursement of \$20 towards initial membership fees and up to \$19 per month towards on-going membership. Simply bring in a copy of your first gym receipt to the HR department for processing. Reimbursements will be paid on a quarterly basis.

SMH CAFETERIA & SIDEWALK CAFÉ DISCOUNT

Employees are eligible for 10% off any purchases at the cafeteria and Sidewalk Café. Simply show your badge to the cashier for instant savings!

EMPLOYEE REFERRAL PROGRAM

You have the opportunity to earn bonuses when we hire candidates you refer to “featured” positions posted on the SMH Careers site! There is a place on the employment application for applicants to enter your name as the person referring them to the position. See our HR Recruiter for details.

TUITION ASSISTANCE

Continuing education is important for both individual growth and the growth of the healthcare system. There are funds available to help reimburse your tuition expenses after you meet eligibility requirements. If you are considering working on a degree at an accredited school, check with HR and your manager to formulate an education plan. View the current Education Policy for details.

AT&T AND VERIZON DISCOUNT

SMH employees qualify for discounts through AT&T and Verizon:

For AT&T, visit <https://www.att.com/offers/discount-program> and follow the prompts using your hospital email address.

For Verizon, visit www.verizon.com/discount-program and follow the prompts using your hospital email address.




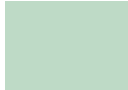
2022 PAYROLL CALENDAR

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | |
|---------|-----|-----|-----|-----|-----|-----|----------|-----|-----|-----|-----|-----|-----|-------|-----|-----|-----|-----|-----|-----|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | | | 1 | 2 | 3 | 4 | 5 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | | | | | | 27 | 28 | 29 | 30 | 31 | | |
| 30 | 31 | | | | | | | | | | | | | | | | | | | |

| APRIL | | | | | | | MAY | | | | | | | JUNE | | | | | | |
|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | 26 | 27 | 28 | 29 | 30 | | |
| | | | | | | | | | | | | | | | | | | | | |

| JULY | | | | | | | AUGUST | | | | | | | SEPTEMBER | | | | | | |
|------|-----|-----|-----|-----|-----|-----|--------|-----|-----|-----|-----|-----|-----|-----------|-----|-----|-----|-----|-----|-----|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | 1 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | 30 | |
| 31 | | | | | | | | | | | | | | | | | | | | |

| OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | |
|---------|-----|-----|-----|-----|-----|-----|----------|-----|-----|-----|-----|-----|-----|----------|-----|-----|-----|-----|-----|-----|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| | | | | | | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | | |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 30 | 31 | | | | | | | | | | | | | | | | | | | |

-  PAYDAY
-  HOLIDAY
-  NEO Day 1
-  NEO Day 2

BENEFITS DEFINITIONS TO KNOW

Copay: The portion of expenses that you must pay for care at the time of service.

Deductible: the amount you need to pay each year before your plan starts paying benefits.

Network/Non-Network: Network refers to physicians, labs, hospitals and other medical facilities that have been contracted under a healthcare plan to provide services to their members. Staying in network allows lower charges and a smaller percentage of out of pocket expenses. Conversely, non-network generally means charges are higher and you will have to pay a greater percentage of out of pocket expenses.

Out-of-Pocket Maximum: The most you will pay in a given year for all covered expenses. After you pay this amount, your benefit plan will pay all covered expenses for the rest of the year.

Dependent eligibility criteria:

Spouse: The person to whom you are legally married.

Child: Your natural or lawfully adopted son or daughter, stepchild or foster child, who is under the age of 26 regardless of the child's marital status, student status and whether or not they live with you or are financially dependent on you.

REQUIRED NOTICE:

SMH PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Sheridan Memorial Hospital respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

The law protects the privacy of the health information we create and obtain in providing care and services to you. Your protected health information includes your symptoms, test results, diagnoses and treatment, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment, payment, and health care operations.

For treatment:

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be provided. We may also, as appropriate or requested, provide information to other health care providers. This will help them stay informed about your care.

For payment:

- Health plans need information from us about your medical care and services provided. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.
- You have the right to have your provider restrict certain protected health information from disclosure to health plans when you pay out of pocket, in full for the care and request such a restriction.

For health care operations:

- We may use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff
- We may use and disclose your information to conduct or arrange for services including: Medical quality review by your health plan; accounting, legal, risk management and insurance services; and audit functions, including fraud and abuse detection and compliance programs.
- Entities that maintain psychotherapy notes will only use or disclose notes with the individual's authorization.

Health Information Rights

The health information and billing records we create, obtain and store are the property of Sheridan Memorial Hospital. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice. Ask us to restrict certain uses and disclosures. In order to restrict use, you must deliver a request in writing to us. We are not required to grant the request, but we will comply with any request once granted.
- Request and receive from us a paper copy of the most current Notice of Privacy Practices for Protected Health Information. Request that you be allowed to see and receive a copy of your protected health information. Under certain circumstances some record access may be denied. Forms are available for this type of request.
- Have us review a denial of access to your health information-except in certain circumstances. You may request a change to your health information. You may also write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing. Please cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation will not affect information that has already been released and will not affect any action taken prior to receiving it.

Our Responsibilities

We are required to:

- Keep your protected health information private.
- Give you this Notice.
- Follow the terms of this Notice.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our medical records department to pick one up.

To ask for help or voice a complaint

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may call the Compliance Hotline at: (307) 673-2410. If you believe your privacy rights have been violated, you may discuss your concerns through our Compliance Hotline at (307) 673-2410 or by email at HIPAA-Compliance@sheridanhospital.org. You may also file a written complaint with the U.S. Secretary of Health and Human Services.

Notification of family and others:

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.

You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

Some of the ways that we may use and disclose your protected health information without your authorization are as follows:

- With medical researchers-if the research has been approved and has policies to protect your privacy.
- To funeral directors/coroners consistent with applicable law to allow them to carry out their duties. To organ procurement organizations (tissue donation and transplant) or persons who obtain, store, or transplant organs.
- To the Food and Drug Administration (FDA) relating to problems with food, supplements, and products. To comply with workers' compensation laws-if you make a workers' compensation claim.
- For public health and safety purposes as allowed or required by law.
- To report suspected abuse or neglect to public authorities.
- To correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others. For law enforcement purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- For health and safety oversight activities for example, we may share health information with the Department of Health. For disaster relief purposes for example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- To the military authorities of U.S. and foreign military personnel for example, the law may require us to provide information necessary to a military mission.
- In the course of judicial/administrative proceedings at your request, or as directed by a subpoena or court order. For specialized government functions for example, we may share information for national security purpose.

Marketing/Fundraising:

- The use and disclosures of any health information for marketing purposes and a disclosure that constitutes the sale of PHI require an authorization.
- We may contact you for fundraising opportunities. If you choose to, you have the right to opt out of receiving these fundraising communications.

Breach: An individual has a right to receive notifications whenever a breach of his or her unsecured PHI occurs.

Other uses and disclosures of protected health information: Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

Website: We have a website that provides information about us. For your benefit, this Notice is on the website at the following address: www.sheridanhospital.org.

REQUIRED NOTICE:

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice with evidence of your qualifying event to the Human Resources department of Sheridan Memorial Hospital.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficia-

ry to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must provide your request for COBRA continuation with evidence of disability determination to the Human Resources department of Sheridan Memorial Hospital within 60 days of disability determination notification.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children’s Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don’t enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. The nearest office to Sheridan Memorial Hospital is:

Kansas City Regional Office
2300 Main St, Ste 1100
Kansas City, MO 64108
Tel (816) 285-1800
Fax (816) 285-1888

For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family’s rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan and COBRA continuation contact information

Sheridan Memorial Hospital
HR Manager
1401 W. 5th Street
Sheridan, WY 82801
Tel (307) 672-1000

REQUIRED NOTICE:

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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 October 2013 for coverage starting as early as January 1, 2014.

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 the Sheridan Memorial Hospital Human Resources department.

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.

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

REQUIRED NOTICE:

IMPORTANT NOTICE FROM SHERIDAN MEMORIAL HOSPITAL 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 Sheridan Memorial Hospital 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. Sheridan Memorial Hospital has determined that the prescription drug coverage offered by the Sheridan Memorial Hospital Employee Benefit Plan 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, your current Sheridan Memorial Hospital coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D. If you do decide to join a Medicare drug plan and drop your current Sheridan Memorial Hospital 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 Sheridan Memorial Hospital 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 the person listed below for further information. 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 Sheridan Memorial Hospital 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 1-800-772-1213 (TTY 1-800-325-0778).

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 1, 2021 |
| Name of Entity: | Sheridan Memorial Hospital |
| Contact: | Human Resources Manager |
| Address: | 1401 West 5th Street Sheridan, WY 82801 |
| Phone Number: | (307) 673-4290 |

REQUIRED NOTICE:

WOMEN’S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). If you have had or are going to have a mastectomy, you may be entitled to certain benefits. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

REQUIRED NOTICE:

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1 877 KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1 866 444 EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –

ALABAMA Medicaid
Website: <http://myalhipp.com/>
Phone: 1 855 692 5447

ALASKA Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/> Phone: 1 866 251 4861
Email: CustomerService@MyAKHIPP.com Medicaid
Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS Medicaid
Website: <http://myarhipp.com/> Phone: 1 855 MyARHIPP
(855 692 7447)

CALIFORNIA Medicaid
Website: [Health Insurance Premium Payment \(HIPP\) Program http://dhcs.ca.gov/hipp](http://dhcs.ca.gov/hipp) Phone: 916 445 8322
Email: hipp@dhcs.ca.gov

COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/> Health First Colorado
Member Contact Center: 1 800 221 3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus-chp-plus> Customer Service: 1 800 359 1991/ State
Relay 711 Health Insurance Buy In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program-hibi> Customer Service: 1 855 692 6442

FLORIDA Medicaid
Website: <https://www.flmedicaidprecovery.com/>
[flmedicaidprecovery.com/hipp/index.html](https://www.flmedicaidprecovery.com/hipp/index.html) Phone: 1 877 357 3268

GEORGIA Medicaid
Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp> Phone: 678 564 1162 ext 2131

INDIANA Medicaid
Healthy Indiana Plan for low income adults 19 64 Website: <http://www.in.gov/fssa/hip/> Phone: 1 877 438 4479 All
other Medicaid Website: <https://www.in.gov/medicaid/>
Phone 1 800 457 4584

IOWA Medicaid and CHIP (Hawki)
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1 800 338 8366 Hawki Website: <http://dhs.iowa.gov/Hawki> Hawki Phone: 1 800 257 8563 HIPP
Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> HIPP Phone: 1 888 346 9562

KANSAS Medicaid
Website: <https://www.kancare.ks.gov/> Phone: 1 800 792 4884

KENTUCKY Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> Phone: 1 855 459 6328
Email: KIHIPPPROGRAM@ky.gov KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx> Phone: 1 877 524 4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1 888 342 6207 (Medicaid hotline) or 1 855 618 5488 (LaHIPP)

MAINE Medicaid
Enrollment Website: <https://www.maine.gov/dhhs/ofa/applications-forms>
Phone: 1 800 442 6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofa/applications-forms>
Phone: 800 977 6740. TTY: Maine relay 711

MASSACHUSETTS Medicaid
Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa> Phone: 1 800 862 4840

MINNESOTA Medicaid
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> Phone: 1 800 657 3739

MISSOURI Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> Phone: 573 751 2005

MONTANA Medicaid
Website: <http://www.ACCESSNebraska.ne.gov> Phone: 1 855 632 7633 Lincoln: 402 473 7000 Omaha: 402 595 1178

NEVADA Medicaid
Medicaid Website: <http://dhcfp.nv.gov> Medicaid Phone: 1 800 992 0900

NEW HAMPSHIRE Medicaid
Website: <https://www.dhhs.nh.gov/oii/hipp.htm> Phone: 603 271 5218 Toll free number for the HIPP program: 1 800 852 3345, ext 5218

NEW JERSEY Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> Medicaid Phone: 609 631 2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1 800 701 0710

NEW YORK Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1 800 541 2831

NORTH CAROLINA Medicaid
Website: <https://medicaid.ncdhhs.gov/> Phone: 919 855 4100

NORTH DAKOTA Medicaid
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/> Phone: 1 844 854 4825

OKLAHOMA Medicaid and CHIP
Website: <http://www.insureoklahoma.org> Phone: 1 888 365 3742

OREGON Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index.es.html> Phone: 1 800 699 9075

PENNSYLVANIA Medicaid
Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPPProgram.aspx> Phone: 1 800 692 7462

RHODE ISLAND Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/> Phone: 1 855 697 4347, or 401 462 0311 (Direct Rlte Share Line)

SOUTH CAROLINA Medicaid
Website: <https://www.scdhhs.gov> Phone: 1 888 549 0820

SOUTH DAKOTA Medicaid
Website: <http://dss.sd.gov> Phone: 1 888 828 0059

TEXAS Medicaid
Website: <http://gethipptexas.com/> Phone: 1 800 440 0493

UTAH Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/> CHIP
Website: <http://health.utah.gov/chip> Phone: 1 877 543 7669

VERMONT Medicaid
Website: <http://www.greenmountaincare.org/> Phone: 1 800 250 8427

VIRGINIA Medicaid and CHIP
Website: <https://www.coverva.org/en/famisselect> <https://www.coverva.org/en/hipp> Medicaid Phone: 1 800 432 5924 CHIP Phone: 1 800 432 5924

WASHINGTON Medicaid
Website: <https://www.hca.wa.gov/> Phone: 1 800 562 3022

WEST VIRGINIA Medicaid
Website: <http://mywvhipp.com> Toll free phone: 1 855 MyWVHIP (1 855 699 8447)

WISCONSIN Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p10095.htm> Phone: 1 800 362 3002

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:
U.S. Department of Labor
Employee Benefits
Security Administration
www.dol.gov/agencies/ebsa
1866 444 EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1877 267 2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement According to the Paperwork Reduction Act of 1995 (Pub. L. 104 13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N 5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210 0137. OMB Control Number 1210 0137 (expires 1/31/2023)

WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programsandeligibility/>
Phone: 1 800 251 1269

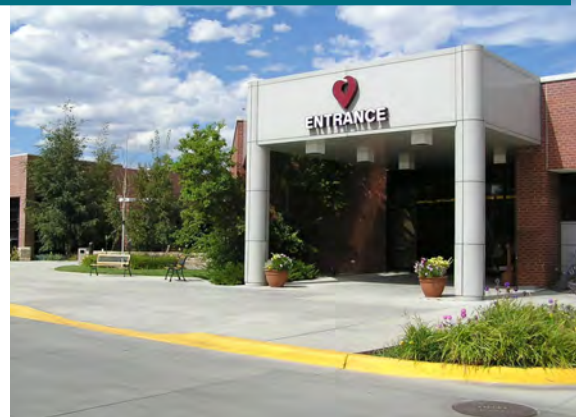
(*NOTE* - 26 pay periods)

2022 INSURANCE PREMIUMS

| Employee Bi-Weekly Premiums Effective January 1, 2022 | | |
|---|--|------------------|
| Traditional PPO Health Plan | Full-Time | Part-Time |
| Single | \$47.28 | \$202.57 |
| Employee + Spouse | \$207.19 | \$402.40 |
| Employee + Child(ren) | \$150.83 | \$313.53 |
| Family | \$276.73 | \$516.54 |
| 2 Full-Time Employees | \$94.57 | n/a |
| High Deductible Health Plan/HSA | Full-Time | Part-Time |
| Single | \$43.50 | \$196.40 |
| Employee + Spouse | \$190.15 | \$380.59 |
| Employee + Child(ren) | \$138.49 | \$298.53 |
| Family | \$253.93 | \$487.99 |
| 2 Full-Time Employees | \$87.00 | n/a |
| Dental | Full-Time and Part-Time | |
| Single | \$3.63 | |
| Employee + Spouse | \$7.27 | |
| Employee + Child(ren) | \$5.95 | |
| Family | \$9.29 | |
| 2 Full-Time Employees | \$7.26 | |
| Vision – Basic Plan | Full-Time and Part-Time | |
| Single | \$4.02 | |
| Employee + 1 (Spouse or Child) | \$6.44 | |
| Employee + Children | \$6.57 | |
| Family | \$10.60 | |
| Vision – Premium Plan | Full-Time and Part-Time | |
| Single | \$7.12 | |
| Employee + 1 (Spouse or Child) | \$11.40 | |
| Employee + Child(ren) | \$11.64 | |
| Family | \$18.76 | |
| Voluntary Supplemental Term Life | Rates based on age/salary. See Infor Employee Benefits Portal | |
| Short-Term Disability | Rates based on age/salary. See Infor Employee Benefits Portal | |
| Long-Term Disability (FT Physicians Only) | Rates based on salary and shared 50/50 between SMH and employed physician. See HR for details. | |



This Benefits Guide is an overview of the benefits provided by Sheridan Memorial Hospital. It is not a Summary Plan Description or Certificate of Insurance. If a question arises about the nature and extent of your benefits under the plans and policies, or if there is a conflict between the informal language of this Benefits Guide and the contracts, the Summary Plan Description or Certificate of Insurance will govern. Please note that the benefits in your Benefits Guide are subject to change at anytime. The Benefits Guide does not represent a contractual obligation on the part of Sheridan Memorial Hospital.



Employee Benefits Important Contacts

| | | |
|---|---|--|
| UMR P.O. Box 30541 Salt Lake City, UT 84130-0541 | Medical & Dental & Flexible Spending Account Group #76-412618 Eligibility and claims questions | (800) 826-9781 www.UMR.com |
| UMR Care Management | Medical Management Call prior to any inpatient stays | (866) 494-4502 |
| Magellan Rx | Prescription Benefit Management Use Magellan Rx Home Delivery Pharmacy to Save \$\$\$! View prescription claims and price medications | (800) 424-6817 Provider Fax for new Rx: (888) 282-1349 www.MagellanRx.com |
| VSP | Vision Service Plans Locate a provider or view additional savings offers online | (800) 877-7195 www.VSP.com |
| First Federal Bank 46 W. Brundage St. Sheridan, WY 82801 | Health Savings Account (HSA) Option #1 Only available with HDHP medical election Local banking option with online checking account ability | (307) 672-0464 www.efirstfederal.bank |
| Health Equity Bank | Health Savings Account (HSA) Option #2 Only available with HDHP medical election Online checking account with investment options | (866) 346-5800 www.HealthEquity.com |
| Principal Investments | Retirement Plans | (800) 547-7754 www.principal.com |
| D.A. Davidson & Co 2 N. Main St. Ste. 102 Sheridan, WY 82801 | Retirement Services Facilitator Retirement planning & financial wellness assistance Local resource for all SMH employees | (307) 674-6288 www.DADavidson.com |
| Gallagher Insurance Rebecca Perley | Life Insurance, AD&D, & Short-Term Disability Assistance with Reliance Standard Life Insurance and Short-Term Disability | (801) 747-2787 Rebecca_Perley@AJG.com |
| MGIS Emily Truesdell | Long-Term Disability (Physicians Only) Assistance with Evidence of Insurability (EOI) process or LTD Claims | (801) 969-6447 x131 emily.truesdell@mgis.com |
| LifeMatters | Employee Assistance Program Assistance with Life, Work, Family, & Wellbeing FREE for employees & immediate household family | (800) 634-6433 Available 24/7 www.MyLifeMatters.com |
| Sheridan Memorial Hospital | Jessica Jensen, Benefit Enrollment Assistance | (307) 673-4291 jessicajensen@sheridanhospital.org |
| | Jennifer Gaona, Leave of Absence Assistance | (307) 675-5889 jennifergaona@sheridanhospital.org |
| | Darcy Sengewald, Tuition Assistance Program | (307) 672-1080 darcysengewald@sheridanhospital.org |
| | Outpatient Lab, Wellness Blood Draw Appointment | (307) 675-4675 Leave Message or Book Appt. Online www.sheridanhospital.org |

Billing Department, SMH Employee Discount Calculation Call after you receive bill for SMH hospital or clinic services (307) 675-2649