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revised 11.04.2026 pw

2027 EMPLOYEE BENEFITS GUIDE



SHERIDAN MEMORIAL HOSPITAL

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 follow PRN hours worked guidelines
PPO Health Insurance	✓	✓ with higher premiums than Full-time status		
HDHP Health Insurance w/ Health Savings Account (HSA)	✓	✓ with higher premiums than Full-time status		
Dental Insurance	✓	✓ with same cost of premiums as Full-time status		
Vision Insurance	✓	✓ with same cost of premiums as Full-time status		
Retirement – 457b and 401a	✓	✓		
Dependent Care Flexible Spending Account (FSA)	✓	✓		
Employee Assistance Program (EAP)	✓	✓	✓	✓
Life Insurance and Accidental Disability & Dismemberment (AD&D)	✓			
Short Term Disability	✓			
Long Term Disability	✓ (Physicians Only)			
PTO	✓	✓		
EIB	✓	✓	employee forfeits accruals upon status change	employee forfeits accruals upon status change
Tuition Reimbursement	✓ after 1 year of service	✓ after 2 years of service		
Onsite Fitness Center	✓	✓	✓	✓
Supplemental Coverage	✓	✓		
HealtheLife® Blood Draw	✓	✓	✓	✓

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 your 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 30 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 required notices accessable on the Pulse, under Human Resources.
- ☐ 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 Rocky Mountain Reserve (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 or amount. SMH will match new hire retirement contributions up to 6%
- ☐ Calculate 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, short-term disability, and/or supplemental 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 Benefit Administrator before moving to the next step.

STEP 3: POST-ENROLLMENT ACTION ITEMS

- ☐ Schedule your one FREE blood draw at sheridanhospital.org. Locate the "Blood Draw" icon on the home page. Appointments are required!

  Appt Date: _____ Time: _____

- ☐ Establish account at Principal.com for 24/7 access to update beneficiary, elect retirement contribution amount, 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.yourwyoblue.com for 24/7 access to medical/dental plan coverage & providers. Have your member ID card ready - Click register to sign up.

  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: _____

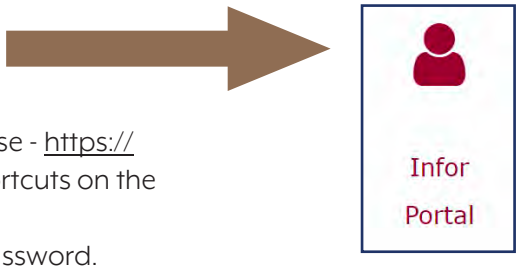
  Password: Only store your passwords in a secure location!

- ☐ 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. Using the Microsoft Edge internet browser, go to SMH Pulse - https://pulse.sheridanhospital.org - and scroll down to Pulse Shortcuts on the left-hand side, and select "INFOR Portal."
2. If prompted to log in, use your hospital username and password.

WHEN ACCESSING FROM OUTSIDE SMH:

1. Go to https://www.sheridanhospital.org
2. Scroll down to the bottom of the screen and select "Staff Portal."
3. Open INFOR Employee Space Login
4. Log in with your hospital username and password
   **Please note, you will not be able to log in with a mobile device.*

ENTERING BENEFIT ELECTIONS

Step 1:

Once you are on the INFOR Employee Space Portal, select "Life Events"



Step 2:

Open your Current Life Event or add Life Event as applicable.



BENEFIT ENROLLMENT

Step 3:
Click the "Life Events Details" box, then use the "Next" button to review each tab.

Step 4:
Be sure to enter required information for your dependents and beneficiaries, such as legal first and last name, date of birth, gender and social security number (labeled New Identification Number). Please note: Social security numbers are required for dependents covered by health, dental or vision.

Step 5:
Once on the enrollment tab, select "Benefit Choices" from the menu on the right side of your screen to make your elections. Please note: The red circle designates those required to be reviewed. The yellow circle designates items may be missing, i.e. missing beneficiary.

Step 6:
As you select each benefit, options to enroll dependents, withdraw or view details will populate on the benefit. Please enroll any applicable dependents or beneficiaries to the benefit at this time by clicking "Enroll Dependents" or "Designate Beneficiaries."

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 "Submit" again after entering your signature and the date. A cost Summary will populate, as well as a link to your Enrollment Confirmation.



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).

WYOMING

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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 our 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	$1,500/single $3,000/family	$1,500/single $3,000/family	$1,500/single $3,000/family
Out-of-Pocket Max	$3,000/single $6,000/family	$3,500/single $7,000/family	$4,000/single $8,000/family
Preventative 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*
	Non-Emergency ER visits are subject to the out-of-network coinsurance.		
Prescriptions Retail - 30-day supply			
Generic	$5 copay, plus 20% DW*	$5 copay, plus 20% DW*	
Preferred	$10 copay, plus 20% DW*	$10 copay, plus 20% DW*	
Non-Preferred	$20 copay, plus 50% DW*	$20 copay, plus 50% DW*	
Max Out-of-Pocket Rx	$2,500	$2,500	
90-day supply, Generic	$15 copay, plus 20% DW*	$15 copay, plus 20% DW*	
Preferred Non-Preferred	$30 copay, plus 20% DW*	$30 copay, plus 20% DW*	
	$60 copay, plus 50% DW*	$60 copay, plus 50% DW*	
Specialty Medications	$350 + 50% coinsurance DW*	$350 + 50% coinsurance DW*	
	If no alternate funding is availible or has expired, regular plan funding will apply.		

**AD = After Deductible / DW = Deductible Waived*

HIGH DEDUCTIBLE HEALTH PLAN WITH HSA

BENEFIT	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		
	SMH Providers	Network Providers	Non-Network Providers
Deductible	$3,000/single $6,000/family	$3,000/single $6,000/family	$3,000/single $6,000/family
Out-of-Pocket Max	$4,000/single $8,000/family	$4,500/single $9,000/family	$5,500/single $11,000/family
Preventative 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*
	Non-Emergency ER visits are subject to the out-of-network coinsurance.		
Prescriptions	80% AD*	80% AD*	
Specialty Medications	$350 + 50% coinsurance AD*	$350 + 50% coinsurance AD*	
	If no alternate funding is available or has expired, regular plan funding will apply.		

**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, coin-surance, and prescriptions.

2027 IRS Contribution Limits for HSAs	
Individual	$4,500
Family	$9,000
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. Rocky Mountain Reserve is an online option with investment options. First Federal is a local option. Both banks set up the HSA like a checking account. Partic-ipants 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.

ROCKY MOUNTAIN reserve

FIRST FEDERAL BANK & TRUST

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 deductible, per the plan summary. Thereafter, you pay your copay 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 copay up to the maximum out of pocket amount based on the plan summary.

You can fill up to a 90-day supply prescription at any network pharmacy or Prime Therapeutics home delivery pharmacy. You can use Prime Therapeutics to search for a network pharmacy for your 90-day supply fills.

ADDITIONAL SAVINGS THROUGH PAYDHEALTH

Specialty prescriptions require prior authorization. Paydhealth may contact you with alternate funding information. When alternate funding is available you may pay as little as zero dollars for your medications.

paydhealth.com



Great News!
You asked, we listened. You are now able to obtain 90-day refills at the pharmacy.

DENTAL BENEFITS

Sheridan Memorial Hospital offers dental benefits through Blue Cross Blue Shield of Wyoming. The medical and dental benefits are independent plans. You may elect dental even if you waive medical coverage.

Dental Plan	Benefit
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



Your Member Site

FROM YOUR DESKTOP, PHONE OR LAPTOP

Putting you in control

- View your benefits
- See real-time claims activity
- Find a doctor, urgent care or hospital
- Send us a secure message
- Order or print more ID cards
- Get a picture of your health
- Access your FSA, HRA or HSA

Some tools may not be available based on your benefit plan.

Getting started

1. Have your new ID card ready.
2. Go to **YourWyoBlue.com.**
3. Click *Register* to sign up for your account today.

Your spouse and dependents 18 years of age or older can register to view their own information online.

Questions? We're here to help.
Call Member Services at 800-442-2376,
Monday through Friday,
8:00 a.m. to 5:00 p.m., TTY: 711, TDD: 1-800-696-4710.

WYOMING

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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.

vsp VISION

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 *Featured Brands Additional Savings: Frequency:	 $130 allowance 20% $150 allowance Every 24 months	 $150 allowance 20% $170 allowance Every 24 months
Lenses (in lieu of contacts) *Single Vision *Lined Bifocal *Lined Trifocal *Lenticular Frequency:	 $25 materials copay $25 materials copay $25 materials copay $25 materials copay Every 12 months	
Lens Enhancements: *Standard Progressive *Premium Progressive *Custom Progressive *Anti-Reflective Coating *Scratch Resistant Coating *Tints/Photochromic Lenses	 No additional copay Additional $95-$105 copay Additional $150-$175 copay Additional $41 copay Additional $17 copay Additional $70-$82 copay	 No additional cost No additional cost No additional cost No additional cost No additional cost No additional cost
Contacts (in lieu of lenses) Lens exam (fitting evaluation) Frequency:	$130 allowance, no copay 15% discount to a maximum copay of $60 Every 12 months	$150 allowance, no copay 15% discount to a maximum copay of $60 Every 12 months
Network Providers	VSP Physicians; plus, Eye Masters, Costco, Vision Works, Pearle Vision, Eye Care Centers of America, etc.	
Out-of-Network Benefit	$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	

To Find a VSP Doctor, visit vsp.com or call 800-877-7195. At your appointment, tell your eye care provider you have VSP. There is no ID card necessary.

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-tax 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	401(a) Plan: SMH Matched 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.	SMH matched contributions are deposited into the 401(a) plan.
New employees are auto-enrolled at 6%. Each year, employee contribution amounts will be auto-adjusted. Employees who contribute at or above matched percentage are auto-increased 1% each year up to 10%. 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.	SMH matches 100% of employee retirement contributions, up to the following salary percentage limits (or IRS limits) determined by the employee's years of service: 0 - 4.99 years = 6% 5 - 9.99 years = 7% 10 - 14.99 years = 8% 15 - 19.99 years = 9% 20 or more = 10%
Employee contribution maximum for 2027, per IRS: • $25,500 during the 2027 calendar year • $8,500 catch-up contribution if age 50 or over	*NOTE: The IRS now requires catch-up contributions to be offered as Roth contributions for participants whose wages for 2026 exceeded $150,000. Please determine pre-tax catch-up contribution eligibility before contributing.
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.	Employees have the option of contributing unmatched 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 allowable contributions FIRST into the 457(b) plan!
100% vested immediately – your contributions to the 457(b) are always yours and are not subject to any vesting or forfeiture provision.	Funds into the 401(a) account are vested after three years of employment.
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.	Rollover contributions into the 401a are not allowed. Any employee non-Roth post-tax contributions into the 401a can be rolled out of the account at any time and into an Individual Retirement Account (IRA) for "Super Roth" benefits. See D.A.Davidson for details or assistance.
No more than 1 loan is allowed at a time from the 457(b) Plan. Visit Principal.com for loan amount information or to initiate a loan.	No more than 1 loan is allowed at a time from the 401(a) Plan. Visit principal.com for loan amount info or to initiate a loan.
Withdrawals are not allowed until an employee is no longer employed by SMH, unless employee is age 59 ½ or older. This plan does not allow hardship withdrawals.	Withdrawals are allowed for employees age 59 1/2 or older. Under certain circumstances, Hardship withdrawals are permitted for accounts that are 100% vested.

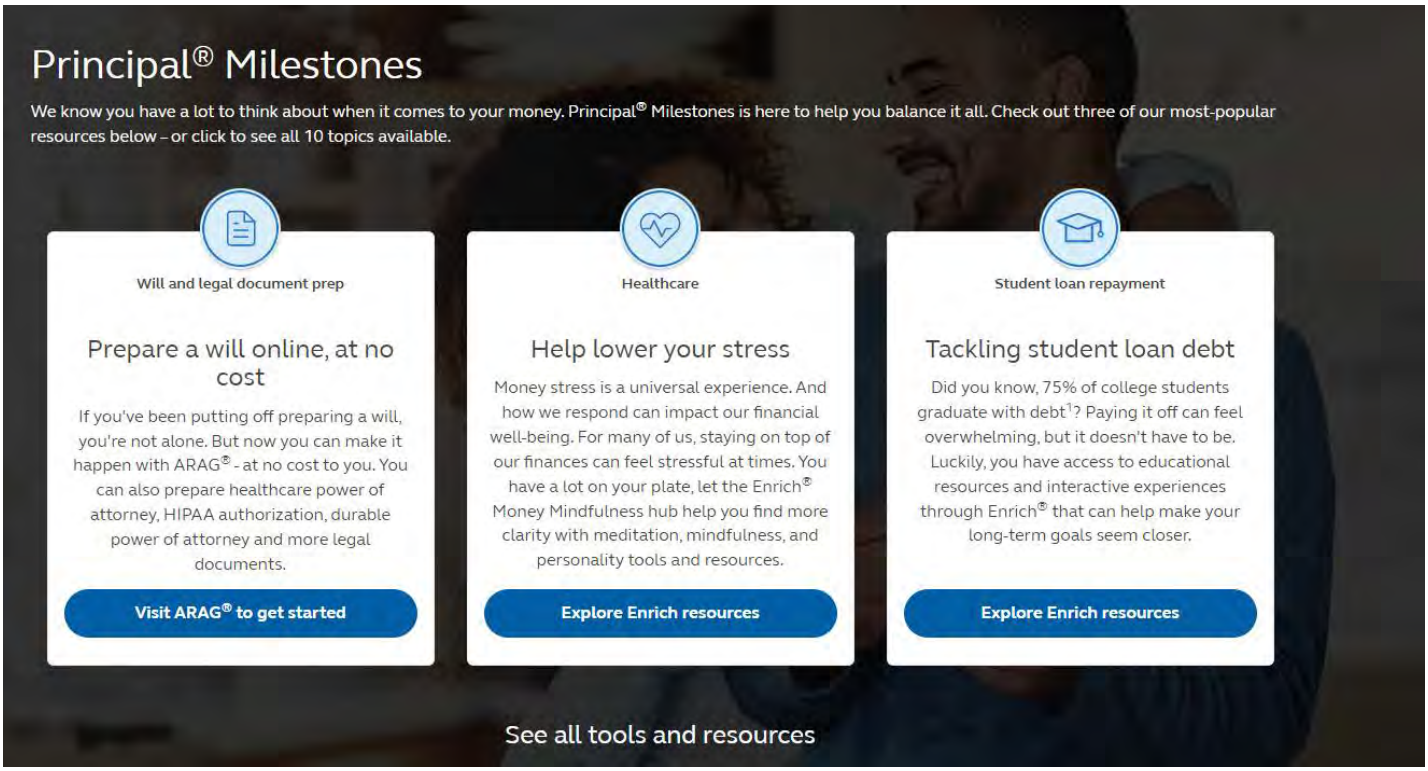
Upon leaving employment from SMH, Principal will send a notification to the employee's home address regarding SMH retirement plan options.

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.

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.



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 Ac-count 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 principal.enrich.org and follow the prompts to "log in with Principal."



TERM LIFE INSURANCE

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

WE'VE GOT YOU COVERED

As an active employee of Sheridan Memorial Hospital, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.



HOW MUCH INSURANCE IS ENOUGH?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.

ELIGIBILITY - BASIC LIFE	
Eligibility Requirement	All Physicians: 120 hours per month. All Other Employees: 36 hours per week
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

AGE REDUCTIONS AND EXCLUSIONS
Insurance benefits and guarantee issue amounts are subject to age reductions:
- At age 70, amounts reduce to 50%

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.
Please contact your employer if you have questions prior to enrolling.

BENEFITS	
Life Insurance Benefit Amount	For You: An amount equal to 1 times your annual salary, but in no event less than $10,000 or more than $300,000 For Your Spouse: $2,000 For Your Dependent Child(ren): Less than 14 days $1,000 14 day to less than six months $1,000 Six months and older $1,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.
FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $240,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Common Carrier - Paralysis
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

FREQUENTLY ASKED QUESTIONS

Who is eligible for this insurance?

- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.

VOLUNTARY SUPPLEMENTAL TERM LIFE INSURANCE

United of Omaha Life Insurance Company
A Mutual of Omaha Company

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.



WE'VE GOT YOU COVERED

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Coverage guidelines and benefits are outlined in the chart below.

ELIGIBILITY - VOL LIFE	
Eligibility Requirement	All Physicians: 120 hours per month. All Other Employees: 36 hours per week
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES			
	Minimum	**Guarantee Issue**	**Maximum**
For You	$10,000	5 times annual salary, up to $150,000	$500,000, in increments of $10,000, but no more than 5 times annual salary
Spouse	$5,000	100% of employee's benefit, up to $35,000	100% of employee's benefit, up to $250,000
Children	$10,000	100% of employee's benefit	100% of employee's benefit, up to $10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

BENEFITS	
Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit. AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum. Married couples who both work full-time at SMH are eligible to be covered under the employer-issued Life and AD&D plan as an employee and a dependent of the other employed spouse. Under the voluntary Life and AD&D coverage, however, married couples who both work full-time at SMH are only eligible to be covered as employees, not as both an employee and a dependent of the other employed spouse. Only one eligible spouse may cover eligible children as insured dependents.
FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $400,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to $20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt - Airbag - Repatriation - Common Carrier - Paralysis
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 50%

Spouse coverage terminates at age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.
Please contact your employer if you have questions prior to enrolling.

Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) Find your age bracket in the far left column.
3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want $150,000 in coverage, you obtain your premium amount by multiplying the rate for $50,000 times 3.

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

Age	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
0 - 24	$0.25	$0.50	$0.75	$1.00	$1.25	$1.50	$1.75	$2.00	$2.25	$2.50
25 - 29	$0.30	$0.60	$0.90	$1.20	$1.50	$1.80	$2.10	$2.40	$2.70	$3.00
30 - 34	$0.40	$0.80	$1.20	$1.60	$2.00	$2.40	$2.80	$3.20	$3.60	$4.00
35 - 39	$0.55	$1.10	$1.65	$2.20	$2.75	$3.30	$3.85	$4.40	$4.95	$5.50
40 - 44	$0.80	$1.60	$2.40	$3.20	$4.00	$4.80	$5.60	$6.40	$7.20	$8.00
45 - 49	$1.30	$2.60	$3.90	$5.20	$6.50	$7.80	$9.10	$10.40	$11.70	$13.00
50 - 54	$2.00	$4.00	$6.00	$8.00	$10.00	$12.00	$14.00	$16.00	$18.00	$20.00
55 - 59	$3.05	$6.10	$9.15	$12.20	$15.25	$18.30	$21.35	$24.40	$27.45	$30.50
60 - 64	$4.75	$9.50	$14.25	$19.00	$23.75	$28.50	$33.25	$38.00	$42.75	$47.50
65 - 69	$7.90	$15.80	$23.70	$31.60	$39.50	$47.40	$55.30	$63.20	$71.10	$79.00
70+	$14.20	$28.40	$42.60	$56.80	$71.00	$85.20	$99.40	$113.60	$127.80	$142.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of $5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000
0 - 24	$0.13	$0.25	$0.38	$0.50	$0.63	$0.75	$0.88	$1.00	$1.13	$1.25
25 - 29	$0.15	$0.30	$0.45	$0.60	$0.75	$0.90	$1.05	$1.20	$1.35	$1.50
30 - 34	$0.20	$0.40	$0.60	$0.80	$1.00	$1.20	$1.40	$1.60	$1.80	$2.00
35 - 39	$0.28	$0.55	$0.83	$1.10	$1.38	$1.65	$1.93	$2.20	$2.48	$2.75
40 - 44	$0.40	$0.80	$1.20	$1.60	$2.00	$2.40	$2.80	$3.20	$3.60	$4.00
45 - 49	$0.65	$1.30	$1.95	$2.60	$3.25	$3.90	$4.55	$5.20	$5.85	$6.50
50 - 54	$1.00	$2.00	$3.00	$4.00	$5.00	$6.00	$7.00	$8.00	$9.00	$10.00
55 - 59	$1.53	$3.05	$4.58	$6.10	$7.63	$9.15	$10.68	$12.20	$13.73	$15.25
60 - 64	$2.38	$4.75	$7.13	$9.50	$11.88	$14.25	$16.63	$19.00	$21.38	$23.75
65 - 69	$3.95	$7.90	$11.85	$15.80	$19.75	$23.70	$27.65	$31.60	$35.55	$39.50

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*
$10,000
$0.70

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

TRAVEL ASSISTANCE

Worldwide Travel Assistance That Travels With You



Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy Your Trip – We'll Be There If You Need Us – 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-trip Assistance**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

Emergency Travel Support Services

- Telephonic translation and interpreter services – 24/7 access to telephone translation services
- Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company

**Brought to you by Mutual of Omaha Insurance Company. Services provided by AXA Assistance USA (AXA) **Available at any time, not subject to 100 mile travel radius*

452632

Mutual of Omaha

WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free:
1-800-856-9947

Outside the U.S. call collect:
(312) 935-3658

WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

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1-800-856-9947

Outside the U.S. call collect:
(312) 935-3658

Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

Recovery Information

- Information regarding the steps to recover from credit card and check fraud
- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations.





Carry this card with you when you travel

Brought to you by Mutual of Omaha. Services provided by AXA Assistance USA.



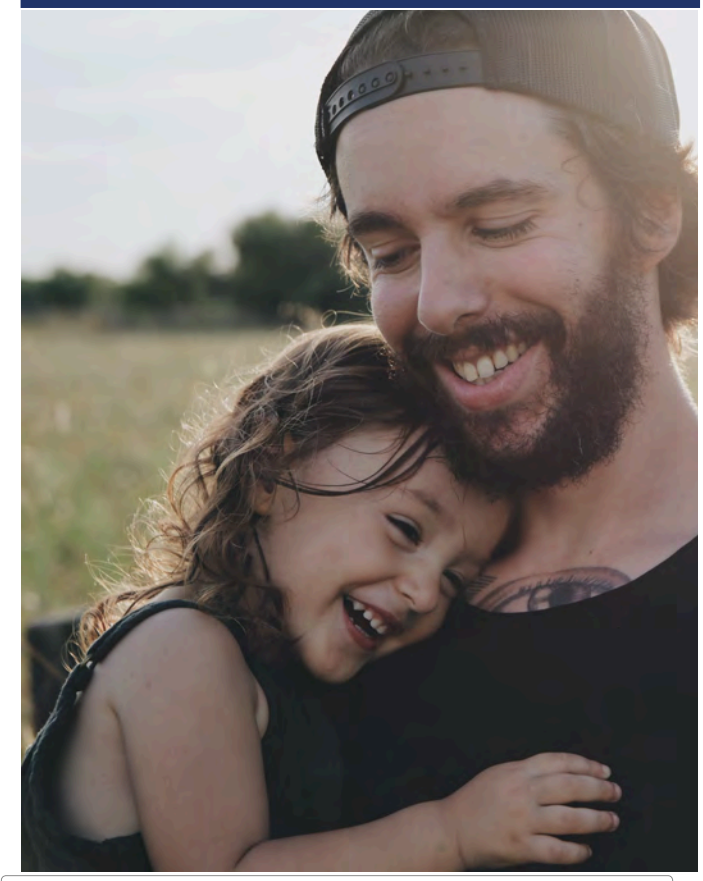
Carry this card with you when you travel

Brought to you by Mutual of Omaha. Services provided by AXA Assistance USA.

WILL PREPARATION

Will Preparation Services

Services provided by Epoq, Inc.



Create your will at www.willprepservices.com and use the code MUTUALWILLS to register

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Will and other document preparation services are independently offered by Epoq, Inc. (Epoq) and are subject to its terms of service and privacy policy. Epoq is an online service that provides certain legal forms and legal information. Epoq is not a law firm and is not a substitute for an attorney's advice. United of Omaha Life Insurance Company and Companion Life Insurance Company (United and Companion) and Epoq are independent, unaffiliated companies. Although United and Companion make Epoq's services available to group life insurance customers, the use of Epoq's services is entirely voluntary. United and Companion do not provide, are not responsible for, do not assume any liability for and do not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Epoq. United and Companion also are not responsible and do not assume liability for any disclosure of personal data or information by Epoq. These services are only available to group life insurance customers of United and Companion.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

United of Omaha Life Insurance Company
A Mutual of Omaha Company

How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

We've Got You Covered

As an active employee of Sheridan Memorial Hospital, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - VSTD	
Eligibility Requirement	All Physicians: 120 hours per month. All Other Employees: 36 hours per week
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: • *On the 15th day of your disabling injury.* • *On the 15th day of your disabling illness.*
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 24 weeks
Maximum Weekly Benefit	$1,500

Minimum Weekly Benefit	$25
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings is the average gross weekly income received during the calendar year immediately prior to the year in which disability begins. If employed for part of the previous calendar year, weekly earnings is the average gross weekly income received for the weeks worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Portability	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
Reasonable Accommodation	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide. Costs based on 24 pay periods.

SEMI-MONTHLY PREMIUM CALCULATION		EXAMPLE *(42-year-old employee earning $40,000 a year)*
List your weekly earnings (Maximum is $2,500)	$ _____	$ *769.23*
Multiply by the premium factor Your	_____	*0.0162900*
Estimated Semi-Monthly Premium**	$ _____	$ *12.53*

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

AGE	PREMIUM FACTOR
< 30	0.0153300
30 - 34	0.0156600
35 - 39	0.0159600
40 - 44	0.0162900
45 - 49	0.0173400
50 - 54	0.0222600
55 - 59	0.0271800
60 - 64	0.0322500
65 - 69	0.0375300
70+	0.0429900

VOLUNTARY SUPPLEMENTAL COVERAGE

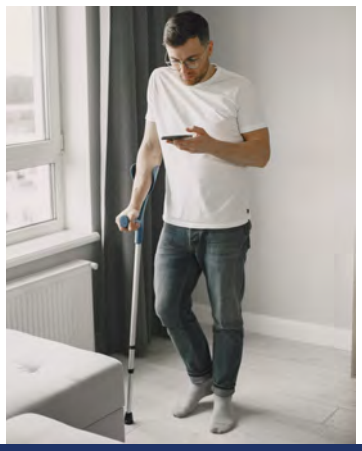
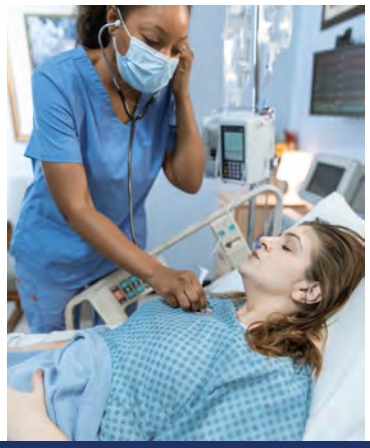
United of Omaha Life Insurance Company
A Mutual of Omaha Company

As an active employee of Sheridan Memorial Hospital, you can give your family the extra security they need to lessen the financial impact of an accidental injury, critical illness, or hospitalization by purchasing additional insurance through Mutual of Omaha. You must be actively working a minimum of 17 hours per week to be eligible for coverage. Please contact the HR Benefits Specialist or visit the HR Pulse page for plan summaries including rates and coverage amount options.

- ☐ **Accidental Injury Insurance –** An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

- ☐ **Critical Illness Insurance –** A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

- ☐ **Hospital Indemnity Insurance –** Hospital Indemnity insurance helps to ease your mind about handling hospitalization costs – even if they are not hospital bills. A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.


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.

Monthly Benefit	60% to $15,000
Minimum Monthly Benefit	The greater of $100 or 10% of the gross monthly benefit
Elimination Period	180 days of disability due to the same sickness or injury, accumulated within a 360-day period. The elimination period may be satisfied by either total or partial disability.
Retro Disability Benefit	If you are hospitalized within 48 hours of the date your total disability begins and remain hospital confined for at least 14 consecutive days; and, your disability remains continuous throughout the elimination period, you could be eligible for this benefit. The Retro benefit is your gross monthly benefit multiplied by the number of months in the elimination period. The Retro benefit will be paid in a lump sum and is not subject to reduction of other income.
Benefit Period	To Social Security Normal Retirement Age (SSNRA)
Own Occupation Definition for Physicians	The general or sub-specialty in which you are practicing that is recognized by the American Board of Medical Specialties. Do not have to be certified.
Definition of Material & Substantial Duties for Physicians	Means the specific procedures you were regularly and continuously performing during the 12 consecutive months immediately prior to your first date of disability. Based on actual CPT Codes.
Total Disability	You are not working or you are working but you are earning less than 15% of your Indexed Total Monthly Earnings; and you, because of your Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation / Specialty.
Partial Disability	You are working and have Disability Earnings of more than 15% but less than 80% of your Indexed Total Monthly Earnings; and because of Injury or Sickness, are unable to perform the Material and Substantial Duties of your Own Occupation. Does not include salary continuation (until after benefits have been paid for 3 months - then reduced by any amounts over 100% of total monthly earnings), receivables or partnership earnings.
Return to Work Incentive	After 12 months, benefits will be recalculated based either on a proportionate loss formula or 50% of work earnings, whichever formula provides a greater benefit.
Worksite Modification	Up to $10,000
Own Occupation Period	Own-Specialty to the end of the maximum benefit period
Indexed Monthly Earnings (To determine earnings loss)	On each 12 month anniversary after disability begins, monthly earnings prior to the date of disability began will be adjusted by 5%.
COLA	3% compounded for 5 years
Recurrent Disability	A recurrent disability will be treated as part of a prior disability if you return to your regular occupation on a full-time basis for less than 6 months. If you return to your regular occupation on a full-time basis for 6 months or more, a new elimination period will have to be satisfied.
Pre-Existing Conditions	3/12
Rehabilitation Services	If you elect to participate your monthly benefit percentage would be increased by 10% for 12 months. Increases the maximum LTD benefit.
Survivor Benefit	If you die after being disabled for 180 or more consecutive days and would have been eligible for benefits, your eligible survivors will receive a benefit equal to three times your last monthly benefit. If there are no eligible survivors, the benefit will be paid to your estate.
Foreign Residency	MGIS does not terminate a claim if you reside or move outside of the US or Canada.
Mental Illness and Substance Abuse	Benefits will be limited to 24 months unless you are confined to a hospital at the end of that 24-month period. Per Occurrence, not lifetime.
Reductions with Individual Policies	None
Waiver of Premium	Premium payments will be waived beginning the first of the month following completion of the elimination period. The waiver will continue as long as benefits are paid under the policy.
Additional Benefits	Infectious and Contagious Disease Benefit (IDR) for duration EAP (5) and Free Online Will Preparation Travel Assistance & Identity Theft

Enrollment requires EOI if a Physician does not enroll within their initial eligibility period.

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.

ROCKY MOUNTAIN reserve

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 depen-dent 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 $7,500
- If you are married, you can contribute the lesser of:
    - Your (or your spouse's) earned income; or
      $7,500 if filing taxes jointly or $3,750 if filing taxes separately

Pay for your childcare with pre-tax dollars!

WISHBONE PET INSURANCE



Nobody wants to imagine their pet getting sick or injured – but when it comes to your pet's health, it's best to expect the unexpected.

Enroll in dog or cat health insurance from Wishbone and receive 90% reimbursement on your pet's veterinary care. With a low deductible of $250, protecting your pet's health and your finances has never been easier!

Sheridan Memorial Hospital is offering Wishbone Pet Insurance to employees. Enrollment and payment facilitated by Wishbone. Get a quote at WishboneInsurance.com/SheridanMemorialHospital

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 coworker?
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, smart-phone 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.



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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. PTO hours cap at 320 hours.

The accrual schedule is as follows for eligible employees:

EMPLOYEE STATUS	Less than 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 for PTO and EIB 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.

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. EIB hours cap at 720 hours.

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. *Employees are responsible for benefit premiums incurred while on leave.

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.

OTHER BENEFITS AND DISCOUNTS

FREE BLOOD DRAW

Employees are encouraged to schedule one (1) FREE blood draw per year at one of our three convenient locations: SameDay Health & Imaging (1470 Sugarland Drive), the Outpatient Center (1333 W. Fifth St., Suite 100), or Primary Care (61 S. Gould St.). Blood draws are available daily during regular business hours. Employees must register in advance via the Patient-Directed Lab Testing scheduling link at sheridanhospital.org, and present their employee name badge to receive the Blood Chemistry Panel at no cost. As a reminder, 12 hour fasting is recommended, unless diabetic. Please enroll in the MySheridanHealth patient portal to review blood draw results or you may request them by mail.

SMH CAFETERIA & SIDEWALK CAFÉ DISCOUNT

Employees are eligible for 15% 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.



FITNESS RESOURCES

Onsite Fitness Options

Employees are invited to utilize our on-site fitness room, available 24 hours a day.
Employees are also given the option to utilize the equipment located inside of Cardio Pulmonary Rehab after hours.

Sheridan County YMCA

Sheridan County YMCA - A place where families and individuals find belonging. With state-of-the-art aquatic facilities, youth & adult swim lessons, drop-in & preschool childcare, after school programs, sports, summer camps, free group exercise classes, weight rooms, cardio equipment, volunteer opportunities and so much more-there is something for everyone. Sheridan Memorial Hospital employees that sign up for a membership with the YMCA are eligible for ONE FREE STYKU 3D Body Scan that measures bone mass, fat mass, lean muscle and can help set realistic and achievable goals.
Contact Desiree Pearce at 307.674.7488 ext. 310

Pure Energy

PURENERGY Fitness is happy to join forces with Sheridan Memorial Hospital to create better health and an improved quality of life for all of its employees. This facility offers 24-hour access to a full service health club with locker rooms and showers and a full gym. In addition, Pure Energy also offers free group exercise classes 7 days per week to all members. Personal training is also available for anyone interested in private or group settings for an additional fee. Pure Energy offers a very reduced rate for spouses and children add-ons as well. All hospital employees will receive a 10% discount on their monthly membership. Visit www.PurEnergyGym.com online for information.
Contact Caryn Moxey at 307.655.5891

Cloud Peak Crossfit

This locally owned fitness center prides themselves on providing group classes available to all levels and abilities. Employees are invited to take advantage of 1 free class before committing to a membership.
Contact Mandy Smith at 307.752.4350

The Body Shop

This 24/7 fitness center offers a large variety of equipment and access to an on site massage therapist and tanning facility. Hospital employees are invited to take advantage of a free 3-day trial period before committing to a membership. Contact The Body Shop at 307.672.8663

2027 PAYROLL CALENDAR

JANUARY

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

FEBRUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	$ 4	5	6
7	8	9	10	11	12	13
14	15	16	17	$ 18	19	20
21	22	23	24	25	26	27
28						

MARCH

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

APRIL

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

MAY

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

JUNE

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

JULY

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

AUGUST

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

SEPTEMBER

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

OCTOBER

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

NOVEMBER

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

DECEMBER

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

Clinical Orientation

Holiday

NEO Day 1

NEO Day 2

$ Payday

BENEFITS DEFINITIONS

CO-PAY: A Copay is the portion of the Covered Expense that is your responsibility, as shown in the Medical Schedule of Benefits. A Copay is applied for each occurrence of such covered medical service and is not applied toward satisfaction of the Deductible.

DEDUCTIBLE: A Deductible is the total amount of eligible expenses as shown in the Medical Schedule of Benefits, which must be Incurred by you during any Calendar Year before Covered Expenses are payable under the Plan.

COINSURANCE: Coinsurance is the percentage of eligible expenses the Plan and the Covered Person are required to pay.

OUT-OF-POCKET MAXIMUM (OOPM): An Out-of-Pocket Maximum is the maximum amount you and/or all of your family members will pay for eligible expenses Incurred during a Calendar Year before the percentage payable under the Plan increases to 100%.

PPO (PREFERRED PROVIDER ORGANIZATION): This type of plan utilizes network and non-network benefits.

IN-NETWORK: The Plan offers a broad network of providers and provides the highest level of benefits when Covered Persons utilize “in-network” providers. These networks will be indicated on your Plan identification card.

OUT-OF-NETWORK: Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.

DEPENDENT ELIGIBILITY CRITERIA: Your dependent may either be a Spouse (the person to whom you are legally married) or 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 life with you or are financially independent. A Disabled Dependent Child over the age of 26 may be covered under the plan as long as the Child is unmarried and dependent on the Employee for more than 50% of his or her support and maintenance. The financial requirement does not apply to Children who are enrolled in accordance with a Qualified Medical Child Support Order because of the Employee’s divorce or separation decree.

GUARANTEED ISSUE: Amount in which you are permitted to enroll regardless of health status, age, gender, or other factors that might predict the use of health service.

2027 INSURANCE PREMIUMS (*NOTE* - 26 pay periods)

Employee Bi-Weekly Premiums Effective January 1, 2027

Traditional PPO Health Plan	Full-Time	Part-Time
Single	$63.49	$282.01
Employee + Spouse	$256.98	$544.72
Employee + Child(ren)	$193.32	$423.39
Family	$345.00	$696.20
2 Full-Time Employees	$126.75	n/a
High Deductible Health Plan/HSA	**Full-Time**	**Part-Time**
Single	$54.74	$259.33
Employee + Spouse	$223.07	$489.17
Employee + Child(ren)	$167.37	$382.73
Family	$298.42	$625.55
2 Full-Time Employees	$109.24	n/a
Dental	**Full-Time and Part-Time**	
Single	$4.55	
Employee + Spouse	$9.08	
Employee + Child(ren)	$7.43	
Family	$11.61	
2 Full-Time Employees	$9.08	
Vision – Basic Plan	**Full-Time and Part-Time**	
Single	$4.56	
Employee + 1 (Spouse or Child)	$7.30	
Employee + Child(ren)	$7.45	
Family	$12.02	
Vision – Premium Plan	**Full-Time and Part-Time**	
Single	$8.15	
Employee + 1 (Spouse or Child)	$13.04	
Employee + Child(ren)	$13.32	
Family	$21.47	
Voluntary Supplemental Term Life & AD&D (*Note - 24 pay periods)	Rates based on age/salary. See Infor Employee Benefits Portal	
Short-Term Disability (*Note - 24 pay periods)	Rates based on age/salary. See Infor Employee Benefits Portal	
Long-Term Disability (FT Physicians Only)	Rates based on salary and shared 50/50 betweeen SMH and employed physician. See HR for details.	
Supplemental Coverage (*Note - 24 pay periods)	Rates based on age/salary See Infor Employee Benefits Portal	

SHERIDAN MEMORIAL HOSPITAL

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

Blue Cross Blue Shield of Wyoming	**Medical & Dental & Flexible Spending Account** Group #HDHP: 10762540, PPO: 10761209 Eligibility and claims questions	Medical: 800.442.2376 Dental: 844.653.4057 YourWyoBlue.com
Prime Therapeutics	**Prescription Benefit Management** View prescription claims and price medications	855.457.0007 PrimeTherapeutics.com
Paydhealth	**Specialty Medications**	888.304.4627 Paydhealth.com
VSP	**Vision Service Plans** Locate a provider or view additional savings offers online	800.877.7195 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 eFirstFederal.bank
Rocky Mountain Reserve	**Health Savings Account (HSA) Option #2** Only available with HDHP medical election Online checking account with investment options **Dependent Care Flex Spending Account** (DFSA)	888.722.1223 RockyMountainReserve.com
Principal Investments	**Retirement Plans** Retirement Services Facilitator	800.547.7754 Principal.com
D.A. Davidson & Co 2 N. Main St. Ste. 102 Sheridan, WY 82801	**Retirement planning & financial wellness assistance** Local resource for all SMH employees	307.674.6288 DADavidson.com
Mutual of Omaha	**Life Insurance, AD&D, Short-Term Disability & Supplemental** Assistance with life Insurance, Short-Term Disability & Supplemental Coverage	800.655.5142 MutualOfOmaha.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 EAP	**Assistance with Life, Work, Family, & Wellbeing** FREE for employees & immediate household family	800.634.6433 Available 24/7 MyLifeMatters.com
Benefit Enrollment, Tuition and Leave of Absence Assistance	**Jessica Jensen, HR Benefits & Data Specialist**	307.673.4291 jessicajensen@sheridanhospital.org
Benefit Enrollment	**Marisa Zuniga, HR Generalist**	307.675.4673 marisazuniga@sheridanhospital.org
SMH Billing Department	**SMH Employee Discount Calculation** Call after you receive bill for SMH hospital or clinic services	307.672.1010