

2020 Benefit Summary

Taking Care of
Our Patients

Taking Care of Our
Teams

Taking Care of Ourselves

Taking Care of Our Organization

The SRHC Total Patient
Experience Way!



Confidence for the Good Life

Welcome to your Annual Benefit Enrollment!

*Taking care of you...
So you can care for others*

Message from the CEO...

Salina Regional Health Center is committed to "improving the health of those who entrust us with their lives; the patients and communities we serve." As our employees' dedication to our patients and families is the foundation of our success, in return, Salina Regional Health Center is committed to providing a safe, empowering and collaborative work environment in support of employee well-being. Our comprehensive total rewards programs are designed to optimize your health and well-being and give you the confidence in knowing you are contributing towards the good life for you and your family. As a member of the Salina Regional Health Center family, we are committed to your total employee experience!

Mike Terry
Chief Executive Officer

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NEW IN 2020

1. Ventegra is our new Prescription provider.
2. Accident, Cancer and Critical Illness are now Guardian policies.
3. Hartford has an affiliation with Aetna so all Aetna policies will be Hartford. There will be no change in policy or costs with this change.

Enrollment Process

- ◆ The benefits you elect during Open Enrollment will be effective January 1, 2020.
- ◆ An enrollment is **MANDATORY** during the annual enrollment period for all employees whose status is 40 to 80 hours per pay period.
- ◆ *Open Enrollment will be held from Monday, October 28th - Friday, November 15th.*

We are again partnering with **Explain My Benefits**, our technology/benefit communication vendor to assist in our Open Enrollment. This year we have several ways to complete your enrollments.

4 Ways To Enroll



Self-Service - October 28th - November 15th

- ◆ Visit www.SRHC-Benefits.com, click on the green “Log into Your Benefit System” button and move through the enrollment system at your own pace.
- ◆ Login instructions are on page 5.
- ◆ Be sure to click “Checkout” at the end of the process and make note of your confirmation, you will be able to e-mail yourself a copy. ***If you do not receive a confirmation you have not completed your enrollment and you will not be enrolled in your benefits.***
- ◆ Return to the system anytime to view your confirmation statement.



Mobile App** - You can now enroll through the EMB mobile app, review benefits and see important documents. Sign in using the company code: [srhc]. Login instructions are on page 5.



Call Center Enrollment

Call the Explain My Benefits Call center at 800-465-1793

8:00am - 4:00pm CST; Monday - Friday during the enrollment period if you have questions regarding the enrollment system or benefits covered.



Benefit Counselor Assisted - EMB onsite Monday, October 28th - Friday, November 1st

There will be multiple computers and an EMB benefit counselor onsite to assist with any questions you may have. ***See Benefit Resource Website for locations and times.***

***We have recently made enhancements to the mobile app. If you currently have the app downloaded, please log out and log back in to receive the enhanced version. Please note, also look for updates via the Apple or Google Play store.*

Reminders

When using any of the above options for enrollment:

- ◆ Be sure to review the 2020 Benefit Guide and plan summaries **prior** to going through any enrollment process
- ◆ Be prepared by gathering dependent and beneficiary information (i.e. Social Security Numbers and Dates of Birth)

Mobile App



BENEFITS ENROLLMENT APP

Salina Regional Health Center has provided you with an app to manage your benefits that allows you to:

- ✓ Enroll in your benefits from your phone
- ✓ View your current benefits
- ✓ Watch benefit education videos, review benefit guides and plan summaries
- ✓ Receive important message notifications about your benefits



Benefits at your fingertips!

TO DOWNLOAD:

1. Visit the Apple or Android App Store
2. Search for: **Explain My Benefits**
3. Download the free app!
4. Enter company code: **srhc**

 Salina Regional
Health Center
Confidence for the Good Life



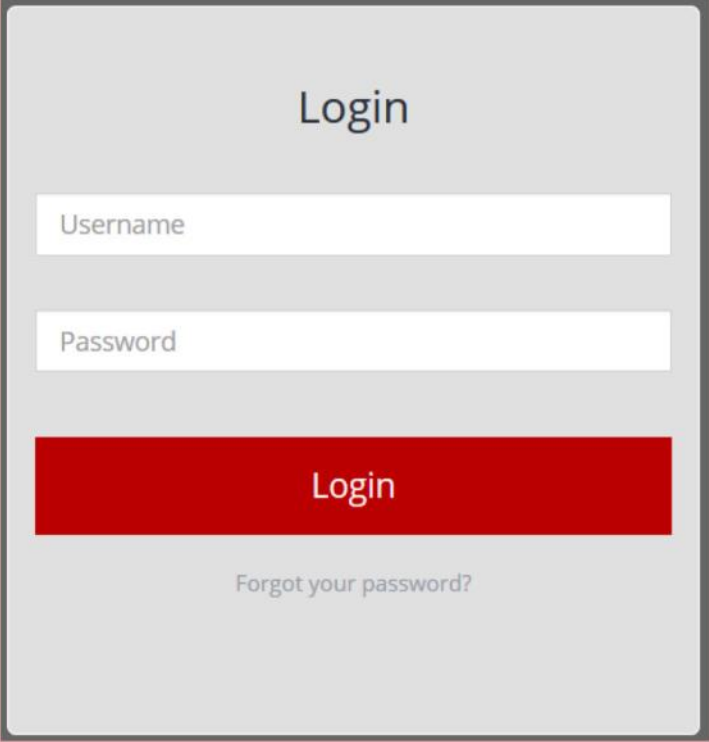
Login Instructions

ACCESSING EMB ENROLL

Access your company's **Benefit Resource Website** and select **"Log Into Your Benefit System"**

Create a New Account

1. Enter User Name
**1st Initial of First Name AND
Up to the 1st Six Characters of your Last
Name AND
Last 4 of SSN**
**Example: Tim Johnson SSN 1234 =
tjohnso1234**
2. Enter Password
Date of Birth (**YYYYMMDD**) and click Login
3. Select **"Get Started"** from the middle
section of the screen
4. Confirm your information along with
dependents
5. Shop for your insurance benefits



The image shows a login interface with a light gray background. At the top, the word "Login" is centered in a dark gray font. Below it are two white input fields with gray borders. The first field is labeled "Username" and the second is labeled "Password". Below the password field is a prominent red button with the word "Login" in white text. At the bottom of the form, there is a link that says "Forgot your password?" in a smaller, gray font.



Eligibility & Making Changes

Who is Eligible?

Employees of Salina Regional Health Center (SRHC) whose status is 40 to 80 hours per pay period, are eligible to enroll in the benefits described in this guide, on the first of the month, following one month of employment. SRHC will make a contribution toward the monthly premium for full-time employees. The following family members are eligible:

- Your legal spouse (unless you are divorced or legally separated)
- Your natural, newborn, adopted, foster or step child(ren) (or a child for whom the employee has been court-appointed as legal guardian or legal custodian) who has not reached the end of the month in which he or she turns 26 (or in the case of a Foster Child, is no longer eligible under the Foster Child Program).
- Unmarried, disabled child(ren) of any age (you may be required to provide proof of disability)
- Participants who no longer meet eligibility requirements, coverage will terminate on the last day of the month in which the ineligibility begins. Upon termination of coverage, the effected participants will be eligible for COBRA coverage.

WHEN TO ENROLL



When you're first hired

You may only enroll for coverage within 30 days of your hire date. If you do not enroll for coverage within 30 days of your hire date, you must wait for the next annual open enrollment period, unless you experience a qualified change in family status.



If you have a life change

Certain life events like birth or adoption of a child, change in marital status, death, or loss of coverage due to no fault of your own may allow you to change your coverage during the year.

If you have a family status change, you have 30 days to make changes to your coverage.



At Open Enrollment

Annual Enrollment is your opportunity once each year to evaluate your benefit options and make selections for the following year.

Changes made during Open Enrollment will have a January 1st effective date.

Making Changes

Premiums are withheld pre-tax for medical, dental, vision, Flexible Spending Account, Dependent Care Account and Health Savings Account through the Health Center's Section 125 Plan.

If a part-time employee changes to full-time status, their first opportunity to enroll is the first of the month following the change in status. Enrollment must occur within 30 days of the effective date of the status change.

Employees with a qualifying event are eligible to enroll in benefits by providing proof of the event within 30 days of the effective date.

Qualifying Events include:

- Marriage, divorce or legal separation
- Death of spouse, child or other qualified dependent
- Birth or adoption of a child
- Employment status change
- Change in child's dependent status due to age, marital status or employment
- Change in spouse's benefits or employment status

Medical

Salina Regional Health Center continues to work to provide medical coverage, at affordable rates, to its employees. Medical insurance coverage will be administered by Allegiance for the 2020 benefits. Prescription benefits will be administered by Ventegra.

Any drugs, devices, procedures, services, treatments, or supplies available at Salina Regional Health center, Lindsborg Community Hospital, Cloud County Health Center, SRHC's affiliated physician clinics, or an affiliated Sunflower Health Network facility, that are provided by another provider within a 50-mile radius of Salina, shall be deemed Out-of-Network regardless of whether they are on the Network provider list or not. This does not apply to physician office visits. **ANY SERVICE AT SALINA SURGICAL HOSPITAL OR AT MEDEXPRESS SALINA WILL NOT BE COVERED.**

To determine if a provider/facility is on the Network provider list, go to www.askallegiance.com.

Coverage	Basic Plan		Premium Plan		High Deductible Health Plan (NEW)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual	\$1,300	\$2,600	\$650	\$1,300	\$2,700	\$5,400
Family	\$2,600	\$5,200	\$1,300	\$2,600	\$5,400	\$10,800
Coinsurance						
Your share of the cost after deductible is met	20%	50%	20%	50%	20%	50%
Maximum Out-of-Pocket (INCLUDES deductibles, copays, coinsurance for both medical services & prescriptions)						
Individual	\$6,950	No Limit	\$3,775	No Limit	\$6,700	No Limit
Family	\$13,900	No Limit	\$7,550	No Limit	\$13,400	No Limit
Benefits						
Physician Office Visit Diagnostic lab and x-ray (Visits not connected with Preventive Care)	PCP: \$20 Copay Specialist: \$40 Copay Lab & X-ray: \$20 Copay	Ded. + 50%	PCP: \$15 Copay Specialist: \$30 Copay Lab & X-ray: \$15 Copay	Ded. + 50%	Ded. + 20%	Ded. + 50%
Prevention/Wellness Mammos, Paps, prostate and colon screening, well baby and well child routine physicals	Prevention clinical care services are 100% covered as age appropriate. Frequency of coverage will vary.	No Coverage	Prevention clinical care services are 100% covered as age appropriate. Frequency of coverage will vary.	No Coverage	Prevention clinical care services are 100% covered as age appropriate. Frequency of coverage will vary.	No Coverage
Maternity Care	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%
Urgent Care Centers	\$30 Copay	Ded. + 50%	\$25 Copay	Ded. + 50%	Ded. + 20%	Ded. + 50%
Hospital Services Pre-certification is required or benefits may be reduced. Call the number on your insurance care to pre-certify.						
Inpatient Care: Additional copay per confinement; waived if at SRHC	\$500 Copay + 20% after ded.	\$1,000 Copay + 50% after ded.	\$250 Copay + 20% after ded.	\$500 Copay + 50% after ded.	Ded. + 20%	Ded. + 50%
Outpatient Care	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%
Emergency Room	\$150 Copay + 20% after ded.	\$150 Copay + 20% after ded.	\$150 Copay + 20% after ded.	\$150 Copay + 20% after ded.	Ded. + 20%	Ded. + 20%

Any charges resulting from any work related illness or injury which occurs in the course of self-employment are not covered. This exclusion applies to all work related illness or injury even if coverage under Worker's Compensation provides benefit for only a portion of the services, or the person elected to not be covered by Workers' Compensation.

Health Savings Account

What is an HSA?

A health savings account (HSA) is a tax-favored savings account. Money in the savings account helps pay your deductibles, coinsurance and out of pocket expenses. Once the deductible is met, the plan starts paying. Money left in the savings account may earn interest, carry over from year to year and upon leaving employment, is yours to keep.



HSAs have many benefits:

- The money you put in your **HSA** account is pre-tax.
- You can elect how much you want to put in your HSA account.
- You don't pay taxes on withdrawals when paying for qualified medical expenses.
- **YOUR HSA** balance can be carried over year after year.
- You own the savings account and you decide when to use the funds in it to pay for qualified medical expenses!

	Annual SRHC Contribution	Maximum Annual Employee Contribution	Maximum Annual HSA Balance	Maximum Annual +55 Catch Up	Maximum Annual HSA IRS Limit
Single	\$250	\$3,250	\$3,550	\$1,000	\$4,550
Family	\$500	\$6,500	\$7,100	\$1,000	\$8,100

If you answer YES to any of the following questions, you are NOT eligible to open or fund a Health Savings Account:

1. In 2020, will you be covered by another non-qualified medical plan such as a PPO, Medicare or Tricare?
2. In 2020, will you or a spouse participate in a *General Purpose* Flexible Spending Account?
3. In 2020, will you be enrolled in either Medicare Part A, Part B, Part C or Part D?
4. In 2020, if you are under age 26, will you be claimed as a dependent on your parents tax return, or covered under your parents health insurance plan?

Medical & Prescriptions

Ventegra Prescription Coverage Information

Prescription coverage is included with SRHC’s Medical Insurance. The prescription benefit for 2020 will be managed by Ventegra. There is no additional premium for the prescription coverage and it cannot be elected separately from the medical insurance plan. To locate a Ventegra participating pharmacy, go to www.ventegra.com.

	SRHC Employee Pharmacy PPO Plans Only	Ventegra Network Pharmacy PPO Plans Only	Non-Preferred Pharmacy
Retail	30 Day Supply Generic - \$10 Copay Formulary - \$40 Copay Non-Formulary - \$100 Copay	30 Day Supply Generic - \$10 Copay + 25% up to a \$40 max Formulary - \$30 Copay + 30% up to a \$75 max Non-Formulary - \$50 Copay + 50% up to a \$120 max	Not Covered
	90 Day Supply Generic - \$25 Copay Formulary - \$100 Copay Non-Formulary - \$250 Copay		
Mail Order	Not Covered	30-90 Day Supply Generic - \$25 Copay Formulary - \$100 Copay Non-Formulary - \$250 Copay	Not Covered
Specialty Drugs	30 Day Supply 20% up to \$250 max/script	30 Day Supply 20% up to \$250 max/script	Not Covered

Prescription coverage under the HSA Plan is subject to deductible and coinsurance

Medical Insurance Premium Rates

Monthly cost is deducted pre-tax on the 1st and 2nd paychecks of each month.

******If your spouse is offered medical coverage through their employer and you choose to cover them on the SRHC medical plan, you will be assessed a \$200 monthly surcharge.***

Basic Plan	Full Monthly Cost	SRHC Monthly Contribution	Full-Time Employee Monthly Cost	Full-Time Employee Cost Per Pay Period
Single	\$630.00	\$518.00	\$112.00	\$56.00
EE + Spouse**	\$1,417.00	\$957.00	\$460.00	\$230.00
EE + Child(ren)	\$1,303.00	\$892.00	\$411.00	\$205.50
Family**	\$1,637.00	\$1,156.00	\$481.00	\$240.50
Premium Plan	Full Monthly Cost	SRHC Monthly Contribution	Full-Time Employee Monthly Cost	Full-Time Employee Cost Per Pay Period
Single	\$671.00	\$498.00	\$173.00	\$86.50
EE + Spouse**	1,511.00	\$910.00	\$601.00	\$300.50
EE + Child(ren)	\$1,390.00	\$856.00	\$534.00	\$267.00
Family**	\$1,746.00	\$1,120.00	\$626.00	\$313.00
High Deductible Health Plan	Full Monthly Cost	SRHC Monthly Contribution	Full-Time Employee Monthly Cost	Full-Time Employee Cost Per Pay Period
Single	\$598.00	\$492.00	\$106.00	\$53.00
EE + Spouse**	\$1,345.00	\$916.00	\$429.00	\$214.50
EE + Child(ren)	\$1,237.00	\$854.00	\$383.00	\$191.50
Family**	\$1,554.00	\$1,106.00	\$448.00	\$224.00

**Participants in the Wellness Program (Biometric Screening & Personal Wellness Profile) will receive a \$50, \$40 or \$30 per month credit on Medical Insurance Premiums depending on the points earned in 2019.*

Wellness Program

SRHC Voluntary Wellness Program

Salina Regional Health Center continues to take steps to promote healthy living among its employees. The SRHC Voluntary Wellness Program is an easy way to take steps toward a healthy productive, and overall happy lifestyle. Enrollment in the Wellness Program is done annually in conjunction with benefit open enrollment.



Several activities throughout the year are included in the program to help participants in their wellness endeavors, including:

- Health Coaching
- On-site fitness center
- Healthy living presentations
- Individual consults with a dietitian
- Wellness Challenges with chances to win incentives
- Health Fair
- Pharmacy Consults



Please note that SRHC is required by Federal law to tax employee prize incentives that are not associated with participation in the medical insurance plan.

Employees covered by SRHC medical insurance are eligible to participate in the Biometric Screenings and the Health Risk Assessment (HRA). During the plan year, employees are eligible to earn additional points to increase their incentive. These include tracking physical activity, participating in Wellness Program activities and challenges, wellness consults and healthy or improved healthy values. Employees who complete the annual screening, the HRA, and achieve the required points will receive a \$50, \$40 or \$30 monthly Wellness Credit toward their medical insurance premium.

All employee Biometric Screening results and Health Risk Assessments are confidential to each employee. The Population Health staff will have access to employee results for reporting purposes and wellness program administration and are bound by all HIPAA regulations. Reports provided to Salina Regional Health Center will only contain aggregate group information regarding results without content of any individual identifiable information.

Employees not covered by SRHC medical insurance will be eligible to participate only in the HRA. Due to governmental regulations, these employees are not eligible to participate in the Biometric Screenings. They can still participate in the Wellness Program and have access to the platform for their personal benefit.

For more information on how to earn wellness points please continue to the next page.

Wellness Program

How you save.

Participation in SRHC's Employee Wellness Program is voluntary. By participating, employees can earn up to \$50 toward their monthly medical premium, plus entry into various drawings throughout the year for additional prizes!

Get rewarded for meeting any of the following goals:

- Health Assessment (150 Points)
- Body Mass Index <30 (25 Points)
Waist measure automatically corrects elevated BMI due to lean muscle mass, even if you fail the BMI goal (Female <35 in., Male <40 in.)
- Blood Pressure <140/90 (25 Points)
- Fasting LDL Cholesterol <140 (25 Points)
- Fasting A1C <6.5% (25 Points)
- Outbound Health Coaching (Cleveland Clinic eCoaching, 200 points)
- Pharmacy Consult (1 Time Max, 50 Points)
- Flu Shot (1 Time Max, 50 Points)
- Health Screening (150 Points)
- Preventive Care Visit (1 Time Max, 100 Points Each)
- Online Health University Course (7 Offered, 75 Points Each)
- Bravo Group Challenges (Offered Quarterly, 50 Points Each)
- Bravo Individual Challenge (40 Offered, 10 Points Each)
- Exercise Class or Personal Training (10 Times Max, 10 Points Each)
- SRHC Event (Volunteer/Participate, 25 Points Each)
- Wellness Consult with Dietician (4 Times Max, 25 Points Each)

Not sure if you can complete one or more of the goals? Or have a disability? We can work with you and your doctor to find an alternative way to qualify for the full reward.

To start your wellness journey visit www.bravowell.com/salina

Contact Brandon Martinez, Wellness Coordinator o: 785-825-2125 c: 785-201-4444

Email: bmartinez@srhc.com for more information.

Points	Monthly Premium Discount	Incentive Level
300-449	\$30	Bronze
450-599	\$40	Silver
600-799	\$50	Gold
800+	\$50 + Drawing Entry	Platinum

Flexible Spending Accounts

Salina Regional Health Center offers a pre-tax program to employees in accordance with Section 125 of the IRS regulations that can save employees tax dollars by allowing them to use before-tax dollars to certain eligible out-of-pocket health care expenses and dependent care expenses. The Flexible Spending Accounts will be administered by **Allegiance** for 2020. Employees of Salina Regional Health Center (SRHC) whose status is 40 to 80 hours per pay period, are eligible to make elections to the Flexible Spending Accounts (FSA).

Eligible employees enroll for the entire calendar year. Participation can only start/stop with a qualifying event that directly relates to the usage of the Flex dollars (i.e. marriage, divorce, birth, death, etc.). The employee has 30 days from the date of the qualifying event to provide proof of the event and change their election.

Health Care Spending Account (Basic & Premium Medical Plan participants)

This program allows the employee to set aside pre-tax dollars to pay for out-of-pocket expenses not paid by health, dental, or vision insurance. Included are co-pays, deductibles, co-insurance, and items such as contact lenses, eyeglasses, dental services, hearing aids, etc. The employee is not required to be enrolled in SRHC's medical, dental or vision plans to use this benefit. Out-of-pocket expenses for the employee's spouse and dependent children are also eligible. Dates of service must be by March 15, 2020 to use the 2019 funds. Funds not used are forfeited. *The maximum election is \$2,700 per year.*

Limited Purpose Health Care Spending Account (HDHP Medical Plan participants)

This program is used in conjunction with the High Deductible Health Plan (HDHP) and Health Savings Account (HSA) allowing employees to set aside pre-tax dollars to pay for out-of-pocket expenses not paid by **dental or vision insurance**. Included are co-pays, deductibles, co-insurance, and such items such as contact lenses, eyeglasses, dental services, hearing aids, etc. Out-of-pocket expenses for the employee's spouse and dependent children are also eligible. *The maximum election is \$2,700 per year.*

For Health Care Spending Account participants who no longer meet eligibility requirements, dates of service after the effective date of ineligibility will not be reimbursed. Upon termination of coverage, the effected participants will be eligible for COBRA coverage.

Dependent Care Spending Account

This program allows the employee to set aside pre-tax dollars to pay for child care (babysitting) expenses incurred while the employee works, or the spouse works or attends school. Eligible expenses are those for children under the age of 13, or a disabled dependent in the employee's care. *The maximum election is \$5,000 per year.*

For Dependent Care Spending Account participants who no longer meet eligibility requirements, claims may continue to be submitted through the end of the Plan Year or until the account balance is depleted.

Example of Savings Potential	With FSA	Without FSA
Annual Salary Before Taxes	\$40,000	\$40,000
FSA Contributions	-\$2,000	\$0
Taxable Income	\$38,000	\$40,000
Less Taxes Federal Income Tax (est. 15%) FICA 7.65% and State Income Tax (est. 7%)	-\$10,982	-\$11,560
Less Healthcare Expenses	\$0	-\$2,000
Net Spendable Income	\$27,018	\$26,440
Annual Tax Savings	\$578	\$0

Dental

Employees have two voluntary dental plans to choose from to meet their family's oral needs. Dental insurance coverage will be administered by Delta Dental of Kansas for the 2020 benefit year.

Costs for preventive services are not included in the annual maximum benefits.

To determine if a provider is on the Network Provider List, go to www.deltadentalks.com.



SRHC Dental Coverage	Basic Plan	Premium Plan
Annual Deductible	\$25 Individual / \$50 Family	\$50 Individual / \$100 Family
Diagnostic/Preventive Services (Cleanings, Fluoride, Exams, X-rays)	100% Covered	100% Covered
Deductible Applies		
Basic Services (Extractions, Fillings, Endodontics, Periodontics)	80% Covered	80% Covered
Major Services (Crowns, Dentures, Bridges, Partials, Implants)	Not Covered	50% Covered
Annual Maximum Benefit	\$1,000 per individual	\$2,500 per individual
Orthodontics	Not Covered	50% / \$1,500 max. lifetime benefit

Monthly cost is deducted pre-tax on the 1st and 2nd paychecks of each month.

Basic Plan	Full Monthly Cost	SRHC Monthly Contribution	Full-Time Employee Monthly Cost	Full-Time Employee Cost Per Pay Period
Single	\$33.00	\$28.00	\$5.00	\$2.50
EE + Child(ren)	\$59.00	\$42.00	\$17.00	\$8.50
EE + Spouse	\$64.00	\$45.00	\$19.00	\$9.50
Family	\$72.00	\$48.00	\$24.00	\$12.00

Premium Plan	Full Monthly Cost	SRHC Monthly Contribution	Full-Time Employee Monthly Cost	Full-Time Employee Cost Per Pay Period
Single	\$61.00	\$28.00	\$33.00	\$16.50
EE + Child(ren)	\$104.00	\$42.00	\$62.00	\$31.00
EE + Spouse	\$115.00	\$45.00	\$70.00	\$35.00
Family	\$133.00	\$48.00	\$85.00	\$42.50

Vision

Employees have three voluntary vision plans to choose from to meet their family's eye care needs. Vision insurance will be administered by Vision Care Direct for the 2020 benefit year. **Vision coverage is no longer offered under the medical plan.**



To locate a VCD provider, go to www.visioncaredirect.com.

Benefit / Frequency	In-Network	Out-of-Network
Eye Exam (every 12 mos.)	\$15 Copay	Up to \$50 after in-network fee is applied
Lenses (every 12 mos.)	\$15 Copay <ul style="list-style-type: none"> Glass or plastic, single vision, bifocal, trifocal or lenticular lenses Progressive lenses covered up to the retail cost of trifocal lenses, member pays overage 	After in-network materials fee: Up to \$50 Single Up to \$75 Bifocal Up to \$100 Trifocal, Lenticular or Progressive
Frames (every 12 mos.)	\$130 allowance toward the cost of any frame	Up to \$60
Contacts in lieu of frames & lenses (every 12 mos.)	Elective: \$130 allowance (lenses only, does not apply to fitting fees) Medically Necessary: \$250 allowance	Up to 80 for elective or medically necessary

Monthly cost is deducted pre-tax on the 1st and 2nd paychecks of each month.

Exam Only	Full Monthly Cost	SRHC Monthly Contribution	Full-Time Employee Monthly Cost	Full-Time Employee Cost Per Pay Period
Single	\$4.10	\$2.52	\$1.58	\$0.79
EE + 1	\$6.56	\$3.16	\$3.40	\$1.70
EE + Children	\$7.56	\$3.64	\$3.92	\$1.96
Family	\$12.86	\$6.12	\$6.74	\$3.37

Materials Only	Full Monthly Cost	SRHC Monthly Contribution	Full-Time Employee Monthly Cost	Full-Time Employee Cost Per Pay Period
Single	\$11.04	\$9.34	\$1.70	\$0.85
EE + 1	\$17.66	\$11.66	\$6.00	\$3.00
EE + Children	\$20.38	\$13.48	\$6.90	\$3.45
Family	\$34.66	\$22.66	\$12.00	\$6.00

Materials & Exams	Full Monthly Cost	SRHC Monthly Contribution	Full-Time Employee Monthly Cost	Full-Time Employee Cost Per Pay Period
Single	\$15.14	\$11.86	\$3.28	\$1.64
EE + 1	\$24.22	\$14.82	\$9.40	\$4.70
EE + Children	\$27.94	\$17.12	\$10.82	\$5.41
Family	\$47.52	\$28.78	\$18.74	\$9.37

Basic Life & AD&D

The amount of life insurance that is right for you depends on a variety of factors, including your age, family status, personal savings, financial commitments, etc. Salina Regional Health Center offers a variety of programs to meet your life insurance needs.

All benefit eligible employees receive 1 times their annual salary up to \$300,000 of basic term life coverage through **The Hartford**. The policy doubles due to an accidental death. **This benefit is provided at no cost to the employee.**

Voluntary Term Life

You also have the opportunity to purchase supplemental coverage for yourself, spouse and dependent children through **The Hartford**. Please note that dependent children include unmarried adopted, natural or stepchildren from birth to age 26.

Employee:

You may purchase in \$10,000 increments up to a maximum of \$550,000 (not to exceed 5x annual earnings).

Spouse:

You may purchase for your spouse, up to 50% of your elected amount in \$10,000 increments up to a maximum of \$250,000.

Child(ren):

You may purchase for your child(ren) a flat benefit of \$2,000, \$5,000 or \$10,000.

Guarantee Issue (at initial offering only)

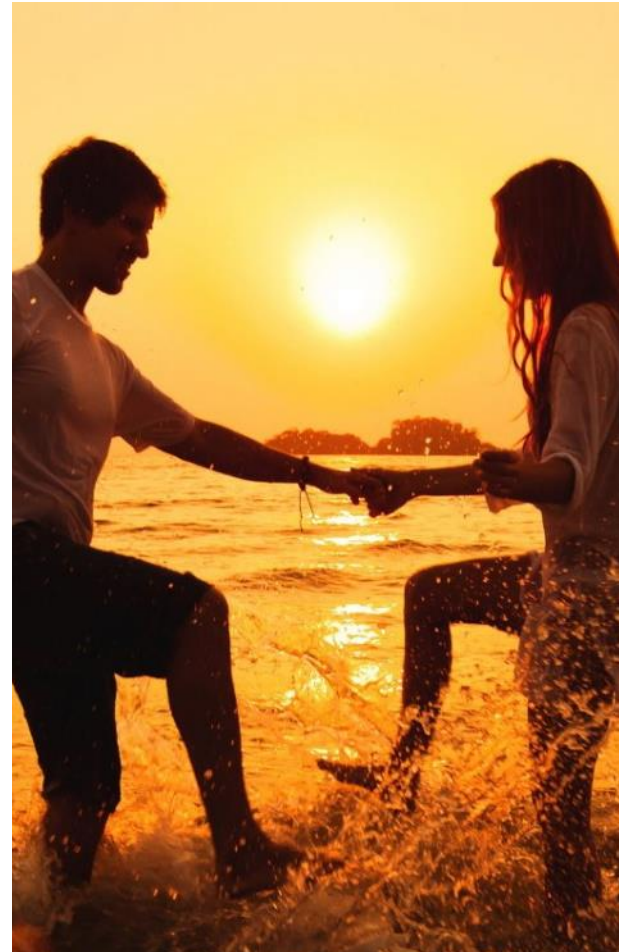
Employee - 2x basic salary

Spouse - \$50,000

Child(ren) - \$10,000

If you are currently enrolled in coverage (below GI), you may increase your coverage by up to \$20,000 up to GI.

Note: Coverage reduces by 35% at age 70 and by 50% at age 75.



Monthly Rates for Voluntary Term Life and AD&D

Age Band	Employee & Spouse Life Monthly Rate per \$1,000*	Age Band	Employee & Spouse Life Monthly Rate per \$1,000*	Child Life Monthly Rate
<20	\$0.080	50-54	\$0.310	\$0.050 per \$1,000
20-24	\$0.081	55-59	\$0.450	
25-29	\$0.080	60-64	\$0.680	
30-34	\$0.100	65-69	\$1.280	
35-39	\$0.110	60-74	\$1.360	
40-44	\$0.140	75+	\$1.420	
45-49	\$0.200			

Rates: Your specific rate will be calculated for you in the electronic enrollment system.

The Hartford (formerly Aetna Life Essentials)

Getting Support Should Be Easy - Ability Assist® Counseling Services

Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with the stress and life changes that may result. That's why The Hartford's Ability Assist® Counseling Services, offered by ComPsych®, can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve. Ability Assist Counseling Services:

- Emotional or Work-Life Counseling
- Financial Information and Resources
- Legal Support and Resources
- Health and Benefit Services
- For assistance over the phone, call toll-free, 1-800-964-3577
- Visit www.guidanceresources.com to access hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners. (Use Organization ID: **HLF902**, Company Name: **ABILI** to register on the site)

Create a Simple Will from the Convenience of your Desktop - EstateGuidance® Will Services

Whether your assets are few or many, it's important to have a will. It's the only way to ensure that your intentions will be honored in the event of your death. A will states your wishes about who will inherit your property, who will be the guardian of your children, and who will manage your estate. Without a will, those decisions may be left to others.

As a covered employee under a Hartford Group Life insurance policy, you have access to EstateGuidance® Will Services provided by ComPsych®. It helps you create a simple, legally binding will quickly and conveniently online, saving you the time and expense of a private legal consultation.

Visit www.estateguidance.com/wills today. Use this code: **WILLHLF**, then follow the easy steps below:

1. Access The Hartford's EstateGuidance® Will Services online.
2. Sign in to the secure site by entering the access code.
3. Follow the instructions and create your will.
4. Download the final will to your computer and print.
5. Obtain signatures and determine if your will should be notarized.

Added Peace of Mind When It's Needed the Most - Funeral Planning and Concierge Services

The death of a loved one is one of life's most stressful situations. Quick, often costly decisions must be made while emotions are at their peak. Yet, how many people know how to plan a funeral? That's why your employer offers a funeral planning and concierge service through The Hartford's **Group Life Insurance program** - provided by Everest, the first to offer this service nationwide. Everest Services:

- 24/7 Advisor Assistance
- PriceFinder™ Research Reports
- Online Planning Tools
- At-Need Family Support
- Express Claim Processing

Travel Assistance and ID Theft Protection Services

The best laid travel plans can go awry, leaving you vulnerable and possibly, unable to communicate your needs. When the unexpected happens far from home, it's important to know whom to call for assistance. If you are covered under a Hartford Group Policy, you and your family have access to Travel Assistance Services provided by Europ Assistance USA.

Emergency Medical Assistance	Pre-Trip Information	Emergency Personal Services	Identity Theft Assistance
<ul style="list-style-type: none"> • Medical Referrals, Monitoring and Evacuation • Repatriation • Travel Companion Assistance • Dependent Children Assistance • Visit by a family member or friend • Emergency medical payments • Return of mortal remains 	<ul style="list-style-type: none"> • Visa & passport requirements • Inoculation & immunization requirements • Foreign exchange rates • Embassy & consulate referrals 	<ul style="list-style-type: none"> • Medication & eyeglass prescription assistance • Emergency travel arrangements • Emergency cash • Locating lost items • Bail advancement 	<ul style="list-style-type: none"> • Prevention Services • Detection Services • Resolution Guidance & Assistance • Personal Services

See the full brochure on the benefit resource website at www.SRHC-Benefits.com for more details.

Universal Life with Long Term Care

Trustmark Universal Life with Long Term Care includes both a death benefit and a living benefit.

Trustmark Universal Life with Long Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.

- The Universal Life with Long Term Care is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care, never reduces and is 4% of the original death benefit per month for up to 25 months. *The policy also includes an Extension of LTC benefit, which extends the LTC benefits for an additional 25 months, allowing you to receive LTC benefits for a total of 50 months.*
- If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.
- Coverage available for spouse and children as well.



Special Underwriting for Initial Offering

Guaranteed Issue (Employee Only)

The amount purchased by \$16 per week or \$200,000, whichever is less



If you waived this benefit previously, you must answer a few health questions and be approved for coverage.

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a benefit counselor for more details. **Your specific rate will be calculated for you in the electronic enrollment system.**

Short Term Disability

If you are like most of us, your income is truly your most valuable asset. Payments for rent, mortgage, utilities, insurance, groceries, car and other necessities continue regardless of your ability to work.

Voluntary Disability through **The Hartford** (Policy #681500) is an important part of your financial security. Disability is designed to help cover the immediate needs should someone become disabled due to an accident or illness or maternity and be unable to work for a period of time.

Short Term Disability coverage begins after missing the specific elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period below.



	Option 1	Option 2
Injury/Sickness Elimination Period	8 Days	15 Days
Maximum Benefit Period	13 Weeks	13 Weeks
Benefit Percentage	60%	60%
Maximum Weekly Benefit	\$2,000	\$2,000

	Option 1 Rates per \$100 of Weekly Benefit	Option 2 Rates per \$100 of Weekly Benefit
<35	\$3.936	\$3.344
35 - 49	\$2.073	\$1.788
50 - 59	\$2.295	\$1.998
60+	\$2.843	\$2.476

Pre-Existing Condition: If you were diagnosed or received care for a condition before the effective date of your coverage, you will be covered for a disability due to that condition only if; you have not received treatment for your condition for 3 months before your effective date of coverage, or you have not received treatment for your condition for 3 months after your effective date of coverage, or you have been insured under this coverage for 12 months prior to your disability, or you have already satisfied the pre-existing condition requirement of your previous insurer. If you are unable to satisfy one of the requirements above, your coverage will be limited a maximum of 4 weeks of benefit for that disability.

Rates

This benefit is customized by each employee. **Your specific rate will be calculated for you in the electronic enrollment system.**

Long Term Disability

What would happen if your income stopped today? Are you prepared to provide for yourself and those you love, in the event of a serious accident or illness?

Voluntary Disability through **The Hartford** is an important part of your financial security. Disability is designed to help cover the immediate needs should someone become disabled due to an accident or illness and be unable to work for a period of time.

Long Term Disability coverage begins after missing the specific elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period below.

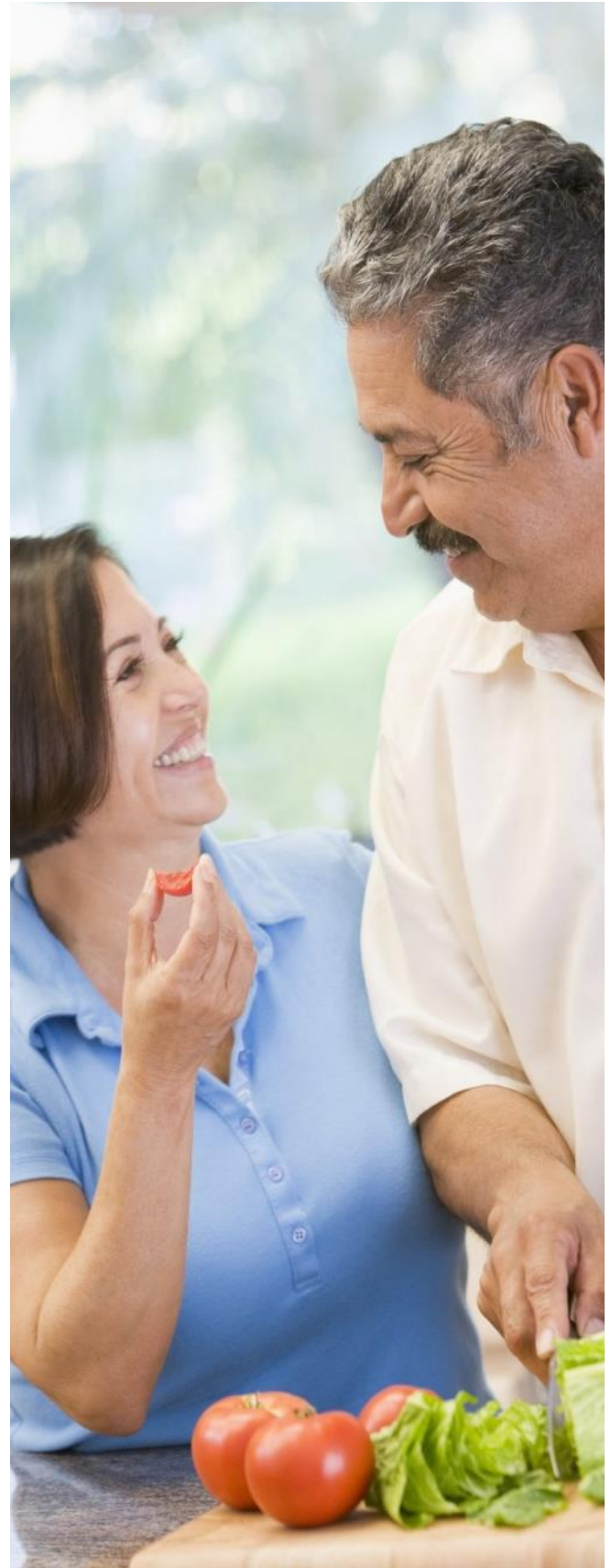
Elimination Period	90 Days
Maximum Benefit Period	Age 65 or Social Security Normal Retirement Age
Benefit Percentage	60%
Maximum Monthly Benefit	\$10,000

Rates per \$100 of Covered Monthly Payroll			
<25	\$0.210	45-49	\$1.190
25-29	\$0.310	50-54	\$1.500
30-34	\$0.400	55-59	\$1.720
35-39	\$0.540	60-64	\$1.690
40-44	\$0.840	65+	\$1.550

Pre-Existing Condition: Anything you received medical treatment, advice or consultation, care or services including diagnostic measures, or had drugs or medicine prescribed to taken in the 3 months prior to your insurance effective date will not be covered for the first 12 months of the policy.

Example: 36 year old, \$35,000 annual salary	
Step 1:	$\$35,000 / 12 = \2916.67 Monthly Payroll
Step 2:	$\$2916.67 \times .60 = \$1,750$ Monthly Benefit*
Step 3:	$\$2916.67 / 100$ (Units) = 29.17 Units
Step 4:	29.17×0.540 (Rate) = \$15.75 Monthly
Step 5:	$\$15.75 / 2 = \7.88 Per Paycheck

*Step 2 calculates monthly benefit and is not necessary for premium calculation. Subject to \$10,000 maximum monthly benefit.



Accident Plan

These plans were previously offered through Trustmark.

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership - Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- *Cash benefits are paid directly to you, not to a hospital or a doctor*
- *Benefits are paid regardless of any other coverage you may have*
- Level premiums - Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out-of-pocket medical costs and other bills



The Voluntary Benefits are being offered through **Guardian**.



A plan, through **Guardian**, that helps pay for the unexpected expenses that result from an accident.

On and off the job coverage - 24 hours per day, 7 days a week

Family coverage available

Sports related injuries covered as well

Just a few examples of benefits included in the plan:

- Emergency Room Visits - \$200
- Hospitalization - \$1,000 admission benefit, \$250 per day up to 1 year
- Fractures - up to \$8,000
- Dislocations - up to \$4,000
- Wellness Benefit - \$50 per insured per year for screenings and procedures such as well visits, mammography, colonoscopy, pap smear, PSA, Serum cholesterol and many more.

See brochure for a complete list of benefits.

	Employee Cost Per Pay Period
Employee	\$6.77
Employee & Spouse	\$9.92
Employee & Child(ren)*	\$13.02
Family*	\$16.17

**Dependents up to age 26 can be covered regardless of student status.*

These plans were previously offered through Colonial.

Cancer Plan



What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership - Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums - Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out-of-pocket medical costs and other bills

The Voluntary Benefits are being offered through **Guardian**.

Guardian’s cancer insurance helps to provide valuable financial protection to you and your family in times of need, when medical bills and other expenses related to cancer diagnosis and treatment may limit your ability to focus on what’s most important - getting well. The plan helps protect you and your loved ones through diagnosis, treatment and recovery.

Just a few examples of benefit included in the plan:

- Hospital Confinement - \$400 per day (up to 30 days); \$800 per day (day 31 and beyond)
- Surgery - up to \$5,500 (Inpatient), \$350 per day, 3 days per procedure (Outpatient)
- Radiation & Chemotherapy - up to \$10,000 per year
- Bone Marrow and/or Stem Cell - \$10,000 (Bone Marrow); \$2,500 (Stem Cell), 50% benefit for 2nd transplant, \$1,500 benefit if a donor
- Experimental Treatment - \$200 per day up to \$2,400 per month
- Transportation/Companion Transportation - \$0.50 per mile up to \$1,500 per round trip/equal benefit for companion
- Outpatient and Family Member Lodging (up to 90 days per calendar year) - \$100 per day
- Initial Diagnosis Benefit - \$1,500 (when diagnosed for the first time under this plan)

An annual Cancer Screening Benefit - \$100 per year per insured; \$100 for follow-up screening

Examples of Screenings

- Biopsy
- Mammogram
- Pap Smear
- PSA for Prostate Cancer
- MRI Scans

Please see the brochure for a full list of benefits and eligible screening tests.

	Employee Cost Per Pay Period
Employee	\$11.78
Employee & Spouse	\$18.15
Employee & Child(ren)*	\$14.75
Family*	\$21.13

Pre-Existing Condition Limitation:
3 month look back period, 12 month exclusion period, Continuity of Coverage

Critical Care Plan

These plans were previously offered through Colonial.

What are Voluntary Benefits?

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit based on need and affordability.

- Ownership - Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- *Cash benefits are paid directly to you, not to a hospital or a doctor*
- *Benefits are paid regardless of any other coverage you may have*
- Level premiums - Rates do not increase with age
- Guaranteed Renewable
- Designed to provide additional cash flow to assist with out-of-pocket medical costs and other bills



The Voluntary Benefits are being offered through **Guardian**.

Guardian's Critical Illness insurance helps you and your family maintain financial security during the lengthy, expensive recovery period of a serious medical event such as a heart attack or stroke. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses of a critical illness.

Guaranteed Issue
\$30,000 Employee / \$15,000 Spouse / \$7,500 Children

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

Heart Attack, Stroke, Heart Failure, Organ Failure, Kidney Failure, ALS (Lou Gehrig's Disease), Coma, Loss of Hearing, Speech, Sight, Parkinson's Disease, Permanent Paralysis (2 limbs), Severe Burns, Occupational HIV, Coronary Arteriosclerosis (30%), Addison's Disease (30%), Alzheimer's Disease (50%), Huntington's Disease (30%), Multiple Sclerosis (30%), Permanent Paralysis (50% - 1 limb)

Childhood Conditions: Cerebral Palsy, Cleft Lip/Palate, Club Foot, Cystic Fibrosis, Down's Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes

Also included is a 2nd Occurrence Benefit that covers both being diagnosed with same critical illness again.

- If you are diagnosed with the same critical illness, the policy will pay 100% of the original face amount for Heart Attack, Stroke, Heart Failure, Organ Failure and Kidney Failure.

A Wellness Benefit is included in your Critical Illness policy and pays \$50 for each insured. Each covered person will get one screening test per calendar year.

Examples of Screenings

- Mammography
- Pap Smear
- Serum Cholesterol Testing
- Weight Reduction Programs
- PSA
- Colonoscopy
- Completion of Smoking Cessation

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Please speak to a benefit counselor for more details. **Your specific rate will be calculated for you in the electronic enrollment system.**

Pre-Existing Condition Limitation: 3 month look back period, 12 month exclusion period, Continuity of Coverage

MASA Medical Transport

Coverage against unplanned medical emergencies is surprisingly affordable.

Facts you should know.

- Emergent Ground Ambulance transports can easily surpass \$2,000 and can reach as high as \$5,000.
- Emergent Air Ambulance transports frequently cost more than \$40,000, reaching as high as \$70,000.
- Non-emergent transport to specialized care in a medically equipped plane commonly costs over \$20,000.
- Most people assume that their health insurance will cover most, if not all, of the costs for these transports. Usually, the opposite is true, leaving you with financially crippling bills.

MASA MTS provides peace of mind.

Every day, families face the financial burden of unexpected emergency medical transportation. A MASA membership ensures the peace of mind in knowing that a life-saving medical transport doesn't have to jeopardize your family's financial security.

MASA MTS protects you when your insurance falls short.

- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions

BENEFIT	PLATINUM	EMERGENT PLUS	EMERGENT GROUND
Emergent Ground Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Emergency Air Transportation	U.S./Canada	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Non-Emergent Air Transportation	Worldwide		
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA*		
Minor Children/Grandchildren Return	BCA*		
Vehicle Return	BCA*		
Pet Return	BCA*		
Organ Retrieval	U.S. Only		
Organ Recipient Transportation	U.S. Only		

*Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba)



Employee Cost Per Pay Period







	Platinum	Emergent Plus	Emergent Ground
Employee Or Family	\$19.50	\$7.00	\$4.50

LegalShield / IDShield






HAVE YOU EVER?

- ◆ Needed your Will prepared or updated
- ◆ Been overcharged for a repair or paid an unfair bill
- ◆ Had trouble with a warranty or defective product
- ◆ Signed a contract
- ◆ Received a moving traffic violation
- ◆ Had concerns regarding child support
- ◆ Worried about being a victim of Identity Theft
- ◆ Been concerned about your child's identity
- ◆ Lost your wallet
- ◆ Worried about entering personal information online
- ◆ Feared the security of your medical information
- ◆ Been pursued by a collection agency

THE LEGALSHIELD MEMBERSHIP INCLUDES:

-  **Dedicated Law Firm**
Legal Advice/Consultation on unlimited personal issues
-  **Letters/Calls** made on your behalf
-  **Contracts/Documents Reviewed** up to 15 pages
- Residential Loan Document Assistance**
Lawyers prepare your Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney
-  **Speeding Ticket Assistance**
IRS Audit Assistance
Trial Defense (if named defendant/respondent in a covered civil action suit)
-  **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)
-  **24/7 Emergency Access** for covered situations

THE IDSHIELD MEMBERSHIP INCLUDES:

-  **Social Media Monitoring**
Allows you to monitor multiple social media accounts and content feeds for privacy and reputational risks.
-  **Privacy and Security Monitoring**
Internet monitoring of your name, date of birth, SSN, email address, phone numbers, and more. Monthly credit score tracking. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18 for no additional cost.
-  **Consultation**
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.
-  **Full Identity Restoration**
Complete Identity recovery services by Kroll Licensed Private Investigators to its pre-theft status.
-  **\$5 Million Service Guarantee**
We'll do whatever it takes for as long as it takes to help recover and restore your identity.

Put your law firm in the palm of your hand with the LegalShield mobile app



Put Identity Theft Protection in the palm of your hand with the IDShield mobile app



Employee Cost Per Pay Period			
	LegalShield	IDShield	Combined
Employee	\$7.48	\$4.23	\$11.70
Family*	\$7.98	\$7.98	\$14.45

*Never married dependent children under age 26 living at home or if a full-time college student.

Retirement

About the 401(k) Retirement Plan

A 401(k) plan is a retirement savings plan designed to allow eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax dollars through voluntary salary contributions. Contributions and any earnings on contributions are tax-deferred until the money is withdrawn.

SRHC also offers a Roth option on the 401(k) plan. The Roth 401(k) contributions are after-tax contributions. If you withdraw your Roth contributions and earnings after you have reached age 59 ½ or severed employment due to disability or death (upon which your beneficiaries will take a withdrawal) and have held the account for at least five years, the distribution is income-tax and penalty free.

Eligibility to Participate

All employees who have completed 60 days of employment are eligible to contribute to either the 401(k) or the Roth 401(k). New hire employees will be automatically enrolled at 3% unless they select a different amount or waive participation. Contributions will be placed in a default investment fund until the employee redirects and diversifies the contributions.

Contribution Limits

Employees may contribute to the 401(k) and/or the Roth 401(k). Employee contributions are in the form of a percentage of eligible earnings. The combined maximum limit is 100% of eligible compensation or the IRS contribution maximum whichever is less. IRS contribution maximum is generally indexed for inflation each year.

Employer Match Contributions

For employees 18 years of age or older who have completed 1 year of service, SRHC matches 50% of the employee's contribution up to the first 6% of included compensation pay contributed bi-weekly.

Employer Profit-Sharing Discretionary Contributions

For employees 18 years of age or older who have completed 1 year of service; and who have worked 1,000 hours in the calendar year and are an employee of record on December 31st, SRHC makes a Profit-Sharing Discretionary contribution to the employee's account in the amount of 2% of the calendar year's eligible compensation or the IRS contribution maximum whichever is less. For employees with 10 or more calendar years of 1,000 hours, SRHC contributes 2.5% of the calendar year's eligible compensation. IRS contribution maximum is generally indexed for inflation each year.

Vesting Schedule

Vesting refers to the percentage of the employee's account that the employee is entitled to receive upon the occurrence of distributable events. Your contributions and any earnings are always 100% vested (including rollovers from previous employers). The value of employer matching and employer profit-sharing discretionary contributions, and any earnings they generate are vested at 100% following 3 calendar years of 1,000 hours each. The employer contributions are 0% vested prior to that.

Withdrawals

A qualifying distribution event must occur to take any withdrawal from the SRHC Retirement Plan. Qualifying distributions include retirement, permanent disability, severance of employment, attainment of age 59 ½, or death (your beneficiary receives your benefits). Employees who sever employment with SRHC are ineligible for rehire for 90 days following a distribution from the retirement plan. The SRHC Retirement Plan does not allow loans or hardship distributions.

To start/stop/increase/decrease a contribution, designate/change a beneficiary, or redirect/diversify investments, go to www.empower-retirement.com or call Customer Service at 1-866-467-7756.

Additional Benefits

Out Patient Pharmacy

Prescriptions and over-the-counter medications are available for purchase by employees and their dependents at a discounted rate. Prescriptions are filled at the cost of the medication plus a small handling fee to cover the preparation costs. The SRHC Pharmacy accepts most prescription insurances. It is the preferred pharmacy for SRHC's prescription insurance, meaning they offer the lowest copay and ability to fill 90 day supplies. Insurances other than SRHC's prescription insurance will have copays similar to other pharmacies.

SRHC Pharmacy stocks over 200 OTC items. Most items not kept in stock can be special ordered for the next business day. Employees and their dependents receive 20% off of the retail price.

The pharmacy allows payroll deduction as payment for purchase. The employee is required to present their SRHC identification badge to take advantage of this option. The full amount of the purchase will be deducted from the employee's next paycheck.

Patient Account Discounts

Employees, along with their spouse and dependent children, are eligible for a 20% discount on the patient responsibility (balance after insurance) for services provided at Salina Regional Health Center, Lindsborg Community Hospital, Cloud County Health Center, Statcare, Salina Regional Urgent Care and all SRHC affiliated physician clinics.

Patient account balances over \$100 may be set up on a payroll deduction payment plan (minimum of \$25 per month). See Patient Accounts Customer Service for details.

Cafeteria Discount

Employees receive a 20% discount at the SRHC Cafeteria. Purchases at the grill and vendor items are excluded. Reloadable Meal Cards may be purchased to be used at the cash register for employee's convenience.

Gift Shop Discount

Employees receive a 10% discount on purchases over \$10. Discount does not apply to most sale priced items.

As an added convenience, the Gift Shop allows payroll deduction as payment for purchases. The employee is required to present their SRHC identification badge to take advantage of this option. The full amount of the purchase will be deducted from the employee's next paycheck.

Employee Lockers

To allow employees to store their personal belongings while at work, Salina Regional Health Center provides lockers in various locations for employee's use. A combination lock will be provided. No private locks will be allowed on employee lockers. Lockers must be kept clean and orderly. No offensive material may be posted on, or kept in the locker. Food kept in the locker must be sealed and non-perishable.

Employee Assistance Program

In addition to the Employee Assistance Program (EAP) provided by Hartford Ability Assist (see page 16 for details), Salina Regional Health Center offers an EAP to employees and their families through Veridian Behavioral Health. The use of the EAP is strictly confidential. Employees are allowed up to 3 visits per family member per year through Veridian Behavioral Health free of charge. For an appointment or more information call 785-452-4930.

Family Medical Leave

As soon as physically able, employees are required to initiate a leave claim for absences for their own serious health condition that lasts more than 3 calendar days or results in hospitalization, for the birth or placement of a child, to care for an immediate family member with a serious health condition, or for intermittent time off due to a chronic serious health condition. To report an absence, call 866-326-1379. Absences must also be reported to the employee's manager.

Hotlines

- For Drug and Alcohol Treatments - Just call Jess at 913-220-4890
- Crisis Text Line for 24/7 crisis support anywhere in the US - Text HOME to 741741

Additional Benefits

Earned Time Off

Regular part-time and full time employees (40 hours per pay period or more) are eligible for accrual of Earned Time Off up to 30 days per year depending on number of hours paid and years of service. Refer to HR Policy #8370-18 for details.

Extended Illness Bank

Full time employees (64 hours per pay period or more) are eligible for accrual of Extended Illness Bank time up to 7 days per year depending on number of ours paid. Refer to HR Policy #8370-26 for details.

Tuition Reimbursement

Salina Regional Health Center provides educational reimbursement benefit up to \$5,250 per calendar year for tuition, internet and lab fees, and books. Courses must be offered through an accredited college, university, or vocational school. Refer to HR Policy #8370-81 for complete eligibility criteria and details.

Jury Duty Pay

When called to serve for jury duty, employees are paid for lost work time at the employee's base wage. Refer to HR policy #8370-41 for details.

Bereavement Leave

In the unfortunate time of the death of an immediate family member, SRHC will pay base wages for up to three days of time off to attend funeral/burial services. Refer to HR policy 8370-30 for more details.

Onsite Fitness Center

An onsite Fitness Center is available for employee usage 24/7 with the exception of Monday through Friday, 7:00am to 12:00pm and 1:00pm to 3:30pm. The Fitness Center is available to employees at no charge with the exception of a one-time \$25 orientation fee.

Salina Regional Leadership Development Institute

SRHC prides itself in growing and developing our leaders and employees for success through Leadership Institute Growth Programs, Nurse Residency Program, Lean Academy, Linking Leaders Mentor Program, 1st 90-Days Leadership Program, and New Leader Orientation.

Employee Recognition

Employees are celebrated and recognized in multiple ways including Values in Action Awards, Birthday recognition, New Leader recognition, Employee Work Anniversary Recognition Banquet and gifts, Good Catch Awards, New Employee recognition and department specific recognition.

Financial Security

Opportunities are available for employees to enhance their financial security through Foundation sponsored PACE Funds, Clinical Ladder Incentives, Loan Forgiveness Program, Tuition Reimbursement, Scholarship Opportunities, Employee Referral Bonus Program, Annual Merit Opportunities, Shift/Weekend/Holiday Differentials, 401(k) Matching Funds, Employee Sharing Fund and ETO Donation Program.

Employee Voice

Salina Regional Health Center gives employees a voice through the SRHC Regional Flash newsletter, Fun Team, Diversity Committee, Performance Feedback Meetings, Leader Rounding, Human Resources Visibility Program, HR Connections, and a Confidential Compliance Hotline (785-452-7848).

Vendor Discounts

Conklin Cars - Discounted rates on car rentals at Salina location only (785-309-2047).

Mattress Hub - 15% off any non-regulated product (Tempur-Pedic and I-Comfort are regulated) and 2 free memory foam pillows (can substitute 2 free pillows for free local delivery within a 15 mile radius of Salina). Package deal on Tempur-Pedic and I-Comfort includes: Free delivery, 2 free pillows, sheets and a 1 year trial with a mattress protector.

Office Max - Purchase at the corporate price SRHC pays on office supplies and print services. Pick up a card in Human Resources.

Starbucks (Petro II Location) - 10% off your order when mentioning you are a SRHC employee.

Taco John's (All Locations) - 15% Discount

Tickets at Work - Discounted tickets available for entertainment venues across the country including Worlds/Oceans of Fun, Six Flags, Broadway Shows, and much more. Explore entertainment value opportunities at www.TicketsatWork.com. Create an account by using your email address and SRHC's Company Code: WOF SALIN

YMCA - Discounted Membership (2nd Year Rates for new members).

Educational Institution Discounts

Discounts on educational programs are available at the following universities:

Bethel College	Capella University	Columbia Southern University
Ottawa University	Baker University	Grand Canyon University
Chamberlain College	Friends University	Kansas Wesleyan University

Vizient Discounts

Below are just a few of the discounts available to employees through our employee discount program with Vizient. For a complete list of discounts visit: www.vizientinc.com/discounts and click the "register" button to create your account. Mobile Apps are also available by searching "Employee Discounts by Vizient" in your mobile apps store.

AT&T - Discount on wireless phone service (varies based on wireless plan chosen).

Insight - Special negotiated pricing for a variety of IT manufactures on software solutions.

Orkin - \$50 off first home pest control service, with annual contract; \$150 off first home termite control service, with contract, 10% off monthly pest control service, with contract.

Sherwin Williams - 15% off household paints and stains, as well as brushes and rollers. Provide Account #9400-2751-9 at checkout to obtain the discount.

Verizon Wireless - Up to 22% Discount (19% discount + 3% for paperless billing).

Planet Fitness - No enrollment fee on either membership.

Classic Membership - \$10/month plus \$39 annual fee

Black Card - \$21.99/month, No annual fee

Sharp Performance - Discounted Membership for Salina and Concordia locations. No Annual dues or hidden fees. Platinum amenities for basic price.

	<u>12 Month Contract*</u>	<u>6 Month Contract*</u>	<u>Flex (No Contract)*</u>
Single Plan	\$29.99 per month	\$45.99 per month	\$59.99 per month
Family Plan	\$49.99 per month	\$65.99 per month	\$75.99 per month

**All contracts include Fitness, Sauna, Tanning and 24 hour access.*

Dumbell's Fitness - Concordia

With 3 employees - \$5 discount

With 10 employees - \$10 discount

With 25 employees - \$25 discount

Concordia Employees - Womack Sunshine Ford - Oil Change Special for \$17.95

Comfort Heating & Air - 20% discount on services and repairs. Pick up a card in Human Resources.

Nex-Tech Wireless (all Kansas Counties) - 20% off any current published rate plans, 10% off accessories. Show badge for discount.

Important Vendor Contacts

Vendor	Phone Number	Website
Medical Allegiance	855-999-1065	www.askallegiance.com/SRHC
Prescription Ventegra	877-867-0743	customercareteam@ventegra.com www.ventegra.com
Flexible Spending Accounts/Health Savings Accounts Allegiance	877-424-3539	www.askallegiance.com/SRHC
Dental Delta Dental of Kansas	800-234-3375	www.deltadentalks.com
Vision Vision Care Direct	877-488-8900	www.visioncaredirect.com
Basic Life, Supplemental Term Life & Long Term Disability The Hartford	800-872-3862	www.thehartford.com
Short Term Disability The Hartford, Policy #681500	Customer Service: 800-523-2233 Claims: 888-301-5615	www.thehartford.com
Legal & Identity Theft Protection LegalShield / ID Shield	800-654-7757	www.legalshield.com
Medical Transport MASA (Customer Service)	800-423-3226	www.masamts.com
Voluntary Benefits Trustmark (Universal Life) Guardian (Accident & Cancer) Guardian (Critical Illness)	800-918-8877 800-541-7846 800-268-2525	www.trustmarksolutions.com www.guardiananytime.com www.guardiananytime.com
Voluntary Benefit Claims Assistance Explain My Benefits	888-734-6937, Option 2	service@explainmybenefits.com
Retirement Plans Empower Retirement	866-467-7756	www.empower-retirement.com

Human Resources Contacts

Human Resources 785-452-7142 hr@srhc.com	Cloud County Health Center Human Resources 785-243-8524	Lindsborg Community Hospital Human Resources 785-450-5134
Darlene Foster, Benefit Coordinator 785-452-7857 dfoster@srhc.com	Kim Stumpf, HR Business Partner 785-452-7156 kstumpf@srhc.com	Mya Burke, Recruiter 785-452-7061 mburke@srhc.com
Jennifer Briggs, Manager, Benefits/Compensation 785-452-7982 jbriggs@srhc.com	Mattie Reveles, HR Business Partner 785-452-7876 mreveles@srhc.com	Paisley Millspaugh-Recruiter, Nursing 785-452-7782 pmillspaugh@srhc.com
Annette Suppes, Director, Human Resources 785-452-7155 asuppes@srhc.com	Jodi Brown, HR Business Partner 785-452-7009 jobrown@srhc.com	Tess Modrow, Human Resources Coordinator 785-452-7791 tmodrow@srhc.com
Brenda Cox, Vice President, Human Resources 785-452-7839 bcox@srhc.com		



Benefit Guide Description

This summary of benefits is not intended to be a complete description of Salina Regional Health Center's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Salina Regional Health Center maintains its benefit plans on an ongoing basis, Salina Regional Health Center reserves the right to terminate or amend each plan in its entirety or in any part at any time.

For questions regarding the information provided in this overview, please contact your human resources representative.