



Sheridan Memorial

Sheridan Memorial Hospital BENEFITS GUIDE 2025

Medical Center • Medical Clinic • Nursing Home
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www.sheridanmemorial.net

Benefit Eligibility

Sheridan Memorial Hospital offers both employer paid and employee paid benefits. If you work 60 hours per payroll, you are considered a full-time employee as it pertains to health insurance, and if you work 72 or more hours per payroll, you are considered a full-time employee as it pertains to all other benefits. Employees who work 40-59 hours per payroll are considered part-time as it pertains to health insurance; and 40-71 hours per payroll as it pertains to all other benefits.

Medical, dental, vision, life, accident, cancer and critical illness insurance offer coverage for eligible dependents, including:

- Your legal spouse or domestic partner.
- Your children under age 26 (including stepchildren, foster children, legally adopted children, and children placed with you for adoption).
- Your dependent children 26 years or over who are physically or mentally unable to care for themselves.

Enrollment

Employees may sign up for benefits or change benefit elections at the following times:

Health, Vision, Dental, Flexible Spending Account, Health Savings Account

- 1st of the month following 59 days of employment
- Following an eligible Qualifying Event

All Other Employee Paid Voluntary Benefits

- 1st of the month following 59 days of employment
- Following an eligible Qualifying Event

Retirement Plan (401K)

- After one year of employment that entails 1000 hours of service; or
- 1000 hours of service any year thereafter

The choices you make at this time will remain the same through December 31, 2025. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year, unless a qualifying event occurs.

Qualifying life events include, but are not limited to:

- Marriage, divorce, legal separation
- Birth or adoption of an eligible child
- change in your employment status or that of your spouse, or dependent child that affect eligibility
- death of your spouse or covered child
- change in your child's eligibility for benefits
- qualified medical child support order
- To request a benefit change, notify Human Resources within 31 days of qualifying life event. You will need to provide proof of the change such as a marriage certificate or record of birth. Change request submitted after 31 days cannot be accepted.

Affordable Care Act Individual Mandate

You and your family members may be required to have health insurance. The mandates and penalties vary by location. Learn more about the Affordable care act requirements at www.healthcare.gov.

Sheridan Memorial Hospital Employee Benefits

Employees at Sheridan Memorial Hospital enjoy benefits that add valuable security and peace of mind to their lives. Each benefit may be thoroughly reviewed by reading the Personnel Policy Manual and visiting with the Human Resources Manager. Benefits include:

Health Insurance - Sheridan Memorial Hospital provides Health insurance to eligible employees regularly working 20+ hours a week. Employees may add on family members but will pay for their added coverage.

Flexible Spending Account (FSA) - A FSA is available to eligible employees in which a predetermined amount of money is deducted, pre-tax, from each paycheck to cover out-of-pocket medical expenses.

Employee Assistance Program – An EAP gives employees access to services through certified counselors in every area causing life stressors, such as personal, financial & legal, family & relationships, and work & career.

Paid Time Off (PTO) – Sheridan Memorial Hospital offers full and part-time employee's vacation, holidays and a portion of sick leave into a single plan allowing employees to choose how to use their paid time away from work. While PTO accrues from the day the employee is hired, they must complete 6 months of employment before becoming eligible to use PTO. Employees with less than one-year of service accrue PTO at a lower rate. On the employee's anniversary date, 80 hours (or pro-rated portion) of PTO will be credited to the employee's PTO bank, and the accrual rate increases. Employees who have satisfied their probationary period may sell back up to 40 hours of PTO twice per fiscal year.

Hours of employment	Rate per productive hour worked	Max hours allowed in PTO Bank - FTE	Max hours allowed in PTO Bank - PTE
0-2,079	0.04231	88	71
2080-10,399	0.08077	256	135
10,400-20,799	0.10000	256	167
20,800 +	0.11923	320	199

Extended Illness Bank (EIB) - The EIB is an added benefit to pay for absence due to a single illness which extends past 24 consecutive scheduled hours for the employee or for absence due to the extended illness of an immediate family member, and/or time required in the adoption and/or birth of a child. Hours are accrued on a maximum 80 hours per pay period (except those hired prior to 2008). A full-time employee accrues up to 72 hours per year, and a part-time employee accrues a proportionate amount based on hours worked. EIB hours begin accruing the first day of employment and may be taken after satisfactory completion of three (3) months of employment, after an illness or injury lasting more than 24 consecutive scheduled hours. If the illness or injury last more than 40 hours of consecutively scheduled work, an employee may use their EIB hours for the entire 40 hours of absence. If illness reoccurs within 5 days after returning to work, the EIB hours are available immediately.

Bereavement - is given at a rate of up to 24 hours due to death of an employee's covered family member.

Retirement Plan – Sheridan Memorial Hospital participates in the Montana Health Network 401k retirement plan for employees who wish to participate upon meeting eligibility. A discretionary profit share contribution may be made by the employer when applicable.

Other Benefits – Sheridan Memorial Hospital also offers qualified employees other value-added benefits including:

- 20% discount on medical bills, up to \$1000 per year
- Student loan repayment
- Relocation reimbursement
- Medicare supplement reimbursement
- Community health panel on employee's birth month
- Lunch tickets
- Sign-on and/or retention bonuses
- Referral bonuses

Sheridan Memorial Hospital Employee Benefits for 2023

Medical Health Insurance Plans

Health Insurance Sponsor: Montana Health Network Health Insurance Plan and Trust (406) 234-1420 Administrator: PacificSource (888) 246-1370 Health Insurance Plan Year: January 1, 2025-December 31, 2025					
MHN Health Ins. Plan & Trust: Traditional \$2000/\$4000 – 80%/20% Pacific Source Plan # and Name: G0043602 - NAV 2000 20 4000					
Coverage	Monthly Premium	Employer Monthly Contribution		Employee Monthly Contribution	
		FT	PT	FT	PT
Employee Only	\$949.00	\$856.35	\$428.18	\$92.65	\$420.82
Employee + Spouse	\$1903.00	\$856.35	\$428.18	\$1046.65	\$1474.82
Employee + Child(ren)	\$1511.00	\$856.35	\$428.18	\$654.65	\$108
Family	\$2474.00	\$856.35	\$428.18	\$1617.65	\$2045.82
Plan Deductibles and Co-Insurance	Individual Deductible: \$2000 Individual Out-of-Pocket Max: \$4000 Co-Pay Amount: 80/20			Family Deductible: \$4000 Family Out-of-Pocket Max: \$8,000 Co-Pay Amount: 80/20	

MHN Health Ins. Plan & Trust: High Deductible Health Plan \$5000/\$5000 – 100%/0%					
Pacific Source Plan # and Name: G0043602 - NAV 5000 0 5000					
Coverage	Monthly Premium	Employer Monthly Contribution		Employee Monthly Contribution	
		FT	PT	FT	PT
Employee Only	\$726.00	\$726.00	\$363.00	\$0.00	\$363.00
Employee + Spouse	\$1455.00	\$726.00	\$363.00	\$729.00	\$1092.00
Employee + Child(ren)	\$1155.00	\$726.00	\$363.00	\$429.00	\$792.00
Family	\$1891.00	\$726.00	\$363.00	\$1165.00	\$1528.00
HSA Contribution (Max \$4300/\$8550) (Employee Contribution = max less employer cont)		\$134.35	\$67.18	\$2237.80/\$6137.80	\$3043.84/\$6943.84
Plan Deductibles and Co-Insurance		Individual Deductible: \$5000 Individual Out of Pocket: \$5000 Co-Pay: 100%/0%		Family Deductible: \$10,000 Family Out-of-Pocket: \$10,000 Co-Pay: 100%/0%	
Hrs. of Eligibility/Wait Period:		20 Hours/59 Days from Date of Benefit Eligibility			
Local Primary Care:		See Preferred Provider Network			
Prescription Deductible:		\$125 Per Individual			
Prescription Retail Tiers https://pacificsource.com/members/prescription-drug-information		Tier Number	30-Day Supply	90-Day Supply	
		1	\$5 or 20%	\$5 or 20%	
		2	\$25 or 20%	\$25 or 20%	
		3	\$40 or 40%	\$40 or 40%	
		Specialty	Same as Retail	Not Applicable	

Preventive/Screening:	Paid at 100% Deductible and Out-of-Pocket Waived. Services Include: <ul style="list-style-type: none">Well Baby & Well Child CareRoutine Physical ExamsWell Woman VisitsRoutine MammogramsImmunizationsRoutine ColonoscopyProstate Cancer ScreeningContraceptivesACA Preventive No-Cost Drug List – Paid at 100%		
Prescription Retail Tiers https://pacificsource.com/members/prescription-drug-information	Tier Number 1 2 3 Specialty	30-Day Supply \$5 or 20% \$25 or 20% \$40 or 40% Same as Retail	90-Day Supply \$5 or 20% \$25 or 20% \$40 or 40% Not Applicable
Preferred Provider Network:	Montana, Idaho, Washington, Oregon – Navigator Network		
Plan Provider Network:	Out of State Providers – AETNA Alaska Only – First Choice Health		
Online Resources:	InTouch: Register at www.pacificsource.com <ul style="list-style-type: none">Look-up CoverageCheck Claim Status or HistoryView Statements for Paid ClaimsChange AddressCheck Out-Of-Pocket AmountsOrder or Print Temporary ID Card myPacificSource: Mobile App - Download from <i>Amazon Apps, Apple Store, or Google Play</i> <ul style="list-style-type: none">Use as Mobile ID Card24-hour NurseLineSearch Providers Near YouCheck Deductibles and Out-of-Pocket Costs Wellness: www.healthwise.net/pacificsource		
Flexible Spending Account	A Flexible Spending Account (FSA) lets you set aside money from your paycheck on a pretax basis to use for eligible out-of-pocket expenses. Eligible medical expenses include dental, vision, hearing, healthcare, prescriptions and some over-the counter medications. Eligible dependent care expenses include daycare, after school programs, nursery school, preschool, summer day camp (under 13 years old) and elder care. Funds are use it or lose it, but the employer may allow a grace period or a carry over to the next year.		
2025 Maximum Contribution	Medical \$3300	Dependent Care \$2500 Ind/\$5000 Family	
FSA Carryover for 2025	\$660		

Understanding the Health Savings Account (HSA)

The IRS defines a HDHP as a plan with no first dollar coverage, except for Preventive Benefits, until the deductible is met. Secondary coverage can disqualify an individual from contributing into an HSA. Examples: Medicare, Tri-Care, Individual Coverage, Flexible Spending Accounts (unless Limited Purpose Flexible Spending Account) or another group plan.

An HSA is an account that can be used to pay first dollar coverage on deductibles of the HDHP. It is owned by the individual. Money in the account belongs to the individual whether they contributed the money themselves or their employer contributed it for them. Money in the account rolls over from one year to the next. If the employee leaves employment, the account still belongs to them. If the employee changes plans and no longer has an HDHP, money in the HSA can be spent, but no additional funds can be added.

HSAs have a triple tax advantage:

- Contributions are pre-tax or tax-free (State, Federal and FICA)
- Funds from the account spent on qualified medical expenses are not taxed
- Interest or investment earnings from the account are not taxed.

Funds from an HSA can be used on qualified medical expenses for the individual covered by the HDHP and the spouse and children of the individual (even if the spouse and children are not covered by the HDHP). *HSA dollars can only be spent on dependents you can claim on your tax-return!*

You can't contribute to both an HSA and a medical Flexible Spending Account (FSA) unless your employer opts for a Limited Purpose Flexible Spending Account. Your traditional FSA must have a zero balance at the anniversary of your flex plan, or you must wait until the grace period expires.

The maximum amount that can be contributed to an HSA from all sources in 2025 is:

- \$4300 for self-only coverage
- \$8550 for family coverage
- Individuals ages 55 and older can contribute an additional \$1,000 catch-up
- The IRS sets these amounts annually

Only qualified medical expenses incurred after the date the HSA was established can be reimbursed from the account. Funds must be in account before they can be spent. If distributions are used for anything other than qualified medical expenses, those funds are considered income and will be taxed and penalized.

After age 65, funds remain tax free if they are used for qualified medical expenses; however, if used for other expenses, will be taxed at the individuals current tax rate; but no penalty will incur.

Treatment of HSAs upon death: If the spouse is the beneficiary, the spouse inheriting the HSA is treated as the owner. If the spouse is not the beneficiary, the account will no longer be treated as an HSA upon death of the individual. The account will become taxable to the individual's final tax return if the estate is the beneficiary; otherwise, it will be taxable to the recipient.

KEEP YOUR RECEIPTS! HSA's are self-administered. Individuals must keep records sufficient to prove that the expenses were incurred.

Retirement Plan

Montana Health Network offers a Traditional and a Roth 401(K) Multiple Employer Plan (MEP), administered by Transamerica Financial. The 401K was created to assist employees to plan and save for their retirement. **Sheridan Memorial Hospital** participates in the MEP.

Eligibility: To participate, an employee must be 18 years old or older, have worked for a participating employer at least 1000 hours and still be employed on their first anniversary date; or worked at least 1000 hours in any plan year thereafter. Plan entry dates are quarterly (January 1, April 1, July 1, October 1).

Enrollment: Upon eligibility, employees are auto enrolled at 3% with an automatic increase each year of 1% up to 10%. If an employee is eligible to contribute with one MEP participating employer, and is hired by another MEP participating employer, the employee may begin making contributions immediately with the new employer.

Terminations: If a terminated employee was eligible to enter the plan (whether they made contributions or not), and if they return to any of the MEP facilities within 5 years of the term date, that employee is eligible to begin making contributions immediately. Under the same circumstances, if that employee had made contributions to their 401K account, they are eligible to begin making contributions immediately with no timeline restrictions.

Contributions: Employees may contribute from 1-100% of their payroll. Limits for 2024 employee contributions are **\$23,000** with a **\$7500 catch-up if over 50 years old**. All contributions made to the Traditional 401K are pre-tax, and contributions made to the Roth 401K are after tax.

Employer Match: Participating facilities may make a discretionary contribution to the employee's account, based on decisions made by their Board of Directors. **Sheridan Memorial Hospital** matches **\$1 per \$1 up to 3%**. Employees will need to contribute at least **3%** to get the full match from the employer.

Vesting: is the percentage of the employer contribution that the employee owns. If the employer offers a *graded* vesting schedule, the employee gains one year of vesting after completing 1000 hours of work for each calendar year. Each year equals 20% as follows - Year 1 = 20%, Year 2 = 40%, Year 3 = 60%, Year 4 = 80%, Year 5 = 100%. If the employer offers a *safe harbor vesting*, the employee is 100% vested on the first day they are eligible to contribute. **Sheridan Memorial Hospital offers a graded vesting schedule.**

Rollovers: Qualified distributions from another simple IRA or 401K account can be rolled into the Montana Health Network 401K plan. 100% of funds rolled into the Plan is available to the employee as a distribution upon employee request. The employee does not have to meet eligibility to rollover funds into the Plan.

Distributions: Can only be taken upon retirement age, or once employee has terminated from **all** MEP employers. An annual forced distribution is required of any employee over the age of 70 years old.

Loans: One loan at a time can be obtained for a minimum of \$1000 and a maximum of \$50,000 but can be for no more than ½ of the amount that the *employee* has contributed. Loan payments are taken out as a payroll deduction and must be paid back within 60 months. If the employee terminates employment, the loan must be paid off immediately, and if not, the balance of the loan will be deducted from the 401K account and that amount will be considered taxable income.

Managed Advice: Transamerica offers a voluntary opt-in service that provides one-on-one support and professional advice to improve outcomes for 401K participants. Participants can subscribe to the service by calling Transamerica's special Managed Advice line at (844) 622-2133 or going online at www.transamerica.com/portal/home.

Financial/Investment Planning: First Interstate Bank offers free investment and retirement planning services. Contact Information: **Email Lynn Caraveau** lynn.caraveau@fiwmwealth.com or call **(406) 255-5861**.

In order to change plans, contribution rates, make investment choices, apply for loans or distributions, and designate a beneficiary, create a login at www.transamerica.com and select *Individual* and *Retirement Plan*; or call web support at (877) 348-3365.

Contact Christopher Hopkins at Montana Health Network with questions, concerns or issues at (406) 234-1420 or email chopkins@montanahealthnetwork.com.

Your EAP Benefit Summary

For Employees and Family Members

Each of us encounters personal problems from time to time. And that is why we partner with ESI EAP to provide you with the best possible solutions for issues you or one of your family members may face. Your EAP is here to help.

Employee Assistance Program – FREE!!!



THE FOLLOWING FREE BENEFITS ARE AVAILABLE.

> COUNSELING BENEFITS

Help from experienced Masters or Ph.D. level counselors for personal issues such as: relationships/family, depression/anxiety, grief and more.

> PEAK PERFORMANCE COACHING

Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.

> TRAINING AND PERSONAL DEVELOPMENT BENEFITS

Over 8,000 free online personal and professional development trainings in a variety of easy to use formats. Some of the topics covered are: debt, budgeting, communication, working remotely, stress management and emotional intelligence.

> SELF-HELP RESOURCES

Self-help Resources give you access to a collection of thousands of tools, videos, financial calculators and informative articles covering virtually every issue you might face, including adoption, relationships, legal, financial, cancer and more.

> WORK/LIFE BENEFITS

Assistance for financial, legal, and child & elder care.

> PERSONAL ASSISTANT

Help for everyday issues, including finding a local medical or dental provider, summer camp options and more.

> WELLNESS BENEFITS

Videos and resources to improve you and your family's overall health, including fitness, diet and tobacco cessation.

> LIFESTYLE SAVINGS BENEFIT

Includes thousands of discounts, rewards and perks in a variety of categories: Health & Wellness, Auto, Electronics, Apparel, Restaurants, Beauty & Spa, Flowers & Gifts, Sports & Fitness and more! Available benefits are accessible from ESI's Member website.

Contact the EAP toll-free at 1.800.252.4555. All calls are **CONFIDENTIAL** and answered by a Masters or Ph.D. level counselor; your counselor will work with you on a plan beginning with the first call. Or go to www.HealthCareEAP.com and create a username and password.



www.HealthCareEAP.com | 1.800.252.4555

We're Here for You and Your Family Members!

Employee Voluntary Group Benefits

Voluntary Group Benefits are products offered through **Sheridan Memorial Hospital**, but are paid for by employees through payroll deductions. Voluntary group benefits offer individual employees group rates that they would be unlikely to find on their own, and many times a guarantee issue, meaning the employee doesn't have to answer any medical questions or have a physical exam as long as they opt in as soon as they are eligible.

Voluntary Group Benefits are extremely important for employees who want to fill the voids of coverage where their traditional health, life or disability benefits don't give them the insurance they need based on varying life circumstances, current situations, and down the road for those who like to plan ahead.

Voluntary group benefits include:

Dental Insurance - Provides benefits for both routine and expensive procedures that are not covered by the employee's health insurance plan.

Vision Insurance – Provides benefits for routine eye exams, eyeglasses and contacts.

Term Life Insurance - This benefit is an affordable way to provide financial protection to loved ones if death occurs due to accident or injury. Coverage is available for employee and spouse/children.

Accidental Death & Dismemberment (AD&D) - In the event of an accidental death, this policy pays an additional amount over term life benefits and provides a specified benefit for a covered accidental bodily injury that directly causes loss of limb. Coverage is available for employee and spouse/children.

Whole Life Insurance w/ Long-Term Care Rider – Unlike term insurance that usually ends or decreases at retirement age, whole life insurance coverage continues as long as the employee wants it; and has locked in premiums that won't increase with age and earns a cash value. Will pay a predetermined daily benefit if employee requires admission to long-term care or requires home health benefits.

Cancer Insurance – Pays a predetermined amount directly to patient when being treated for cancer.

Critical Illness Insurance – Pays a predetermined amount directly to patient when being treated for cancer, heart attack, stroke or other named illnesses.

Accident Insurance – Pays a predetermined amount directly to patient for named services resulting from an accidental injury.

Norton Life Lock ID Protection – Monitors your personal, financial, and social accounts and helps restore identity if stolen.

Benefits for All – Montana Health Network offers individual, private pay benefits that give employees and their friends and family access to group rate benefits that may not be available to them through their employer, through COBRA if leaving employment; or through their Medicare plan. Benefits include individual dental, vision, pet insurance, and ID theft.

EMPLOYEE PAID VOLUNTARY PLANS



Dental Plan

Montana Health Network Health Insurance Plan & Trust offers an affordable voluntary dental plan. Whether it's the ability to seek preventive, routine dental care, or make complex dental treatments more affordable, having dental insurance provides employees with the ability to achieve better oral and overall health.

- Employee does not have to be enrolled in the MHN Health Insurance Plan to opt for the voluntary dental plan.
- Employee does have to be enrolled in the voluntary dental plan in order to enroll dependents.
- Employee can use the provider of their choice in any location and is not penalized for "out-of-network" service.
- A 12-month waiting period for major services applies to new enrollees unless they have proof of equitable coverage from another carrier or employer. Participants who enroll in voluntary dental after a lapse of coverage will be considered new applicants and waiting periods will apply.

Plan Design	MHN Voluntary Dental (Employee Paid)
Annual Deductible	\$50/\$150 (waived for Preventive & Screening)
Annual Maximum	\$1500 per Enrollee
Preventive/Diagnostic – 100%	Exam, Cleaning, X-ray, Fluoride, Sealants, Space Maintainers (under 16)
Basic 80% – no waiting period	Palliative Care, Extractions, Oral Surgery, Fillings, Periodontal Maintenance and Surgery, General Anesthesia & IV Sedation, Endodontic Treatment (including Root Canal Therapy), Prophylaxis for Periodontic Treatment, Occlusal Adjustment (when performed with periodontal surgery), Injection of Antibiotic Drugs, Nitrous Oxide
Major – 50% (12 month Waiting Period on Voluntary Plan)	Implants, Occlusal Guard, Gold Fillings, Initial Installation and Repair of Crowns, Inlays, Onlays, Bridges, Initial Installation or Repair of Denture or Fixed Bridgework
Pediatric Orthodontia – 12 month Waiting Period on Voluntary Plan	\$500 Annual/\$1000 Lifetime Maximum
Employee	\$39.00
Employee + Spouse	\$81.00
Employee + Child(ren)	\$77.00
Employee + Family	\$114.00

Vision Insurance

Sun Life offers a vision plan through VSP that includes:

- **Value and savings** – value and the lowest out-of-pocket costs
- **High quality vision care** – A VSP provider will include a WellVision Exam designed to detect eye and health conditions
- **Choice of providers** – choose a VSP network provider or any out-of-network provider
- **Great eyewear** - at prices that fit your budget

Using your benefit is easy:

- **Register** - at www.vsp.com
- **Find an eyecare provider** – visit www.vsp.com or call (800) 877-7195
- **No ID card is necessary** - a card can be printed at www.vsp.com
- **No claim forms necessary** – when you see a VSP network provider

Sun Financial/VSP Vision Benefits Summary - Choice Plan							
Benefit		Description		Copay		Frequency	
WellVision Exam		Focuses on eyes and overall wellness		\$10		1 per 12 months	
Prescription Glasses (Lens and Frames)				\$25		See frame & lenses	
Frames		\$130 allowance for the frame of choice and 20% savings on the amount over allowance		Included in Prescription Glasses		1 per 12 months	
Lenses		Single vision, lined bifocal and trifocal, lenticular and necessary contacts		“ “ “		1 per 12 months	
Lens Enhancements		Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements		\$50 \$80-90 \$120-160		N/A	
Elective Contacts (instead of glasses)		\$130 allowance for contacts, and up to 15% savings for contact lens exam (fitting and evaluation)				1 per 12 months	
Extra Savings		<u>Glasses and Sunglasses</u> <ul style="list-style-type: none">30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam; or 20% off from any VSP doctor within 12 months of last exam. <u>Laser Vision Correction</u> <ul style="list-style-type: none">Average 15% off the regular price or 5% off the promo price; discounts only available from contracted facilities					
Coverage with Out-Of-Network Providers							
Benefit & Coverage		Benefit & Coverage		Benefit & Coverage		Benefit & Coverage	
Exam	Up to \$52	Lenses: single vision	Up to \$55	Lenses: lined tri-focal	Up to \$95	Contacts - necessary	Up to \$210
Frame	Up to \$57	Lenses: lined bi-focal	Up to \$75	Lenses: progressive	Up to \$125	Contacts – elective	Up to \$105
		Sun Financial/VSP Monthly Rates					
		Employee Only	\$10.87	Employee & Child(ren)	\$23.90		
		Employee & Spouse	\$21.72	Employee & Family	\$34.76		



Sheridan Memorial Hospital

Term Life and Accidental Death & Dismemberment (AD&D) Insurance



How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

Why is this coverage so valuable?

If you previously purchased coverage, you can increase it up to \$150,000 to meet your growing needs — with no medical underwriting.

What else is included?

A "Living" Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 100% of your life insurance benefit (up to \$250,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements, and may be taxable. Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period of time.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

You:	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. If you previously purchased coverage, you can increase it up to \$150,000 with no medical underwriting. If you previously declined coverage, you may have to answer some health questions.
Your spouse:	Get up to \$250,000 of coverage in \$5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. If you previously purchased coverage for your spouse, they can increase their coverage up to \$25,000 with no medical underwriting, if eligible (see delayed effective date). If you previously declined spouse coverage, some health questions may be required.
Your children:	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

Who can get Accidental Death & Dismemberment (AD&D) coverage?

You:	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
Your spouse:	Get up to \$250,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
Your children:	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No medical underwriting is required for AD&D coverage.

Voluntary Life Rates							
Age	Monthly Cost per \$1,000 coverage	Age	Monthly Cost per \$1,000 coverage	Age	Monthly Cost per \$1,000 coverage	Age	Monthly Cost per \$1,000 coverage
<30	\$0.07	40-44	\$0.15	55-59	\$0.55	70-74	\$2.10
30-34	\$0.08	45-49	\$0.24	60-64	\$0.75	75+	\$3.60
35-39	\$0.10	50-54	\$0.37	65-69	\$1.20		
Child Supplemental Life Coverage Monthly Rate (Per Child)							
\$2,500 = \$0.42		\$5,000 = \$1.00			\$10,000 = \$2.10		
Employee & Spouse AD&D				Child Supplemental AD&D			
\$0.03 per \$1,000 of Coverage				\$0.041 per \$1,000 of Coverage			

Exclusions and limitations apply. Please read *Outline of Coverage* for more information.



Sheridan Memorial

Whole Life Insurance



How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%.* You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've purchased coverage, your premium remains the same as long as premiums are paid.
- You get better rates when you buy coverage through your workplace
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

What's included?

A "Living" Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're diagnosed with a terminal illness and expected to live 12 months or less. It can help cover your costs while you're still alive. The payout would reduce the benefit that's paid when you die.

Long Term Care Rider

You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more information.

Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

Who can get coverage?

You:	You can purchase a minimum benefit amount of \$2,000, to a maximum of \$150,000 if you're between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.
Your spouse: Individual coverage	Available for your spouse between the ages of 15 to 80, but you must purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase a minimum benefit amount of \$2,000, to a maximum of \$35,000
Your children: Individual coverage	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a minimum benefit amount of \$5,000, up to a maximum of \$50,000 for each child.

Premium is based on age, amount of coverage applying for, and duration of policy. See the EASE platform to determine premium amount.

Exclusions and limitations apply. Please read *Outline of Coverage* for more information.



Sheridan Memorial Hospital

Short Term Disability Insurance



How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 11 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.

Cover 60% of your weekly income, up to a maximum benefit of \$2,500 per week. The weekly benefit may be reduced or offset by other sources of income.

*See the Legal Disclosures for more information.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

What else is included?

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of six weeks unless you return to work before the end of the time.

If you don't sign up now but decide to apply later, you may have to answer health questions.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 11 week benefit duration.

Calculate your cost

• For step 2:

Enter your rate from the Rate Chart, based on your age.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

STD Rates			
Age	Rate	Age	Rate
15-24	\$0.426	45-49	\$0.685
25-29	\$1.062	50-54	\$0.818
30-34	\$1.480	55-59	\$1.082
35-39	\$1.106	60-64	\$1.386
40-44	\$0.690	65+	\$1.666

Disability worksheet

1 Calculate your weekly disability benefit.

$\$ \text{_____} \div 52 = \$ \text{_____} \times 60\% = \$ \text{_____}$
Your annual earnings Your weekly earnings (Max % of income covered) Max weekly benefit available (if the amount exceeds the plan max of \$2,500, enter \$2,500).

2 Calculate your cost per paycheck.

$\$ \text{_____} \div 10 = \$ \text{_____} \times \$ \text{_____} = \$ \text{_____} \times 12 = \$ \text{_____} \div 12 = \$ \text{_____}$
Your weekly benefit amount Your rate Your monthly cost Your annual cost Number of paychecks per year Your cost per paycheck

Exclusions and limitations apply. Please read *Outline of Coverage* for more information.





Sheridan Memorial Hospital

Long Term Disability Insurance



How does it work?

This coverage provides a monthly benefit if you have a covered illness or injury and you can't work for a few months — or even longer.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.
	Cover 60% of your monthly income, up to a maximum payment of \$10,000. The monthly benefit may be reduced or offset by other sources of income.
*See the Legal Disclosures for more information.	

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

If you don't sign up now but decide to apply later, you may have to answer health questions.

Elimination period (EP)

Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.

Benefit duration (BD)

This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.

Calculate your cost

- Use \$200,000 if your annual earnings exceed this amount. This is the maximum coverage amount offered in this plan.
- Multiply by your rate. Use the rate table to find the rate based on your age. (Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

What else is included?

Survivor Benefit

If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment.

Waiver of premium

If you're disabled and receiving benefit payments, Unum waives your cost until you return to work.

Work-life balance Employee Assistance Program

Get access to professional help for a range of personal and work-related issues, including counselor referrals, financial planning and legal support.

Worldwide emergency travel assistance

One phone call gets you and your family immediate help anywhere in the world, as long as you're traveling 100 or more miles from home. However, a spouse traveling on business for his or her employer is not covered.

LTD Rates			
Age	Rate	Age	Rate
15-24	\$0.250	45-49	\$2.400
25-29	\$0.430	50-54	\$2.960
30-34	\$0.790	55-59	\$3.670
35-39	\$1.160	60-64	\$3.770
40-44	\$1.840	65-69	\$2.850
		70+	\$2.320

Disability worksheet				
1 Enter your annual earnings and calculate your maximum monthly benefit available.				
$\$ \underline{\hspace{1cm}} \div 12 = \$ \underline{\hspace{1cm}}$	\times	$60\% =$	$\$ \underline{\hspace{1cm}}$	
Your annual earnings	Your monthly earnings	(Max % of income covered)	Max monthly benefit available	
2 Calculate your cost per paycheck				
$\$ \underline{\hspace{1cm}} \div 100 = \$ \underline{\hspace{1cm}}$	\times	$\$ \underline{\hspace{1cm}} =$	$\$ \underline{\hspace{1cm}} \div 12 =$	$\$ \underline{\hspace{1cm}}$
Your annual earnings		Rate	Number of paychecks per year	Total cost per paycheck

Exclusions and limitations apply. Please read *Outline of Coverage* for more information.



Sheridan Memorial Hospital

Group Accident Insurance



How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$16.44	\$7.91
You and your spouse	\$28.98	\$14.25
You and your children	\$34.92	\$16.29
Family	\$47.46	\$22.63

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

EXAMPLE OF HOW IT WILL PAY (DEPENDING ON PLAN SELECTED)

Accidental Death and Dismemberment

AD&D	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Common Carrier	
Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500

Injury

3rd Degree Burns - At least 5%, but less than 20% of skin surface	\$5,000
3rd Degree Burns - 20% or greater of skin surface	\$10,000
Concussion	
Concussion	\$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	\$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	\$150
Dislocations	

Injury

Ankle (lower tibia or fibula)	\$450
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	\$450
Foot or Heel (other than Toes)	\$450
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	\$450
Kneecap (patella)	\$450
Lower Jaw, Mandible (other than alveolar process)	\$450
Vertebral Processes	\$450
Rib	\$450

Exclusions and limitations apply. Please read *Outline of Coverage* for more information.

Group Critical Illness Insurance



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical Illnesses	
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ failure • End-stage kidney failure 	<ul style="list-style-type: none"> • Coronary artery disease • Major (50%): • Coronary artery bypass graft or valve replacement • Minor (10%): • Balloon angioplasty or stent placement
Cancer conditions	
<ul style="list-style-type: none"> • Invasive cancer — all breast cancer is considered invasive 	<ul style="list-style-type: none"> • Non-invasive cancer (25%) • Skin cancer — \$500
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> • Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease • Functional loss 	<ul style="list-style-type: none"> • Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C or D • Infectious Diseases (25%)

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive a payment for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Benefits may be subject to a pre-existing condition provision

See Pg 19 for Rates

Exclusions and limitations apply. Please read *Outline of Coverage* for more information.

CRITICAL ILLNESS MONTHLY RATE CHARTS

Exclusions and limitations apply. Please read *Outline of Coverage* for more information.

Monthly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$3.98	\$2.93
25 - 29	\$4.78	\$3.33
30 - 34	\$5.48	\$3.68
35 - 39	\$6.88	\$4.38
40 - 44	\$8.58	\$5.23
45 - 49	\$10.68	\$6.28
50 - 54	\$12.98	\$7.43
55 - 59	\$16.78	\$9.33
60 - 64	\$26.08	\$13.98
65 - 69	\$34.38	\$18.13
70 - 74	\$46.48	\$24.18
75 - 79	\$65.48	\$33.68
80 - 84	\$91.18	\$46.53
85+	\$140.68	\$71.28

Monthly costs		
Age	Employee coverage: \$30,000 Spouse coverage: \$15,000 Be Well benefit: \$100	
	Employee	Spouse
under 25	\$11.94	\$8.79
25 - 29	\$14.34	\$9.99
30 - 34	\$16.44	\$11.04
35 - 39	\$20.64	\$13.14
40 - 44	\$25.74	\$15.69
45 - 49	\$32.04	\$18.84
50 - 54	\$38.94	\$22.29
55 - 59	\$50.34	\$27.99
60 - 64	\$78.24	\$41.94
65 - 69	\$103.14	\$54.39
70 - 74	\$139.44	\$72.54
75 - 79	\$196.44	\$101.04
80 - 84	\$273.54	\$139.59
85+	\$422.04	\$213.84

Monthly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$10,000 Be Well benefit: \$75	
	Employee	Spouse
under 25	\$7.96	\$5.86
25 - 29	\$9.56	\$6.66
30 - 34	\$10.96	\$7.36
35 - 39	\$13.76	\$8.76
40 - 44	\$17.16	\$10.46
45 - 49	\$21.36	\$12.56
50 - 54	\$25.96	\$14.86
55 - 59	\$33.56	\$18.66
60 - 64	\$52.16	\$27.96
65 - 69	\$68.76	\$36.26
70 - 74	\$92.96	\$48.36
75 - 79	\$130.96	\$67.36
80 - 84	\$182.36	\$93.06
85+	\$281.36	\$142.56



Sheridan Memorial Hospital

Group Hospital Insurance



How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

How much does it cost?

Your monthly premium	
You	\$26.86
You and your spouse	\$49.81
You and your children	\$36.29
Family	\$59.24

SCHEDULE OF BENEFITS

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	\$1,000
ICU Admission	Payable for a maximum of 1 day per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100
Hospital Daily Stay due to childbirth	Paid in addition to the Hospital Daily Stay	\$50
ICU Daily Stay	Payable per day up to 30 days	\$100
Short Stay	Payable for a maximum of 1 day per year	\$250

Exclusions and limitations apply. Please read *Outline of Coverage* for more information.

Watch a short video on all of the Norton LifeLock features at <https://vimeo.com/848494507>



Opt-in to Cyber Safety

No one intends to be unsafe online. Help protect your identity and devices with Norton LifeLock Benefit Plans. Let us help you empower you and your family to live your digital lives safely.



Device Security

Anti-virus software and multi-layered, advanced security helps protect devices against existing and emerging threats, including malware and ransomware.



Online Privacy

Norton Secure VPN protects devices and helps keep online activity and browsing history private. Privacy Monitor scans common public people-search websites to help you opt-out. And SafeCam alerts you and blocks attempts to access your webcam.¹



Screen modified for demonstration purposes.
Features may differ depending on plan.



Identity

We monitor for fraudulent use of personal information, and send alerts when a potential threat is detected.[†]



Home & Family

Take action to monitor your child's online activity with easy-to-use tools to set screen time limits, block unsuitable sites, and monitor search terms and activity history.

ENROLL TODAY

Take advantage of the special benefit plans and pricing by signing up through your benefit program and providing your **name, Social Security Number, date of birth, address, phone number and email address** for yourself and any dependents you wish to enroll.

HAVE AN EXISTING LIFELOCK MEMBERSHIP?

Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

No one can prevent all identity theft or cybercrime.
† We do not monitor all transactions at all businesses.
¹ Norton Cloud Backup, Norton SafeCam, Norton Family, and Norton Parental Control features are not supported on Mac, Windows 10 in S mode, and Windows running on ARM processor.



IDENTITY

	LifeLock With Norton Benefit Essential	LifeLock With Norton Benefit Premier	LifeLock With Norton Benefit Premier Plus
Financial & fraud protection	●	●	●
• Proprietary LifeLock Identity Alert™ System*	●	●	●
• Identity verification & SSN alerts*	●	●	●
• Credit monitoring ¹	One-bureau ¹	Three-bureau ¹	Three-bureau ¹
– Auto on credit monitoring	●	●	●
– Real time application alerts (provided by Equifax)	●	●	●
• Credit reports & credit scores <small>The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Any one bureau VantageScore mentioned is based on Equifax data only. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.</small>	One-bureau ² monthly	One bureau ² daily/ Three-bureau ² annual	One bureau ² daily/ Three-bureau ² annual
– Credit utilization	●	●	●
– Credit disputes	●	●	●
– Credit score tracking	●	●	●
• High-risk transaction monitoring (all financial accounts)	●	●	●
• Debit & credit card activity alerts*	●	●	●
– Unusual charge alerts	●	●	●
– Recurring charge alerts	●	●	●
– Monthly spending trends	●	●	●
• Checking & savings account application alerts*		●	●
• Bank account takeover alerts*		●	●
• Student loan activity alerts*	●	●	●
• 401K, HSA, & investment account activity alerts (employer & personal accounts)*	●	●	●
• Payday/sub-prime loan monitoring*	●	●	●
Lifestyle protection	●	●	●
• Dark web monitoring (100+ data points driven by human operatives & AI)	●	●	●
– IP address monitoring	●	●	●
• Data breach notifications	●	●	●
• Fictitious identity monitoring	●	●	●
• Public records monitoring	●	●	●
– Court records scanning		●	●
– Sex offender registry	●	●	●
• USPS address change verification	●	●	●
• Online lending marketplace monitoring	●	●	●
• Phone takeover monitoring (carrier, SIM, & phone number)	●	●	●
• Telecom, cable, & utilities monitoring	●	●	●
• Home title monitoring		●	●
Social protection	●	●	●
• Social media monitoring* (TikTok & Snapchat now included NEW)	●	●	●
– Inappropriate content & cyber bullying	●	●	●
– Account takeover	●	●	●
– Phishing or scams	●	●	●
• Gamertag monitoring	●	●	●
• P2P file sharing-network searches	●	●	●
Lock & freeze dashboard	●	●	●
• Identity lock ^{3,4}	●	●	●
– One-click credit lock	●	●	●
– One-click payday loan lock	●	●	●
• Bank account freeze	●	●	●
• Credit freeze	●	●	●
• Child credit freeze NEW	●	●	●
• Employment data freeze NEW	●	●	●
• Utility account freeze	●	●	●
• IRS tax identity protection pin assistance	●	●	●

SECURITY			
	LifeLock With Norton Benefit Essential	LifeLock With Norton Benefit Premier	LifeLock With Norton Benefit Premier Plus
Norton Device Security – PC, Mac, & mobile	Up to 3 devices (Family gets 6 devices)	Up to 5 devices (Family gets 10 devices)	Up to 10 devices (Family gets unlimited)
• Antivirus, malware, ransomware, & hacking protection	●	●	●
• Safe browsing (Norton Safe Web)	●	●	●
• SMS security	●	●	●
• Secure calendar (iOS)	●	●	●
• Network security (Smart Firewall)	●	●	●
• Cloud backup ²	10 GB	50 GB	500 GB
Online threat protection (including emerging threats: stalkerware, fake e-stores)	●	●	●
Password Manager	●	●	●
Child online safety tools (Parental Control)³	●	●	●
• Online activity monitoring (search term & video supervision)	●	●	●
• Content controls & restrictions	●	●	●
• Screen time management	●	●	●
• Geolocation tracking & alerts	●	●	●
• Instant device lock/unlock	●	●	●
• Instant school time device management	●	●	●
PRIVACY			
Secure VPN – PC, Mac, & mobile	●	●	●
Data broker monitoring & data removal assistance (Privacy Monitor)	●	●	●
Solicitation reduction	●	●	●
• Ad blocker	●	●	●
• Reduced pre-approved credit card offers	●	●	●
Webcam protection (SafeCam)²	●	●	●
Private Email COMING SOON™			●
Tracker & cookie blocking, anti-fingerprinting (Norton AntiTrack) NEW			●
SERVICE & SUPPORT			
Restoration & remediation services	●	●	●
• 24/7 live member support (tap-to-call from mobile app)	●	●	●
• U.S.-based identity restoration agents	●	●	●
• Spyware/virus removal (SRV) specialists	●	●	●
• Unemployment fraud support	●	●	●
• Prior identity theft remediation ⁴ (pre-existing conditions)	●	●	●
• Integrated restoration tracker	●	●	●
Dedicated employee benefits phone line & email support	●	●	●
Mobile app (iOS & Android)	●	●	●
Million Dollar Protection Package^{1***}	●	●	●
• Stolen funds reimbursement	Up to \$1 million each	Up to \$1 million each	Up to \$1 million each
• Personal expense reimbursement (including loss of income, child/elder care)	Up to \$1 million each	Up to \$1 million each	Up to \$1 million each
• Coverage for lawyers & experts (no hourly max)	Up to \$1 million each	Up to \$1 million each	Up to \$1 million each
• Replacement of stolen cash	Up to \$500	Up to \$500	Up to \$500
Cyber Crime Coverage^{1***} NEW			Employee Only Plan: \$50,000 Employee + Family Plan: \$50,000 Shared
• Cyber extortion			●
• Social engineering			●
• Data recovery & system restoration			●
• Cyber bullying			●
• Digital currency crime			●

Norton LifeLock 3 Plan Rates

Voluntary Benefit: Helps employees and their families benefit from multi-layered protection for their identity, privacy and security needs.			
Covered	Benefit Essential	Benefit Premier	Benefit Premier +
Employee Only	\$7.75	\$10.49	\$14.49
Employee + Family	\$14.50	\$20.99	\$24.98



DID YOU KNOW?

28M
emergency transports are
dispatched by 911 annually.*

MASA steps in where insurance falls short by helping protect families against uncovered costs for emergency transportation.

* National Association of EMS Officials, 2020

Indemnity Gold plan

Rate = \$10.00 Per Month

Ensure you and your family are protected from unexpected costs when you use emergency transportation by adding MASA to your benefits.

MASA's solution is simple — with us, there is no “out-of-network.” We work as a payer, not a provider. You simply call 911 when there is an emergency, and you'll never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. We'll advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then we cover the remaining balance including your deductibles and co-pays.

Plan details

Emergency Air Ambulance Coverage¹

MASA will pay the Indemnity Benefit Amount of \$15,000 for the cost of emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.



DID YOU KNOW?

28M
emergency transports are
dispatched by 911 annually.*

MASA steps in where insurance falls short by helping protect families against uncovered costs for emergency transportation.

* National Association of EMS Officials, 2020

Emergent Gold plan Rate = \$19.00 per month

Ensure you and your family are protected from unexpected costs when you use emergency transportation by adding MASA to your benefits.

MASA's solution is simple — with us, there is no "out-of-network." We work as a payer, not a provider. You simply call 911 when there is an emergency, and you'll never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. We'll advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then we cover the remaining balance including your deductibles and co-pays.

Plan details

Emergency Ground Ambulance Coverage¹

MASA covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Repatriation to Hospital Near Home Transport/Facility Transfer¹

MASA provides services and covers out-of-pocket expense for the coordination of the Insured and the Dependents' non-emergency transportation by a medically equipped air ambulance in the event of hospitalization more than one hundred (100) miles from the Insured's home if the treating physician and MASA's medical director says it is medically appropriate and possible to transfer the Insured to a hospital nearer to home for continued care and recuperation.

Emergency Air Ambulance Coverage¹

MASA will pay the Indemnity Benefit Amount of \$15,000 for the cost of emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage¹

MASA will cover out-of-pocket expenses incurred by the Insured associated with a medically necessary hospital-to-hospital transfer by a medically-equipped ground ambulance, rotary (i.e., helicopter) or fixed-wing aircraft when ordered by the treating physician at the medical facility where the Insured is presently admitted to the nearest and most appropriate medical facility capable of providing the necessary, specialized level of care required and that is not available at the sending facility.



DID YOU KNOW?

28M
emergency transports are
dispatched by 911 annually.*

MASA steps in where insurance falls short by helping protect families against uncovered costs for emergency transportation.

* National Association of EMS Officials, 2020

Platinum plan

Rate = \$39.00 per Month

Ensure you and your family are protected from unexpected costs when you use emergency transportation by adding MASA to your benefits. While our critical benefits are included in all core plans, Platinum offers expanded global coverage and several additional features.

MASA's solution is simple — with us, there is no "out-of-network." We work as a payer, not a provider. You simply call 911 when there is an emergency, and you'll never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. We'll advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then we cover the remaining balance including your deductibles and co-pays.

Plan details

Emergency Ground Ambulance Coverage¹

MASA covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Air Ambulance Coverage¹

MASA covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Repatriation to Hospital Near Home Transport/Facility Transfer¹

MASA provides services and covers out-of-pocket expense for the coordination of the Insured and the Dependents' non-emergency transportation by a medically equipped air ambulance in the event of hospitalization more than one hundred (100) miles from the Insured's home if the treating physician and MASA's medical director says it is medically appropriate and possible to transfer the Insured to a hospital nearer to home for continued care and recuperation.

Hospital to Hospital Ambulance Coverage¹

MASA will cover out-of-pocket expenses incurred by the Insured associated with a medically necessary hospital-to-hospital transfer by a medically-equipped ground ambulance, rotary (i.e., helicopter) or fixed-wing aircraft when ordered by the treating physician at the medical facility where the Insured is presently admitted to the nearest and most appropriate medical facility capable of providing the necessary, specialized level of care required and that is not available at the sending facility.

Patient Return Transportation Coverage¹

MASA provides services and covers the out-of-pocket expenses associated with coordinating an Insured's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Insured's home.

Nationwide® My Pet Protection® PLAN SUMMARY



Adding Nationwide pet insurance to your voluntary benefits package offers valuable support to pet-owning employees—which improves workplace attraction, retention and engagement.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) so employees can find coverage that fits their budget. All plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage include¹:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available only through your voluntary benefits package, which includes preferred pricing and is guaranteed issuance. It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline®

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Nationwide PetRxExpress™

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



Learn more today at [PetsVoluntaryBenefits.com](https://www.PetsVoluntaryBenefits.com) • 855-874-4944

¹These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, vethelpline® and Nationwide PetRxExpress™ are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 22GRP9056B



Nationwide®

Important Contact Information

Provider/Plan	Contact Number	Website
Medical/Vision: PacificSource Sponsor: MHN Health Ins. Plan & Trust	(888) 246-1370 cs@pacificsource.com	https://intouch.pacificsource.com
Pharmacy Benefits: PacificSource Pharmacy Mgmt: CVS/Caremark	(844) 877-4803 (541) 225-3665 FAX pharmacy@pacificsource.com	www.PacificSource.com/find-a-drug
24 Hour Nurseline: PacificSource	(855) 834-6150	
Dental: PacificSource Sponsor: MHN Health Ins. Plan & Trust	(866) 373-7053	https://intouch.pacificsource.com
Pre-Authorization Treatment Grid (Select Commercial Line of Business)		https://authgrid.pacificsource.com
COBRA: PacificSource Administrators	(877) 355-2760 (541) 225-3684 FAX cobra@pacificsource.com	https://psa.pacificsource.com/COBRA
Flexible Spending Accounts: PacificSource Administrators	(800) 422-7038 (800) 575-1109 Fax	https://psa.pacificsource.com/fsa-hra-benefits
Retirement Plans: Montana Health Network 401(K) Plan	(406) 234-1420 chopkins@montanahealthnetwork.com	www.transamerica.com
Financial Advisors: First Interstate Bank (Lynn Caraveau)	(406) 255-5861 lynn.caraveau@fib.com	
401K Participant Web Support: Transamerica (for login help)	(877) 348-3365	www.transamerica.com
Norton LifeLock ID Protection	Customer Support Line: 1 (800) 607-9174	
Nationwide Pet Insurance	Customer Care: (800) 540-2016	
MASA Emergency Transport Services	Customer Support: (800) 643-9023 info@masaglobal.com	Claims on Transport: claims@masaglobal.com File Itinerary: travel@masaglobal.com
UNUM Benefits: Life, AD&D, LTD, STD, Critical Illness, Accident, Hospital		www.unum.com
Cancer Insurance: American Public Life (APL)	(866) 980-7483	www.ampublic.com
Accident Insurance: American Public Life (APL)	(866) 980-7483	www.ampublic.com
Physician/Clinic/Hospital:		
Personal Pharmacy:		
Other Contact Information:		