# Benefits Summary

*Together we are great.*

2025 - 2026

SELF REGIONAL HEALTHCARE

## MISSION

*Our hearts, hands and minds are leading our communities to better health.*

Dear Fellow Team Member:

We are pleased to provide you with a copy of the Self Regional Healthcare Benefits Summary. This booklet has been prepared as an overview of the important features of our benefits program. I encourage you to take time to review this material and keep it available for future reference.

As you give your time and talents to ensure the continued success of Self Regional Healthcare, our commitment is to ensure that you have a total compensation and benefits package that is comprehensive, competitive, and affordable. All employers face the challenge of managing the increasing costs of benefit programs, and Self Regional Healthcare is no exception. We are nonetheless committed to providing you with financial protection from medical related expenses and will continue to work diligently to provide a high level of coverage.

We also provide a range of programs that allow you to address your individual benefit needs for health care, survivor benefits, retirement planning, work-life balance, and tax-free spending accounts for healthcare and/or childcare expenses.

Thank you for all you do to contribute to the success of our organization. Your dedication is appreciated and we remain confident that working together we can continue to meet the current and future challenges of our industry.

If you would like additional information about our benefit plans, please contact a member of the SRH Human Resources team. They can be reached at (864) 725-4165.

Matthew Logan, MD, MHCM
President & CEO
Self Regional Healthcare

# About this Benefits Summary...

Self Regional Healthcare provides a comprehensive and affordable benefits package to all eligible team members. With an extensive provider network and multiple plan options we provide you with choices to fit the needs of you and your family. Please take the time to review the contents of this booklet as it contains valuable information on the benefits offered by Self Regional Healthcare.

## Medical Plan Highlights

### Traditional Plan

Services provided at Self Regional Healthcare (SRH), Imaging Center, Surgery Center of the Lakelands (SCOL), Edgefield County Health Care and Abbeville Area Medical Center (AAMC) are paid at 90% subject to a $1,750 deductible.

Covered services include:

- SRH, SMG and Preferred Network co-payment $20
- Express Care co-payment $20
- Virtual Services
- Well Child Visits & Immunizations
- Well Care Benefit

  In addition, covered outpatient ancillary services associated with your wellness exam will be covered at 100%.
- Hospitalization
- Prescriptions

### High Deductible Health Plan (HDHP)

Medical services are paid at 90% for services rendered under the Preferred Network after a $3,000 deductible.

Covered services include:

- Well Child Visits and Immunizations
- Well Care Benefit
- Hospitalization
- Prescriptions – after the deductible is met, prescription co-pays and co-insurance amounts will be determined by the pharmacy utilized and drug dispensed.

### Dental Plan Highlights

- Orthodontics are included for covered adults and dependent children
- Open provider network

### Preferred Network (TRADITIONAL PLAN ONLY)

The Preferred Network is the preferred level of coverage/Tier 1 (80% after deductible).

- $20 co-payment (this covers the physician charge only) for covered services.

Note: In addition to your portion of the medical and dental premiums, SRH pays approximately 86% of the total medical, dental, and prescription expenses.

# MEDICAL PLAN

## Medical Plan Overview

- Available to Full-Time and Part-Time team members and eligible dependents.
- Coverage is effective on the Date of Hire.
- Dependent eligibility documentation is required for all covered spouses and dependent children. (Refer to chart at right.)
- Blue Cross Blue Shield of South Carolina (BCBS) is the third party administrator that processes claims for our self-insured medical, pharmacy and dental plan (In South Carolina: 1-800-922-1185; Outside South Carolina: 1-800-845-6067).
- Spouses of SRH team members with employer sponsored medical coverage available through their employer are not eligible for primary coverage with SRH, but may elect secondary coverage with SRH. Spouses who are retired, disabled, self employed, unemployed, or who have no coverage available, are eligible for primary coverage under the SRH plan. A spouse Coverage and Attestation Form must be provided.
- Dependent children residing outside of South Carolina covered under SRH medical plan will be eligible for in-network coverage under the BCBS SC Network (70%).
- Changes to benefit options may be made during Open Enrollment or within 31 days of a change in a "qualified family circumstance" (see page 23).
- Plan promotes wellness by providing benefits for well-baby care and routine ancillary procedures. Covered outpatient ancillary service associated with your wellness exam will be covered at 100%.
- Pre-certification is required for inpatient admissions and select outpatient services (subject to a minimum $300 penalty if not pre-certed).
- Emergency admissions must be reported to BCBS within 24 hours or next business day.
- Chiropractic care, cosmetic surgeries, obstetrical care for dependent children are among exclusions.
- Benefit Card includes medical, prescription, and dental coverage based on the benefits you select.
- Free/No Cost telehealth video visits (through the Epic On Demand, Virtual Urgent Care platform) will be available to team members, spouses and children 5 yrs and older covered under the SRH medical plans. This service accessed through MyChart will be available Monday - Friday, 8:30 am - 5 p.m. Virtual SRH Express Care provides series to address symptoms, such as but not limited to: headaches, colds, allergies, ear and eye pain, stress, anxiety, depression, sore throat, and more.

| Documentation Requirements for Dependent Eligibility |
|---|
| Team member's spouse |
| Copy of certified marriage license (state/county issued) common law marriages recognized in the state of South Carolina prior to July 24, 2019 |
| Team member's dependent child under age 26 |
| • Copy of the dependent's long form birth certificate (Note: birth certificate must indicate the name of parent(s)) (state/county issued; hospital issued). |
| Team member's dependent child under age 26 who is legally adopted by the team member or placed for adoption with the team member |
| • Copy of legal adoption or placement documents from applicable court or government agency; if adoption or placement documents do not indicate birth date, also provide copy of long form birth certificate (Note: birth certificate must indicate the name of parent(s)) (state/county issued; hospital issued). |
| Team member's child under age 26 for whom the team member has legal custody |
| • Copy of court decree granting the team member custody; if court decree does not indicate birth date, also provide copy of long form birth certificate (Note: birth certificate must indicate the name of parent(s)) (state/county issued; hospital issued). |
| Team member's dependent stepchild under age 26 |
| • Copy of the dependent's long form birth certificate (Note: birth certificate must indicate the name of parent(s)) (state/county issued; hospital issued) showing relationship to team member's spouse, and documentation for team member's spouse (as required above). Please note: Stepchildren are eligible provided that the natural parent of the child remains married to the eligible team member. |
| A team member's unmarried disabled dependent age 26 or older, incapable of self-sustaining employment. |
| Either of the following documents:<br>• Medical documentation of the nature of the disability or mental disability and date of onset (for example, a physician's letter), and<br>• Copy of the dependent's long form birth certificate (Note: birth certificate must indicate the name of parent(s)) (state/county issued; hospital issued). |
| Team Member must notify HR of child turning 26 to update plan options. |

BCBS Member Login Page

| Medical Plan At-a-Glance | TRADITIONAL PLAN | HIGH DEDUCTIBLE HEALTH PLAN (HDHP) |
|---|---|---|
| IN-NETWORK Plan Year Deductible | | |
| Team member | $1,750 | $3,000 |
| Team member + Child(ren) | $4,750 | $6,000 |
| Team member + Family | $4,750 | $6,000 |
| IN-NETWORK Plan Year Out-Of-Pocket (Deductible and Co-Pays are included) *NOTE Pharmacy Out-of-Pocket Max below | | |
| SRH/SMG/SCOL/Preferred Network | | |
| Team member | $4,000 | $4,000 |
| Team member + Child(ren) | $7,750 | $7,500 |
| Team member + Family | $7,750 | $7,500 |
| Coinsurance | 90% facility charge/80% professional charge | 90% |
| Southeastern Health Partners* | | |
| Team member | $4,500 | $ 5,000 |
| Team member + Child(ren) | $8,000 | $10,000 |
| Team member + Family | $8,000 | $10,000 |
| Coinsurance | 80% | 80% |
| BCBS SC Network | | |
| Team member | $ 5,500 | $ 6,500 |
| Team member + Child(ren) | $10,500 | $12,000 |
| Team member + Family | $10,500 | $12,000 |
| Coinsurance | 60% | 60% |
| OUT-OF-NETWORK Plan Year Deductible (No out-of-pocket maximum) | | |
| Team member | $2,250 | $ 5,400 |
| Team member + Child(ren) | $6,250 | $10,800 |
| Team member + Family | $6,250 | $10,800 |
| Out of Pocket Maximum (Family) | unlimited | unlimited |
| Coinsurance | 50% | 50% |
| Bi-Weekly Premiums | | |

| FULL-TIME/PART-TIME | Premiums Based on Compensation Tier | | | Premiums Based on Compensation Tier | | |
|---|---|---|---|---|---|---|
| | less than $57,000 | $57,000-118,000 | >$118,000 | less than $57,000 | $57,000-118,000 | >$118,000 |
| Team member | $ 46.35 | $ 61.80 | $ 77.25 | $ 16.00 | $ 17.00 | $ 19.00 |
| Team member + Child(ren) | $ 183.34 | $ 245.14 | $ 305.91 | $93.00 | $ 96.00 | $105.00 |
| Team member + Family | $259.56 | $346.08 | $432.60 | $131.00 | $138.00 | $151.00 |

* Southeastern Health Partners – Spartanburg Regional Healthcare, Bon Secours St. Francis Health System, AnMed Health and Lexington Medical Center.

## Pharmacy Benefits

- SRH Team member Pharmacy – Deductible Waived
- Out-of-Pocket Maximum

| | Traditional Plan | HDHP |
|---|---|---|
| – Individual | $2,100 | $6,650 |
| – (+ Children) and Family | $4,200 | $13,300 |

  NOTE: Out-of-Pocket maximums are inclusive of the medical deductible.
- A specialty medication management program is available to provide assistance and resources to individuals dealing with serious health conditions. Individuals eligible for this program will be contacted by a program representative.
- Step Therapy provides a pathway to make sure your doctor considers all of the medications available to treat your disease or condition, taking into careful consideration medications that are well established, safe and effective. This program is designed to get you the prescription drugs you need, with your health, safety, and cost in mind.
- When a generic medication is available, the plan will only provide coverage for the generic medication. A brand name medication will only be covered if there is no generic alternative available. If a member chooses to purchase a brand name medication when a generic is available he/she will be responsible for the entire cost of that medication.
- Some brand name prescriptions must be filled at the SRHS Team Member Pharmacy.
- Medications available over the counter are not covered under the prescription benefit plan.

| Rx Co-Pays | SRH Team Member Pharmacy | Retail | Mail Order |
|---|---|---|---|
| Generic | 10% ($2 min.) | 20% ($5 min.) | 10% |
| Preferred Brand | 20% | 30% ($30 min.) | 20% |
| Non-Preferred Brand | 40% | 50% ($60 min.) | 40% |

# MEDICAL PLAN – TRADITIONAL

| Covered Service/Plan Category | Preferred Network** | Southeastern Health Partners | BCBS SC Network | Out-of-Network |
|---|---|---|---|---|
| Chemotherapy and Radiation Therapy | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| In-Patient Medical Hospital R&B and Ancillary<br>If facility only has private rooms, the Plan will consider the average private room rate. | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible after $675 co-pay per admission | 50% subject to deductible after $675 co-pay per admission |
| Intensive Care Unit (Paid at Hospital's ICU charge) | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible after $675 co-pay per admission | 50% subject to deductible after $675 co-pay per admission |
| In-Patient Newborn Hospital R&B and Ancillary | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible after $675 co-pay per admission | 50% subject to deductible after $675 co-pay per admission |
| Breast Feeding Support, Counseling and Supplies (Supplies available through SRH. Contact Lactation Consultant.) | 100% | 100% | 100% | N/A |
| Hospital Outpatient Diagnostic X-ray and Lab | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Annual Preventive Ancillary Diagnostics (Limit 1 per year) | 100% | 100% | 100% | 50% subject to deductible |
| Lithotripsy | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Hospital Outpatient Surgery | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Emergency Room for Life Threatening Illness (Facility charge only) | * 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible |
| Emergency Room (Non-Emergency) (Facility charge only) | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Pre-admission Testing | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Home Health Care (in lieu of Hospitalization) Plan Year maximum: 45 visits Home Care Aide not covered | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Covered Outpatient Services | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Prosthesis | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 50% subject to deductible |
| Bariatric Surgery/Surgical Correction for Morbid Obesity | * 80% subject to deductible | 60% subject to deductible | 60% subject to deductible | 50% subject to deductible |

*** = higher level of coverage (90%)**

**Services and treatments rendered by SRH, ECH, Surgery Center of the Lakelands (SCOL), and Abbeville Area Medial Center (AAMC) will now be covered at 90% after deductible for the facility fee.**

** Eligible team members employed with Edgefield County Hospital and approved out of state team members who live and work out of state will receive 80% level of coverage (see Preferred Network) for any BCBS provider.

Note: Payment for services at SRH, SMG, SCOL, Preferred Network, BCBS SC are based on provider's negotiated amount. Provider cannot balance bill charges in excess of negotiated amount. Payment for out-of-network services are based on provider's customary & reasonable amounts. Provider may balance bill charges in excess of customary & reasonable amount.

The schedule of medical benefits provided on pages 7-10 is an overview of services and treatments covered under the plan. For a full list of covered plan treatments and services please refer to the Summary Plan Document available on the SRH intranet page or stop by the Human Resources department.

| Covered Service/Plan Category | Preferred Network** | Southeastern Health Partners | BCBS SC Network | Out-of-Network |
|---|---|---|---|---|
| Wig/toupee after chemotherapy, radiation therapy, infusion therapy,or burns<br>Lifetime maximum: 2 wigs | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Prosthetic Bras following a Mastectomy<br>4 bras maximum per Plan Year | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Diabetic Self-Management Education Programs | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| | $1,000 plan year maximum | | | |
| Chiropractic Services | Not Covered | Not Covered | Not Covered | Not Covered |
| Outpatient Cardiac Rehabilitation for Phase I and II | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Outpatient Physical Therapy<br>Plan Year maximum: 30 visits | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Outpatient Speech and Hearing Therapy<br>Plan Year maximum: 30 visits | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Outpatient Occupational Therapy<br>Plan Year maximum: 30 visits | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Organ Transplants | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 50% subject to deductible |
| Home Health Supplies | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Dialysis | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Birth Control/Treatment/ Procedures | 100% | 100% | 100% | 50% subject to deductible |
| All Other Covered Expenses | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |

** Eligible team members employed with Edgefield County Hospital and approved out of state team members who live and work out of state will receive 80% level of coverage (see Preferred Network) for any BCBS provider.

Note: Payment for services at SRH, SMG, SCOL, Preferred Network, BCBS SC are based on provider's negotiated amount. Provider cannot balance bill charges in excess of negotiated amount. Payment for out-of-network services are based on provider's customary & reasonable amounts. Provider may balance bill charges in excess of customary & reasonable amount.

# MEDICAL PLAN – TRADITIONAL

| Covered Service/Plan Category | Preferred Network** | Southeastern Health Partners | BCBS SC Network | Out-of-Network |
|---|---|---|---|---|
| Physician Office Visit Applies only to charges for evaluation and management services in the Physician's office. Other services provided during the office visit are payable as described in this Schedule. | 100% after $20 co-pay | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Allergy Injections, Extract, Serum, a nd Venoms | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Medical Supplies | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Diagnostic Lab and X-ray in the Physician's office | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Surgery in the Physician's office | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| All other covered charges in the Physician's office | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Outpatient Diagnostic Services rendered by Upper Savannah Radiology | 80% subject to deductible | N/A | N/A | N/A |
| Well Child Care (Up to age 2) | 100% | 100% | 100% | 50% subject to deductible |
| Well Care Benefit (After age 2) | 100% | 100% | 100% | 50% subject to deductible |
| Anesthesiologists (Inpatient or Outpatient) | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Physician Services (Includes Emergency Room for non-threatening illness) – Inpatient, Surgeon, and Asst. Surgeon) | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Physician Services (Includes Emergency Room for life threatening illness) | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible |
| Professional Services for inpatient diagnostic services | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Physicians Services Covered Oral Surgery | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 50% subject to deductible |
| Second Surgical Opinion | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Hospice Care | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 50% subject to deductible |
| Bereavement Counseling in Hospice | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 50% subject to deductible |
| Misc. Durable Medical Equipment (Including Oxygen) Rental covered up to the purchase price for long term DME | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 50% subject to deductible |
| Skilled Nursing Facility | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible after $675 co-pay per admission | 50% subject to deductible after $675 co-pay per admission |
| TMJ | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |

*** = higher level of coverage (90%)**

**Services and treatments rendered by SRH, ECH, Surgery Center of the Lakelands (SCOL), and Abbeville Area Medial Center (AAMC) will now be covered at 90% after deductible for the facility fee.**

** Eligible team members employed with Edgefield County Hospital and approved out of state team members who live and work out of state will receive 80% level of coverage (see Preferred Network) for any BCBS provider.

Note: Payment for services at SRH, SMG, SCOL, Preferred Network, BCBS SC are based on provider's negotiated amount. Provider cannot balance bill charges in excess of negotiated amount. Payment for out-of-network services are based on provider's customary & reasonable amounts. Provider may balance bill charges in excess of customary & reasonable amount.

| Covered Service/Plan Category | Preferred Network** | Southeastern Health Partners | BCBS SC Network | Out-of-Network |
|---|---|---|---|---|
| Inpatient Mental Health | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible after $675 co-pay per admission | 50% subject to deductible after $675 co-pay per admission |
| Partial Hospitalization | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Outpatient Mental Health: Physician Office Therapy | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Outpatient Mental Health Outpatient Hospital | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| In-Patient Substance Abuse Treatment | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible after $675 co-pay per admission | 50% subject to deductible after $675 co-pay per admission |
| Outpatient Substance Abuse: Physician Office Therapy | 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Outpatient Substance Abuse: Outpatient Hospital | * 80% subject to deductible | 80% subject to deductible | 60% subject to deductible | 50% subject to deductible |
| Ambulance Service (land or air) | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible | 80% subject to deductible |

** Eligible team members employed with Edgefield County Hospital and approved out of state team members who live and work out-of-state will receive 80% level of coverage (see Preferred Network) for any BCBS provider.

Note: Payment for services at SRH, SMG, SCOL, Preferred Network, BCBS SC are based on provider's negotiated amount. Provider cannot balance bill charges in excess of negotiated amount. Payment for out-of-network services are based on provider's customary & reasonable amounts. Provider may balance bill charges in excess of customary & reasonable amount.

# DENTAL PLAN

## Dental Plan Overview

- Available to Full-Time and Part-Time team members and dependents.
- Coverage is effective on the Date of Hire.
- Dependent eligibility documentation is required for all covered spouses and dependent children. (See page 5 for documentation needed).
- Changes to benefit options may be made during Open Enrollment or within 31 days of a "qualified family circumstance". (see page 23)
- Not limited to a dental provider network. Any licensed dentist is recognized.
- $1,000 annual maximum benefit per person each plan year for Basic and Major dental services.
- $25 deductible for single coverage per plan year and $50 deductible for family coverage per plan year.
- Diagnostic & Preventive services benefit is covered at 100% of allowable fee with no deductible.
- Basic and Periodontic dental services benefit is covered at 80% of allowable fee after deductible (e.g. fillings, tooth extraction, periodontal work, oral surgery).
- Prosthodontic (Major) services benefit is covered at 60% of allowable fee after deductible (e.g. inlays, on-lays, crowns, bridges).
- Orthodontic benefit is covered at 50% of allowable fee up to a lifetime maximum of $1,000 for covered adults and dependent children.
- Beginning October 1, 2021, periodontal cleanings will be covered at 100% with no deductible required. This benefit will be limited to two prophylactic cleanings or two periodontal maintenance procedures in a calendar year. Coverage is for regular cleanings or periodontal cleanings, but not both.
- In-office A1c and glucose testing will be a covered benefit under the SRH dental plan for members who meet criteria. These services will be offered for screenings conducted in the dental providers office at the time of visit.

| DENTAL | Bi-Weekly Premiums |
|---|---|
| FULL-TIME/PART-TIME | |
| Team member | $4.64 |
| Family | $23.43 |

## Deductibles

The following benefit applies when a covered person incurs dental charges.

Plan Year Deductible
per Individual. . . . . $25
per Family Unit . . . . . $50

The deductible applies to these Classes of Service:
Class B Services - Basic
Class C Services - Major
Class D Services - Orthodontia

## Dental Percentage Payable

Class A Services
Preventive. . . . . .100%
of Usual and Reasonable Charges

Class B Services
Basic. . . . . 80%
of Usual and Reasonable Charges

Class C Services
Major. . . . . 60%
of Usual and Reasonable Charges

Class D Services
Orthodontia . . . . . 50%
of Usual and Reasonable Charges

## Maximum Benefit Amount

For Basic and Major:
Per person per Plan Year . . . . . .$1,000

For Orthodontia:
Lifetime maximum per person. . . . . .$1,000

# HEALTH SAVINGS ACCOUNT

## About Health Savings Accounts

Health Savings Accounts (HSAs) are available to Full-Time and Part-Time team members under age 65. After age 65, team members are no longer eligible to enroll in or contribute to an HSA plan. Coverage is effective on the Date of Hire.

HSAs are a great way to save money and efficiently pay for medical expenses. HSAs are tax -advantaged savings accounts that accompany high deductible health plans.

Through the Health Savings Account Plan you may use tax-free dollars to pay for:

- Most medical, dental, pharmacy and vision care expenses (example-co-payments, deductibles and co-insurance)
- Effective January 1, 2011, over-the-counter medications are not covered unless prescribed by a physician.

You can only enroll in the Healthcare Savings Accounts if you are currently enrolled in the High Deductible Health Plan with SRH.

## How Health Savings Accounts Work

Each pay period, you simply make a contribution by payroll deduction to your Health Savings Account, just like you would a savings account – then when you need money to pay for eligible expenses, use your HSA Debit Card or go online to your HSA account for a reimbursement.

## How Much to Contribute

There are maximum annual limits on how much you can contribute to your Health Savings Accounts:

| HIGH DEDUCTIBLE HEALTH PLAN | Maximum Contributions | |
|---|---|---|
| | 2025 | 2026 |
| Team member Only | $4,300 | $4,400 |
| Team Member plus Child/ren | $8,550 | $8,750 |
| Team Member plus Family | $8,550 | $8,750 |

Individuals who are age 55 and older can also make additional "catch-up" contributions up to $1,000 annually.

The trick to using Health Spending Accounts is figuring out how much to contribute each year. If you contribute less than the amount of your actual eligible expenses, you miss out on some tax savings. Like a savings account, if you don't use all the money each year, unused funds will roll over to the next plan year.

## What is a HSA Debit Card?

The HSA Debit Card is a credit card that can be used to pay for certain qualified health care expenses eligible for reimbursement under your Health Savings Account. Whenever you use your HSA Debit Card choose "CREDIT" instead of debit. The HSA Debit Card does not have a personal identification number (PIN); therefore, you cannot use it at an ATM terminal. Also, you may not obtain "cash back". HSA cards will expire in five years. Before discarding your current card, please check your expiration date.

## How does the HSA Debit Card work?

Your HSA Debit Card account balance is the amount you elected to set aside in your Health Savings Account. Your account balance decreases each time you use your HSA Debit Card. Debit card transactions are limited to specific merchants based on expenses deemed eligible by the IRS. The system that processes your debit transactions only receives the total amount of your purchase from merchants such as pharmacies, doctor's offices, dentists, and vision care providers; so you must keep your receipts because you may need to provide copies, if asked. If you choose to enroll in the Health Savings Account, you will receive complete instructions on how to use the debit card.

HSA participants will receive their cards instructing them to go to OmniGroupEE.LH1ondemand.com to access their HSA account. You must go to OmniGroupEE.LH1ondemand.com to access your account. Note: If you have not created a username and password with OmniGroupEE.LH1ondemand.com you must do this first. Once you have signed in to your account you will be able to access the Self Regional Healthcare Site at OmniGroupEE.LH1ondemand.com.

**HSA Questions:**

Call Omni Group at 1-800-375-6664.

## Helpful Hints

- Claim forms are available on the SRH intranet or from the Omni Group's website (omniinsurance.com). Direct deposit forms are also available.
- If you submit a paper claim, an itemized statement needs to be attached to the claim form (original or legible copies).

# FLEXIBLE SPENDING ACCOUNTS

## About Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are available to Full-Time and Part-Time team members. Coverage is effective on the Date of Hire.

Through the Flexible Spending Account Plan you may use tax-free dollars to pay for:

- Most medical, dental and vision care expenses (example-co-payments, deductibles and co-insurance)
- Effective January 1, 2011, over-the-counter medications are not covered unless prescribed by a physician.
- Dependent care expenses (example - childcare, after-school programs, adult day care)

You can enroll in the Flexible Spending Accounts even if you don't have other Self Regional Healthcare Benefits. You may enroll in one or both accounts. Also, you may submit claim expenses for legal dependents, even if they are not enrolled in a Self Regional Healthcare benefit plan.

## How FSA Accounts Work

Each pay period, you simply make a contribution by payroll deduction to your Flexible Spending Account, just like you would a savings account – then when you need money to pay for eligible expenses, you either submit a paper claim or use your FSA Debit Card.

## How Much to Contribute

There are maximum yearly limits on how much you can contribute to your Flexible Spending Accounts:

**• Health Care Maximum**

| | | | |
|---|---|---|---|
| 2025 | $3,300 | 2026 | $3,400 |

**• Dependent Care Maximum**

| | | | |
|---|---|---|---|
| 2025 | $5,000 | 2026 | $7,500 |

The trick to using Flexible Spending Accounts is figuring out how much to contribute each pay period. If you contribute less than the amount of your actual eligible expenses, you miss out on some tax savings. If you contribute more than the amount of your actual eligible expenses, you give up the extra money. (Unlike a savings account, if you don't use up the money each year, you forfeit the leftover amount; except for HC Flex, you may rollover $610 for 2024.) However, by the conclusion of plan year 2025 (September 30, 2025) up to $640 may roll over to plan year 2026. So, it's best to estimate a little low when deciding how much to contribute.

**Self Regional Healthcare offers a debit card for both Health Care and Dependent Care Flexible Spending Accounts.**

## What is a FSA Debit Card?

The FSA Debit Card is a credit card that can be used to pay for certain qualified health care expenses eligible for reimbursement under your Health Care Flexible Spending Account. Whenever you use your FSA Debit Card choose "CREDIT" instead of debit. The FSA Debit Card does not have a personal identification number (PIN); therefore, you cannot use it at an ATM terminal. Also, you may not obtain "cash back". FSA cards will not expire for five years. Before discarding your current card, please check your expiration date.

## How does the FSA Debit Card work?

Your FSA Debit Card account balance is the amount you elected to set aside in your Health Care Flexible Spending Account. Your account balance decreases each time you use your FSA Debit Card. Debit card transactions are limited to specific merchants based on expenses deemed eligible by the IRS. The system that processes your debit transactions only receives the total amount of your purchase from merchants such as pharmacies, doctor's offices, dentists, and vision care providers; so you must keep your receipts because you will need to provide copies, if asked. If you choose to enroll in the Health Care Flexible Spending Account you will receive complete instructions on how to use the debit card.

**SUBMITTING CLAIMS:**

Omni Group
Attn: Claims Processing
9613 Brookline Avenue
Baton Rouge, LA 70809
or fax to 1-888-926-6428

**CLAIMS QUESTIONS:**
Call 1-800-375-6664
(Mon – Fri / 9am – 6pm)

**ACCOUNT ACCESS:**
OmniGroupEE.LH1ondemand.com

OMNI Group, LLC

**YOU MAY ALSO DOWNLOAD THE OMNI APP ON YOUR IPHONE OR IPAD**

# PROTECTION

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

- Available to Full-Time and Part-Time team members.
- Guaranteed Issue for new hires (see limits below). Must be enrolled within 30 days of effective date, otherwise your approval will be subject to Evidence of Insurability.
- Coverage is effective on the Date of Hire.
- Basic Life Insurance – 1 x your annual base earnings up to a maximum of $500,000. (SRH provides this benefit at no cost to you).
- Voluntary Life Insurance – you may choose to purchase additional life insurance up to 5 x your annual base earnings not to exceed $1,000,000. Guaranteed Issue amounts for new hires are as follows: Under age 65 $250,000; ages 65-69 $10,000; ages 70 and over $1,000. Your premiums for this benefit are taken post-tax.
- During open enrollment, to apply for an increase in your voluntary life insurance, you must complete an online application with Sun Life. After review from Sun Life, you will receive notification of your approval/denial.
- Benefit amount reduces at ages 70, 75 and 80+.
- Conversion of life insurance to an individual policy is available within 31 days of separation date.
- If a team member becomes totally disabled while insured; and before his/her 60th birthday; and before retirement; the team member may qualify for Waiver of Premium.
- AD&D benefit is payable for loss of life, limb, speech, hearing or paralysis as a result of an accident and if loss occurs within one year of the accident.
- You may be eligible to port or convert your basic and your optional life coverage(s). To be eligible to port coverage, you must have been actively at work on the date employment ended. You must complete an application and apply for these options within 31 days of your coverage termination. To obtain an application, please contact Sun Life at 800-247-6875. Please provide the contract number 961392 when calling. If you are using a telecommunications device for the hearing impaired (TDD), please call 800-855-0511 Representatives are available to assist you Monday through Friday between 8:00am and 8:00pm Eastern Standard Time (EST).

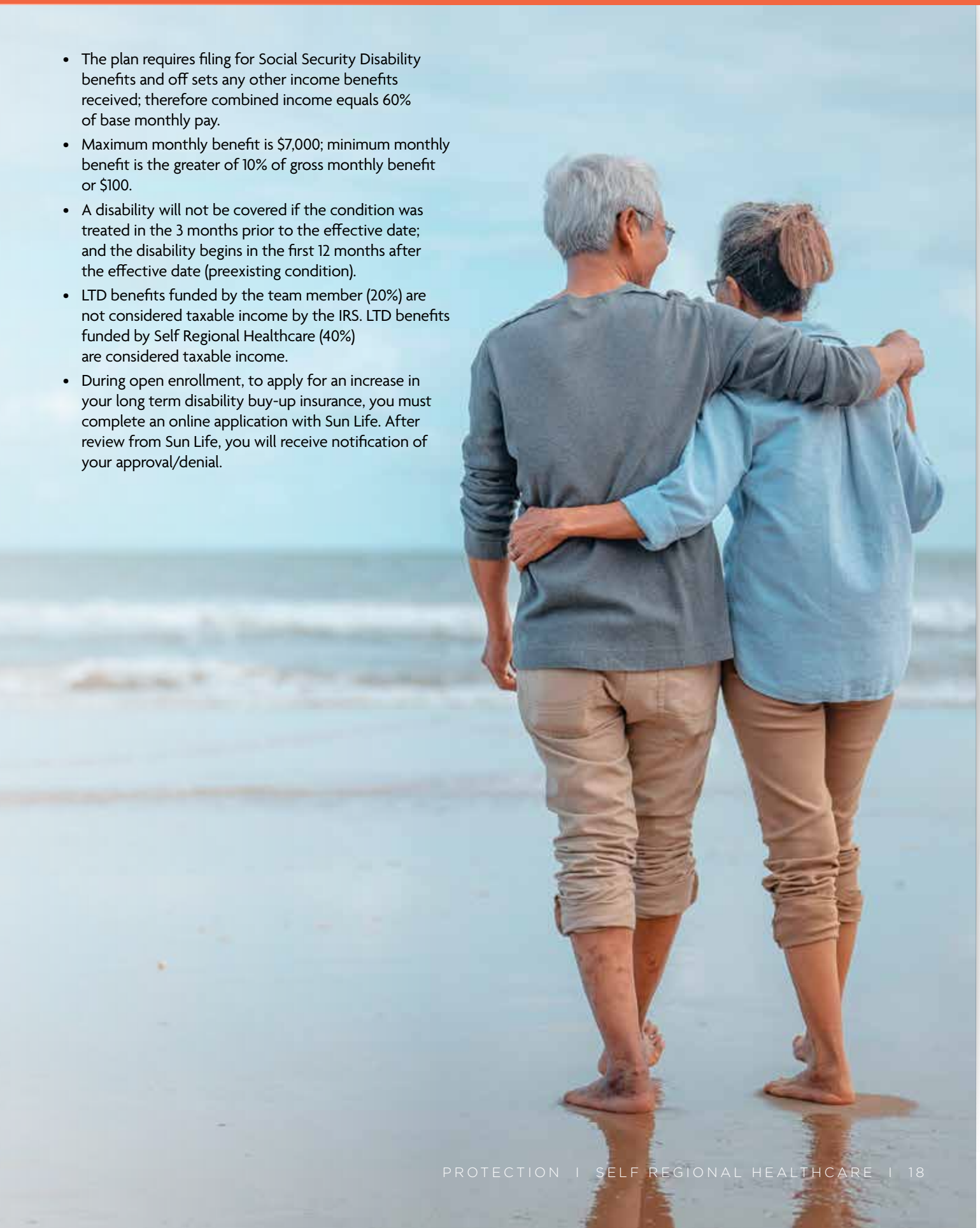
## Dependent Life Insurance

- Available to Full-Time and Part-Time team members.
- Coverage is effective on the Date of Hire.
- Premiums for dependent life insurance are taken post-tax.
- Spouse – you may choose to purchase life insurance in increments of $10,000 up to $50,000 of coverage. Guaranteed Issue amounts for new hires are up to $50,000.
- Dependent Child(ren) 6 months to age 26 - Guaranteed Issue amounts for new hires are $10,000 or $20,000 of life insurance coverage. Coverage may continue up to the age of 26 regardless of student status.
- Dependent Child(ren) ages 7 days to 6 months - $1,000.
- During open enrollment, to apply for an increase in your dependent life insurance, you must complete an online application with Sun Life. After review from Sun Life, you will receive notification of your approval/denial.

## Long Term Disability

- Available to Full-Time team members.
- Coverage is effective on the Date of Hire.
- Plan A – Provides long term disability benefit equal to 40% of basic monthly earnings. This plan is provided by Self Regional Healthcare at no cost to you and is Guaranteed Issue.
- Plan B – Provides a 20% long term disability buy-up benefit (employee paid) to your basic monthly earnings. This plan is Guaranteed Issue for new hires if you enroll within 30 days of your effective date; otherwise your approval will be subject to Evidence of Insurability.
- Once the claim is approved, benefit payments equal to 40% or 60% of your basic monthly earnings begin on the 181st day of certified disability.
- If medically certified disabled and unable to perform regular duties, benefits may continue for up to two years; thereafter, benefits may continue to retirement if unable to perform any job reasonably qualified to perform. Coverage may continue if alternate work is not available.

- The plan requires filing for Social Security Disability benefits and off sets any other income benefits received; therefore combined income equals 60% of base monthly pay.
- Maximum monthly benefit is $7,000; minimum monthly benefit is the greater of 10% of gross monthly benefit or $100.
- A disability will not be covered if the condition was treated in the 3 months prior to the effective date; and the disability begins in the first 12 months after the effective date (preexisting condition).
- LTD benefits funded by the team member (20%) are not considered taxable income by the IRS. LTD benefits funded by Self Regional Healthcare (40%) are considered taxable income.
- During open enrollment, to apply for an increase in your long term disability buy-up insurance, you must complete an online application with Sun Life. After review from Sun Life, you will receive notification of your approval/denial.



# RETIREMENT

## SRH Pension Plan

- The SRH pension plan was frozen effective 09/30/09. Benefits accrued as of 09/30/09 are still available to current team members and former vested employees.
- 100% vested after working 1,000 hours or more in five consecutive plan years.
- The Pension Trust is a defined benefit plan which may disqualify the tax deductibility of IRA contributions by plan participants.
- Normal retirement age is 65 – no mandatory retirement at any age.
- Retirement at age 55 is available to team members who had accrued 10 years of accredited service prior to 10/1/09.
- Effective March 1, 2017, in addition to managing the SRH 403(b) and 457(b) plans, Transamerica became the administrator for the SRH Pension Plan.

Payment Options include:

- Life Annuity which pays a monthly benefit for life.
- Ten Year Certain Option which pays a reduced benefit for life; if retiree dies within the 10 year-period following retirement, the same benefit is paid to a beneficiary for balance of the 10 years.
- Joint & Survivor Option pays a reduced pension during your lifetime, with a percentage of your pension being continued to your surviving spouse for the rest of his or her lifetime. You can choose to have 100 percent, 75 percent, or 50 percent of your reduced pension to be paid to your spouse after your death.
- Terminated Vested team member – if employment ends prior to retirement age and team member is vested at time employment ends, pension benefit is typically deferred to age 65.
- Lump sum distribution options:
  - payments may be paid directly to you with 20% federal income taxes withheld,
  - payments may be paid to an IRA or a qualified plan or,
  - you may elect to have a specific dollar amount or percentage of your lump sum paid to an IRA or a qualified plan and any remaining portion paid directly to you subject to 20% federal income taxes withholding.

### What If I Should Die Before I Retire?

If you are a married employee and die prior to becoming eligible for retirement but while still an employee of the Hospital, you will be deemed to have retired immediately before your death. The joint and survivor pension option with 50 percent continuation will apply.

### What If I Should Die After I Retire?

Your pension payments will be paid according to the option you have elected. If you did not elect an option, then no benefit is payable upon your death after retirement.

## Retiree Health Plan Coverage

- Team members who are at least 55 years old and have worked with us continuously for 30 years are eligible to maintain their individual medical and dental coverage until they turn 65.
- Retirees may continue coverage under the Traditional Plan.

| RETIREE | |
|---|---|
| Plan Year Deductible | $1,750 |
| Plan Year Out-of-Pocket (deductible and co-pays are included) – SRH / SMG / SCOL / Preferred Network | $4,000 |
| Out-of-Network Deductible (no out-of-pocket maximum) | $2,250 |

## 403(b) Roth Retirement Plan

- Unlike a traditional pretax retirement plan, a Roth account is funded with after-tax dollars. Those dollars may benefit from tax-free growth if you hold the account for at least five years and don't withdraw the money until at least age 59½. Here's the trade-off, because contributions are after-tax, your take-home pay will be reduced by the amount you contribute.
- This can make a Roth attractive if you expect your income to be subject to a higher effective tax rate when you retire than while you're working, whereas traditional pretax contributions can be beneficial if your income will be subject to a lower effective tax rate in retirement.

| TRADITIONAL | ROTH |
|---|---|
| Contributions | Pretax, lowers current taxable income[1] | After-tax |
| Earnings | Tax-deferred | Tax-free[2] |
| Withdrawals | Income tax due on all contributions and earnings<br><br>(10% IRS penalty may apply before age 59½) No tax due | No tax due on qualified withdrawals[2] |
| Required minimum distributions (RMD) | Must begin after age 72 (unless you're still working and contributing to your current employer-sponsored plan) | Same as traditional accounts, RMDs begin at age 72 unless you roll into a Roth IRA[3] |

1 Federal and most states

2 You must hold account at least five years and past age 59½. Other withdrawals may be subject to a 10% IRS penalty if you are under age 59½.

3 Review the fees and expenses you pay, including any charges associated with transferring your account, to see if rolling over into an IRA or consolidating your accounts could help reduce your costs.

Employer-sponsored retirement plans may have features that you may find beneficial such as access to institutional funds, fiduciary-selected investments, and other ERISA protections not afforded to other investors. In deciding whether to do a transfer from a retirement plan, be sure to consider whether the asset transfer changes any features or benefits that may be important to you.

## 403(b) Retirement Plan

- All Full-Time and Part-Time team members are eligible to participate following employment date and will benefit from employer contributions (match dollars) if actively participating. Resource team members can participate, but will not be eligible for employer contributions.
- Full-Time and Part-Time team members who do not make an election during the first 60 days of employment will be automatically enrolled at a 3% contribution. You have the option to increase, decrease or stop participating at any time. Additionally, for those team members automatically enrolled contributions will be invested utilizing Transamerica's PortfolioXpress products. Rehires will not be automatically enrolled, you must contact Transamerica and Human Resources for enrollment.
- The plan also includes automatic deferral increases. Annually, normally in October, team member deferral amounts are automatically increased by 1% up to a maximum of a 10% deferral. Team members already contributing maximum deferral in accordance with IRS guidelines will be exempt from this feature. Team members may opt out of this service or change their deferral rate at any time.
- Self Regional matches 100% ($1 for $1) of the first 3% of base pay you defer to the Plan.
- Vesting refers to your "ownership" of your account. You are always 100% vested in your contributions to this plan. You are 100% vested in your employer contributions after 3 years of service (1,000 hours per calendar year).
- Our provider is Transamerica Retirement Solutions. They can be contacted by phone at 800-755-5801 or you can access their website at my.trsretire.com.
- A representative is available to assist you with retirement planning, enrollment, and provide information about available investment options.
- Team member contributions are deducted before Federal and State income taxes and taxes are deferred until withdrawal of monies; additional penalty tax may apply for early withdrawal.
- IRS rules determine the maximum allowable calendar year contribution:

| | | | |
|---|---|---|---|
| 2025 | 23,500 | 2026 | 24,500 |

- There is a deferral catch-up allowed in IRC 403(b) for individuals age 50 and older as follows:

| | | | |
|---|---|---|---|
| 2025 | 7,500 | 2026 | 8,000 |

- Withdrawals may be made upon retirement, employment separation or death.
- Hardship loans may be available from participant contributions for hardship reasons. These reasons include non-reimbursable medical expenses, college expenses, down payment for primary home or to avoid eviction from or foreclosure on your principal residence (appropriate documentation required). Contact Transamerica at 1-888-676-5512.
- In-service withdrawal may be made from participant contributions upon attainment of age 59½.

## Deferred Compensation 457(b) Plan

- Beginning January 1, 2017, the 457(b) plan began offering a Roth (after tax) contribution, thus enabling investments to grow tax free. This option can be elected as an alternative to the current 457(b) pre-tax deferral, but not in addition to.
- All Full-Time and Part-Time team members are eligible to participate following employment date.
- Team members must be scheduled to contribute the maximum allowable amount in the 403(b) before contributing to the 457(b).
- Our provider is Transamerica Retirement Solutions. They can be contacted by phone at 800-755-5801 or you can access their website at my.trsretire.com.
- Deferred Compensation
  - Means to defer compensation for a later time
  - Pre-tax dollars
  - Catch-up within 3 years of retirement allows double maximum contributions
  - Same max as 403(b) - calendar year
- A representative can assist you with retirement planning and provide information about available investment options.
- Team member contributions are deducted before Federal and State income taxes and taxes are deferred until withdrawal of monies.
- IRS rules determine the maximum allowable calendar year contribution:

| | | | |
|---|---|---|---|
| 2025 | 23,500 | 2026 | 24,500 |

- There is a deferral catch-up allowed in IRC 457(b) for individuals age 50 and older as follows:

| | | | |
|---|---|---|---|
| 2025 | 7,500 | 2026 | 8,000 |

- Withdrawals may be made upon retirement, employment separation or death.

# VOLUNTARY & ADDITIONAL BENEFITS

## Vision Insurance

**Eligibility**
Vision Insurance is available to Full-Time and Part-Time team members and dependents.

**Effective Date**
Coverage is effective on the Date of Hire.

**Plan Design**
Choose a plan listed below. When you are ready for an appointment, select a provider from the Community Eye Care provider network.

**Enhanced 225 Plan**
- An eye exam once a year
- A $225 allowance for eye wear annually
- A standard contact lens fitting for new fits or re-fits, as needed (periodic contact lens evaluations are not covered)
- $0 co-pay
- Coverage is portable upon separation of employment

**Basic 150 Plan**
- An eye exam once a year
- A $150 allowance for eye wear annually
- A standard contact lens fitting for new fits or re-fits, as needed (periodic contact lens evaluations are not covered)
- $15 co-pay
- Coverage is portable upon separation of employment

| | BI-WEEKLY PREMIUMS | |
|---|---|---|
| | ENHANCED 225 PLAN | BASIC 150 PLAN |
| Team member Only | $ 6.23 | $ 3.65 |
| Team member + Child(ren) | $12.42 | $ 6.51 |
| Team member + Spouse | $12.32 | $ 7.34 |
| Team member + Family | $20.72 | $11.95 |

## Voluntary Short Term Disability

- Available to Full-Time team members.
- Coverage is effective on the Date of Hire.
- Plan is Guaranteed Issue for new hires if you enroll within 30 days of your effective date; otherwise your approval will be subject to Evidence of Insurability.
- There are three coverage options to choose from:

  **Plan 1:** 50% of Total Weekly Earnings up to $231 per week. Benefits begin after 7 days and may be paid for up to 25 weeks.
  **Plan 2:** 60% of Total Weekly Earnings up to $577 per week. Benefits begin after 7 days and may be paid for up to 25 weeks.
  **Plan 3:** If you're already enrolled in Short-Term Disability Plan 3, you can keep your coverage. However, this plan is no longer open to new enrollments.
  **Plan 4:** 60% of total weekly earnings up to $1000 per week. Benefits begin after 29 days and may be paid for up to 25 weeks.
- Benefits begin after all PTO (Paid Time Off ) and GSAB (Grandfathered Sick Accrual Bank) has been paid out in full.
- Twelve (12) month waiting period for pre-existing conditions. If your disability occurs within the first 12 months of becoming insured and you receive treatment or see a physician for a condition (including pregnancy) within 3 months prior to the effective date, the disability will not be covered.
- One hundred percent (100%) of premiums are paid by team member.
- Benefits paid weekly and sent directly to your home.
- Short term disability benefits are not considered taxable income by the IRS since premiums are paid with after tax dollars.
- There are no health questions necessary to enroll in Short Term Disability insurance during open enrollment: however there is 3/12 pre-ex for the new coverage.

## Group Whole Life

- Guaranteed Issue
- Coverage is effective on the date of hire and available to full time and part time team members working at least 20 hours a week.
- Coverage available in increments of $10,000 up to $100,000
- Premium will not increase as long as coverage remains in force
- Insured can apply to receive up to 75% of their elected face amount during their life when they are diagnosed with a chronic illness
- Insured can apply to receive up to 50% of elected face amount during their life when they are diagnosed with a terminal illness that leaves them with a life expectancy of 12 months or less
- Plan premiums are waived during disability period when insured has been disabled for 6 months
- Waiver of Premium of Disability rider is automatically issued up to age 65, and terminates at age 70
- Coverage is portable upon separation of employment with no increase in premium
- All Claims must be filed within 12 months of date of diagnosis.
- Coverage is portable upon separation of employment with no increase in premium

## Group Critical Illness with Cancer

- Guaranteed Issue (no preexisting limitations)
- Coverage is effective on the date of hire and available to full time and part time team members working at least 20 hours a week.
- Pays in addition to any other health insurance or PTO
- Covers Cancer (with Carcinoma in Situ), Heart Attack, Cardiac Arrest, Stroke, Major Organ Failure, Benign Brain Tumor, Blindness, Coma, Permanent Paralysis, 3rd Degree Burn over 30 square inches, and many more conditions.
- Coverage options up to $40,000 for Employee, up to $20,000 for Spouse, and up to $20,000 for dependent children to age 26
- Lump sum benefit amount paid out at diagnosis of covered illness
- Health Navigator Help Line – Connect with a care advisor for guidance on medical bills, appointments, physician referrals and recommendations of community and clinical resources related to condition.
- Wellness Benefit is $150 Annually per covered dependent on the plan, over 30 screenings eligible for payment, including Mammogram, Pap Smear, PSA, Cholesterol Tests, Dental and/or Vision exams, Interscholastic Sports Physicals, Vaccinations, etc
- Issue Age – rates are locked at the age in which the employee enrolls.
- Coverage is portable upon separation of employment with no increase in premium
- Benefits do not reduce at age 70
- All Claims must be filed within 12 months of date of diagnosis.
- Coverage is portable upon separation of employment with no increase in premium

## Accident Plan

- Guaranteed Issue
- Coverage is effective on the date of hire and available to full time and part time team members working at least 20 hours a week.
- Pays in addition to any other health insurance or PTO
- Plan pays specific sum benefit based on diagnosis of injury – such as fractures, dislocations, comas and burns – and treatments such as surgery, crutches and Physical Therapy.
- Common charges associated with an accident: Urgent Care; X-rays; treatment for fractures; sprains; strains; physician office follow-up visits; childcare while recovering
- First day Hospitalization - $1,500: daily hospital confinement $300 for up to 365 days per accident
- Includes accidental death benefit of $25,000 or $100,000 if common carrier
- Spouse and dependent children (to age 26) coverage available
- Grandchildren can be covered if Grandparent is guardian
- 24 hour coverage
- Employee coverage is required in order to elect spouse and/or dependent coverage
- Wellness Benefit is $100 Annually per covered dependent on the plan, over 30 screens eligible for payment, including Mammogram, Pap Smear, PSA, Cholesterol Tests, Dental and/or Vision exams, Interscholastic Sports Physicals, Vaccinations, etc
- Coverage is portable upon separation of employment with no increase in premium

## Leave Administration

Sun Life administers leave of absence programs on behalf of Self Regional Healthcare. The services they provide includes, but is not limited to:

- administration of the Family and Medical Leave Act, Military, Personal, and Educational leaves of absence.
- easy access to experts who will answer questions, review guidelines and provide information regarding leaves of absence.
- 24 hours a day, 7 days a week availability through either telephone or online services.

For specific information related to leaves of absence, please refer to the Human Resources organizational polices or contact Sun Life (at right).

**Questions/Report Leave:**
**Phone: 1-855-SRH-FMLA (1-855-774-3652)**

**Online Access:**
**Website: www.Sunlife-ams.com**

### Your Sun Life Absence Management Program

Call: 855.SRH.FMLA (855.774.3652)
TRS: Dial 711
Fax: 877.309.0218
STD Group Policy Number: 961392
Online: sunlife-ams.com



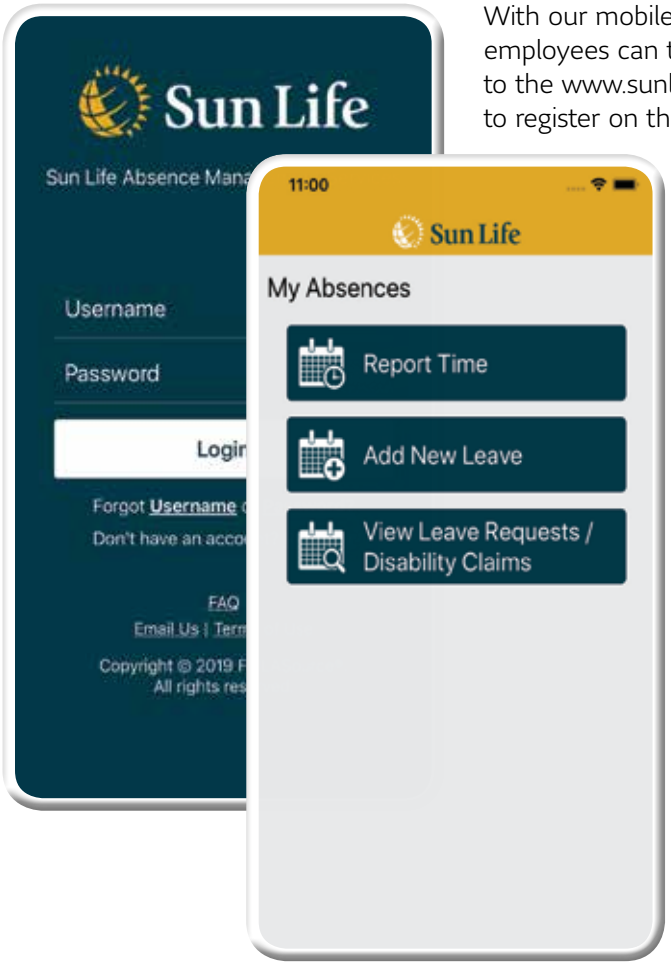
Sun Life

**Be sure to have the following information ready:**

- Company Name:
  Self Regional Healthcare
  #961392
- Social Security Number
- Physician's name, fax # and contact info
- Dates absent, reason and return date

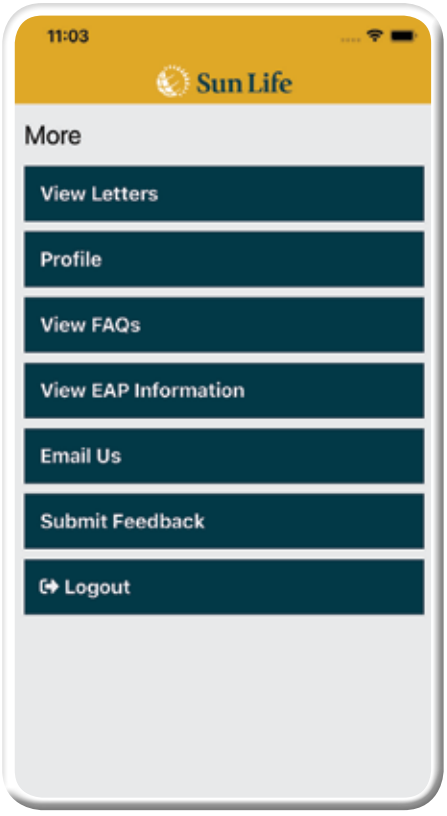
# The Sun Life Absence Management Services mobile app

## Available to Apple and Android mobile phone and tablet users




With our mobile responsive app, employers and employees can take advantage of similar functionality to the www.sunlife-ams.com website. Users will need to register on this site in order to use the app.

- Employees can add new leaves, report time, or view leave requests/disability claims
- HR can "work on behalf of" employees, review leave letters sent, check usage, and generate reports
- Easy-to-navigate dashboard highlights action items for employees and summary status
- FAQs and other topical resources help employees through process




App Store

Google Play

**Download Sun Life Absence Management Services so you can manage leaves on the go!**

Sun Life

## CONGRATULATIONS!

With your Sun Life coverage, you receive an emergency travel assistance program and ID-theft protection services provided by Assist America.

This travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence, or in another country. One simple phone call to Assist America will connect you to:

- A state-of-the-art 24/7 Operations Center
- Experienced, multilingual crisis management professionals
- Worldwide emergency response capabilities
- Air and ground ambulance service providers

## TRAVEL ASSISTANCE SERVICES

**Medical Consultation, Evaluation & Referral**
Calls to Assist America's Operations Center are evaluated by medical personnel and referred to qualified doctors and/or hospitals.

**Foreign Hospital Admission Assistance**
Assist America fosters prompt hospital admission outside the United States by validating the member's health coverage or by advancing funds to the hospital as needed.

**Emergency Medical Evacuation**
If adequate medical facilities are not available locally, Assist America will use whatever mode of transport, equipment and personnel necessary to evacuate a member to the nearest facility capable of providing a high standard of care.

**Medical Monitoring**
Assist America's medical personnel will maintain regular communication with the member's attending physician and/or hospital and relay information to the family, as appropriate.

**Medical Repatriation**
If a member still requires medical assistance upon being discharged from a hospital, Assist America will repatriate them home or to a rehabilitation facility with a medical or non-medical escort, as necessary.

**Prescription Assistance**
If a member needs a replacement prescription while traveling, Assist America will help in filling that prescription.

**Care of Minor Children**
Assist America will arrange for the care of children left unattended as the result of a medical emergency and pay for any transportation costs involved in such arrangements.

**Compassionate Visit**
If a member is traveling alone and will be hospitalized for more than seven days, Assist America will provide economy, round-trip, common carrier transportation to the place of hospitalization for a designated family member or friend.

**Return of Mortal Remains**
Assist America will assist with the logistics of returning a member's remains home in the event of his or her death during travel.

Other non-medical emergency assistance services include:

- Return of Vehicle
- Lost Luggage & Document Assistance
- Legal & Interpreter Referrals
- Emergency Message Transmission
- Bail Bond & Emergency Cash Coordination
- Emergency Trauma Counseling
- Pre-trip Information

**For more information, visit www.assistamerica.com.**

Please cut on dotted line to remove card.

## GLOBAL EMERGENCY SERVICES

assist america®

**Reference # 01-AA-SUL-100101**

If you require assistance when traveling 100 miles from your permanent residence, or in another country, call Assist America's Operations Center at:

**+1 609 986 1234** (outside USA - Collect Call)
**+1 800 872 1414** (inside USA - Toll Free)
**Or email at: medservices@assistamerica.com**

## DISCLAIMER

*Value-added services are not available in New York. Value-added services are not insurance, are offered only on specific lines of coverage, and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. Emergency Travel Assistance is provided by Assist America®. Identity Theft Protection is provided by SecurAssist®, an Assist America program. Sun Life is not responsible or liable for care, services, or advice given by any provider or vendor of the Services. Sun Life reserves the right to discontinue any of the Services at any time. Employers who provide group insurance coverage and make available value added services within an I.R.C. Section 125 cafeteria plan should consult a tax professional to determine whether those services are Qualified Benefits for Section 125 plans. In all states except New York, group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA). GVASBCH-EE-039 SLPC 29750*

Sun Life

## ID THEFT PROTECTION SERVICES

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

**24/7 Access to Identity Protection Experts**
You have 24/7 direct emergency access to ID Theft Protection experts who can provide guidance in dealing with identity fraud issues.

**Credit Card and Document Registration**
Register your details using our secure website to store information from credit cards, banks and other important document in a single, centralized and secured location.

**Internet Fraud Monitoring**
Upon registration, we use a real-time web-crawling technology to monitor any sign of your registered personal data on suspicious sites. You will receive automatic warning notifications if it is discovered that your data is being used fraudulently.

**24/7 Identity Fraud Support**
If you are a victim of identity fraud, a dedicated ID Theft Protection expert will guide you in mitigating the consequences of the fraud. Your caseworker will also notify credit and debit card issuers if your credit or debit card(s) is lost or stolen.

To activate these identity protection services, visit:
**www.assistamerica.com/sunlife**

## DOWNLOAD THE MOBILE APP

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App for iPhone and Android.

The Mobile App's features include:

- **Tap for Help:** One-touch call to our 24/7 Operations Center
- **Pre-Trip Information:** Access detailed country-specific information to prepare your trip
- **Digital ID Card:** Your Assist America membership card is stored inside the App
- **Travel Alerts:** Receive alerts on urgent global situations that may impact travel
- **Travel Status Indicator:** This feature indicated when you are eligible for services
- **Embassy & U.S. Pharmacy Locator:** Locate the nearest embassy/consulate of 23 countries around the world and the nearest pharmacies in the U.S.
- **Available in 7 Languages:** English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

Complete the set-up process by entering your Assist America reference number **01-AA-SUL-100101**.

ANDROID APP ON Google play | Download on the App Store

## CONDITIONS

Assist America will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Travel by a Participant's spouse when it is for the benefit of the spouse's employer (spouse business travel)
- Injuries resulting from participation in acts of war or insurrection
- Commission of unlawful act(s)
- Attempt at suicide
- Incidents involving the use of drugs unless prescribed by a physician
- Transfer of member from one medical facility to another medical facility of similar capabilities and providing a similar level of care

Assist America will not evacuate or repatriate a member:

- Without medical authorization
- With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home
- With a pregnancy over 28 weeks
- With mental or nervous disorders unless hospitalized

Services will not be provided for the following types of travel:

- Trips exceeding 90 days from legal residence without prior notification to Assist America (separate purchase of Expatriate Coverage is available at www.assistamerica.com/expatriate)

While assistance services are available worldwide, transportation response time is directly related to the location/jurisdiction where an event occurs. Assist America is not responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond its control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems, or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under the control or responsibility of Assist America.

Please cut on dotted line to remove card.

**Please provide the following information when you call:**

- **Your name, phone number and relationship to the patient**
- **Patient's name, age, gender**
- **The Assist America reference number**
- **Name, location and phone number of hospital or treating doctor if applicable**

Attention: This card is not a medical insurance card. All services must be provided by Assist America. No claims for reimbursement will be accepted. The holder of this card is a member of Assist America and is entitled to its medical and personal services.

08.19.pdf

# VOLUNTARY & ADDITIONAL BENEFITS

## Women's Health and Cancer Rights Act of 1998

- Federal law became effective in 1999.
- Requires group health plans that provide coverage for mastectomies to also provide coverage for reconstructive surgery and prostheses following mastectomies.
- Law mandates that participants who receive benefits for a covered mastectomy, on or after the law's effective date, and who elect breast reconstruction in connection with the mastectomy will also be covered by the following treatment:
- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.
- Coverage is subject to the same annual deductible, coinsurance, and/or co-payments under the plan.

## Enhanced Benefits for Women

The Patient Protection and Affordable Care Act of 2010 ("PPACA") requires plans to provide certain women's services & products including:

- well woman visits
- screening for gestational diabetes
- birth control, contraception, etc. (no co-pay or deductible on generic items)
- breast feeding pumps, support, supplies & counseling
- counseling for sexually transmitted infections
- HPV & HIV testing
- screening & counseling for domestic violence

## Rocking Horse Honor Roll Program

Self Regional Healthcare Foundation is pleased to offer a special benefit for all team members who have a child(ren) delivered at SRH. Team members will receive Rocking Horse Honor Roll medallions at a reduced contribution amount of $100. Payroll deduction options are available by calling the Foundation office, (864) 725-4256.

- Available to all Self Regional Healthcare team members.
- For the $100 contribution, Self Regional Healthcare Foundation will honor your child with a satin medallion etched with your child's actual footprint, name and date of birth.
- One medallion will be placed on the Rocking Horse Honor Roll wall in the Childbirth Center and a second medallion will be presented to you.
- Contributions to the Rocking Horse Honor Roll go to the Nancy Moore Thurmond Memorial Fund, used to sustain and enhance newborn services and equipment at Self Regional Healthcare.

## ADDITIONAL BENEFITS

These benefits are available to you at anytime throughout the year:

**Tuition Assistance**
SRH offers an education assistance program that provides financial payments to cover tuition and book expenses for team members pursuing an approved degree or program of study. For more information, refer to the policy available on the intranet under the HR Departmental page; Policies. For additional details, contact (864) 725-4165.

**YMCA Membership Discount**
Contact YMCA for additional information.

**Entertainment Tickets**
Team members can receive discounts on goods, services and other items through the Self Savings discount program.

**Credit Union Membership**
(864) 227-4176

**Lactation Lounge**
Available for breast feeding mothers located on the 2nd floor

**Team Member Health & Wellness Services**
(864) 725-4752

**Employee Assistance Programs (EAP)**
For free confidential assistance, counseling and referrals. Contact Western Carolina Psychiatric Associates at (864) 227-3908 or ESI at 800-252-4555.

**Smart Card**
You may credit money on your ID badge through payroll deduction to use in the Veranda, Crossroads Market, Gift Shop, and Team Member Pharmacy.

## Continuing Coverage

Under certain circumstances, you may continue your health care coverage when it would otherwise end. This is called COBRA coverage. COBRA stands for the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA contains provisions giving certain former team members, retirees, spouses and dependent children the right to temporary continuation of health coverage at group rates. However, this coverage is only available in specific instances. Group health coverage for COBRA participants is more expensive than health coverage for active team members, since Self Regional Healthcare pays a portion of its team members' plan costs.

| If you lose coverage because... | You can continue coverage for... |
|---|---|
| you are no longer eligible due to separation of employment | 18 months |
| you are no longer eligible and either you or a dependent is disabled (according to the Social Security definition) within 60 days of your loss of eligibility | 29 months |

| If your dependent loses coverage because... | Your dependent can continue coverage for... |
|---|---|
| of your death | 36 months |
| you become eligible for Medicare after your COBRA election begins | 36 months |
| you and your spouse divorce | 36 months |
| he or she is no longer a dependent (because of age or marriage) | 36 months |

The charts shown above illustrate how long you can continue your COBRA coverage.

## When COBRA Ends

COBRA coverage will end before the end of the eligibility period if:

- You do not make premium payments on time
- You become entitled to Medicare
- All Self Regional Healthcare benefits are discontinued
- You become covered under another group health plan after you elect COBRA coverage (unless the plan has pre-existing condition limitations that affect you — if the new plan complies with HIPAA regulations, a pre-existing condition limitation likely will not affect termination of COBRA coverage)

If you have any questions about COBRA, please contact the Self Regional Healthcare Benefits Team.

| COBRA RATES | |
|---|---|
| TRADITIONAL PLAN | |
| Team member Only | $746 |
| Team member + Child(ren) | $1,260 |
| Team member + Family | $2,192 |
| HIGH DEDUCTIBLE HEALTH PLAN | |
| Team member Only | $712 |
| Team member + Child(ren) | $1,203 |
| Team member + Family | $2,092 |

# PAYACTIV

## What is Payactiv?

Payactiv is a financial wellness solutions program that provides you instant access to your earned wages

along with many services that help you stay ahead of financial worries between paychecks.

## How it Works

- Up to $500 of your earned wages can be accessed using a mobile app with the simple push of a button
- Designed to help you avoid high interest loans, payday advance services, etc.
- No more borrowing from family and friends
- No loans...No interest....just your money in your hands

## What type of services do I receive from Payactiv?

- Financial Counseling – you can schedule an appointment and get free personalized advice from a licensed financial coach
- Financial Learning – learn how to successfully manage your finances through financial learning articles
- Budgeting feature
- Savings tool
- Rx discounts
- Pay bills
- Get an Uber
- Check your balance; saving and budgeting tools are always free

| HOW TO GET YOUR MONEY | FEE |
|---|---|
| Instant to the Payactiv Card | $1.99 |
| Next day to Debit card, Bank Account, Payroll Card, Amazon, Uber, Bill Pay | $1.00 |
| Walmart Cash Pick Up | $2.99 |
| Instant Access to Debit card (non Payactiv card) or Bank Account | $2.99 |

## How do I Sign Up?

To get started, scan the QR code with your smartphone camera to download the Payactiv App. You will need your phone number, name, employer and employee ID; OR you can download the Payactiv App from the APP store.

1) Select "Join today"
2) Enter your mobile number
3) Enter the code sent to your mobile number.
4) Fill in blanks to set up your account
5) Choose "verify employer"
6) Enter the name of your employee
7) Enter your employee ID
8) Choose the amount you want to access
9) Select where you want your wages transferred
10) Welcome to Payactiv

## Support

Get the help you need 24/7/365. Customer Success will be available through the app or the website get.payactiv.com.

# EMPLOYEE ASSISTANCE PROGRAMS

## The Self Regional Healthcare Employee Assistance Program

The Employee Assistance Program (EAP) provided by Self Regional Healthcare, offers confidential counseling services for you and your immediate family members when needed.

EAP counselors are master's level social workers and mental health counselors who can assist with mental health struggles like life stress, dealing with grief, communication problems, work-related issues and family/marital issues.

Services Offered

- Individual/Couples/Family/Group sessions
- Up to 6 free sessions per year, per person
- In-person and virtual sessions available
- Additional sessions offered if needed, and/or referrals to other providers (may have additional costs)

**If you are interested in EAP services, please call Western Carolina Psychiatric Associates at (864) 227-3908 and ask to schedule an appointment for EAP through Self Regional Healthcare.**

## ESI Employee Assistance Program

### WORK/LIFE BENEFITS

Help for personal, family, financial, and legal issues is available for your everyday work/life issues, including:

- Debt counseling and restructuring
- Legal problems not related to employment or medical concerns
- Childcare and elder care assistance
- Financial information
- Caregiver help and resources
- Real estate and tenant/landlord concerns
- Interpersonal skills with family and co-workers
- Pet Help

### LIFESTYLE SAVINGS BENEFITS

Get negotiated discounts and deals for wellness, shopping, travel & 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. Coaching is available for:

- Certified Financial Coaching
- Balancing Life at Work and Home
- Resilience
- Effective Communication
- Home Purchasing
- Student Debt
- Relaxation Coaching for Beginners
- Workplace Conflict
- Retirement (Practical & Emotional Aspects)
- Succeeding as a Supervisor

**Along with other great benefits, the ESI EAP also offers the convenient Talkspace Go mobile app, a 6-session plan, and unrestricted telephonic counseling. Contact ESI by calling 800-252-4555.**

# Welcome to the Corporate Membership Program

the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## Community

The Y is the unparalleled cause for strengthening the local community. We nurture the potential of children and help people of all ages be healthy, confident, connected and secure. So when you join the Y, you create meaningful change not just for you, but for the whole community.

**$0** JOINER'S FEE

**New Membership Rates***
(Beginning October 1, 2025)

**$15** Adult **$36** Family

** with bank draft only through the YMCA*

**BETTER HEALTH**
leads to better work performance and a sense of well-bing

**POSITIVE ATTITUDES**
improve company-wide morale

**HEALTHY WORKFORCE**
reduces overall healthcare costs

**WELLNESS**
means lower turnover rates and absenteeism

**BALANCE SPIRIT, MIND AND BODY**
handles stress and tension better

## Membership Benefits

- Convenient facility hours, open 7 days a week
- Being a member of a Christian Organization
- FREE open swim for adults, families and youth
- FREE Childwatch services during use of facilities
- Fitness Center Orientation
- Program rate reductions
- FREE Group Exercise and Water Fitness Classes

## Family Friendly

Child care, Summer Day Camp, Swim Lessons, and Youth Leagues are just a few of the resources provided to Y families. Members enjoy reduced program rates that make it easy to get the whole family engaged.

## Getting Started

To join, simply bring proof of employment to any of these Y locations.

**Lakelands YMCA–Greenwood**
1760 Calhoun Road
Greenwood, SC 29649
864-223-9622

**Lakelands YMCA–Uptown**
325 Pressley Street
Greenwood, SC 29646
864-233-1800

**Lakelands YMCA–Laurens**
410 Anderson
Laurens, SC 29360
864-984-2626

# Access Your Perks Program Today!

TicketsatWork.com
Fun. With benefits.

## More perks. More savings. More of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.



## START SAVING ON

Electronics • Appliances • Apparel • Cars • Flowers • Fitness Memberships
Gift Cards • Groceries Hotels • Movie Tickets • Rental Cars • Special Events
Subscriptions • Flights • Cruises • Theme Parks **and More!**

## New to TicketsatWork? Getting Started is Easy.

Maximize your time away from the workplace and start saving today!

1. Visit **TicketsatWork.com**
2. Click **Become a Member**
3. Enter your company code or work email to create an account

**YOUR COMPANY CODE**

**CASELF**

NEED HELP? EMAIL US:
CUSTOMERSERVICE@TICKETSATWORK.COM

# MAKING A DIFFERENCE

## PARTICIPATE


RELAY FOR LIFE
American Cancer Society






## EDUCATE

United Way

Through education and programs promoting awareness, Self Regional Healthcare will strive to become a more inclusive organization as evidenced by improved patient care and increased team member engagement; resulting in better health for our communities.

## Innovation Involves Everyone

Our organization is committed to Continuous Improvement and Innovation. As we work to ***"Always Create the Best Experience"***, we must not settle for the Status Quo!

Your ideas for improving processes and operations are not only welcomed by expected! It takes our team members' collective experience, education, and creativity to make changes that will positively impact our patients, our community, and our team.

**Your ideas for making process, service, and policy changes can be shared:**

- Directly with your immediate supervisor, during daily operations or in your regularly scheduled rounding sessions
- With Process Improvement Team Members, when teams are convened to study and improve a specific process or service
- With those Team Members supporting the **Innovation** and **Management Engineering** functions in our organization
- By contacting our Bright Ideas Hotline at 864-725-4739

**PEOPLE • SERVICE**

**QUALITY • SAFETY**

**FORUMS**

## NEWS TO KNOW

**NEW Congratulations to Paula Johnson on Her Retirement** - Please see the attached flyer for details

**NEW Upstate AHEC -** Congratulations to Dr. Lindsey Clarke of the Montgomery Center for Family Medicine Residency Program and Mark Vaughn, RN with Clinical Education, on being recently recognized by Upstate AHEC! Dr. Clarke was awarded Upstate AHEC Preceptor of the Year for his dedication and commitment to teaching medical students and supporting their future success as physicians. Mark Vaughn was awarded Health Career Program Partner of the Year for his ongoing support in connecting students to healthcare careers and guiding them on their paths to becoming healthcare professionals. Their commitment, perseverance, and clinical expertise truly embody the qualities that earned them this distinguished honor. We are lucky to have both of these great educators and clinicians working on our team here at Self Regional!

**NEW Tobacco Policy Reminder**-Please take a moment to review the attached Tobacco-Free Policy and ensure you're following the guidelines outlined. We've recently received complaints from Sunshine House and neighboring property owners about team members smoking on their premises and leaving behind litter. Let's all do our part to be respectful neighbors and maintain a clean environment. Thank you for your cooperation

**NEW The Veranda Café-** will be closed for **ALL** shifts on Monday September 1st, 2025 in observance of Labor Day.

**NEW September Well-being Calendar-** Well-being calendar of events for September is here! We've got lots of opportunities for you! From stretch classes, meditation, lunch and learns and our cooking/nutrition class, there's something for everyone. There are TWO opportunities to participate in local 5k races. Here4Areason is September 13th and Race the Helix is September 20th. See attachments in News to Know for details for each race and registration info. If you're looking for something department specific, please contact me julieann.mottern@selfregional.org.

**NEW HR Is Relocating!-** Please refer to the attached flyer for our new location and full details.

**A Special Thank you to OUR TEAM for always creating a great experience!**

# What is Self Stars?

**A points-based recognition program that provides credits to be exchanged for merchandise available online.**

www.PeopleAreEverything.com


## Score some points

For additional information, stop by Human Resources or visit www.PeopleAreEverything.com

## Three Ways to Log in!

### 1 Intranet

(Access only from a work computer)

Log into a work PC and click the Self Stars icon.

### 2 Internet

(Access from any available work or home internet connection):

Visit **www.peopleareeverything.com/selfstars** and log in with the same Self-Regional credentials that you use to access the network.

### 3 Mobile Smartphone App

To download the app, search for "People Are Everything" in the Apple App Store or Google Play Store. At the login screen, select "SSO Login." When prompted to enter your email address, use the format:

**[Your Employee ID Number]@selfregional.org**

Then, log in using the same Self Regional username and password that you use to access the network.

**MISSION** Our hearts, hands and minds are leading our communities to better health. **VISION** The care, experience and value we provide will be superior for all the communities we are entrusted to serve. **PURPOSE** Always create the best experience.

## EDUCATION & PROFESSIONAL GROWTH

### Tuition Reimbursement and Assistance

For qualifying team members, up to $16,000.00 may be available under the SRH Tuition Reimbursement Fund.

### Training & Development

On average, more than **40,148 hours** of education were provided to SRH team members annually.

### Continuing Medical Education (CME)

### On-Site or Online Training Modules

### Clinical Education

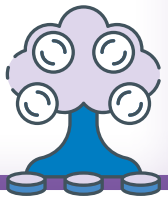
## RETIREMENT BENEFITS

TRANSAMERICA®
Retirement Solutions

Retirement Plans / 403(b)

Financial Planning Services

Free sessions with certified financial planners.



### Retirement

Did you know? Last year SRH spent in excess of **$6 million** for team member retirement benefits.

## FINANCIAL WELLNESS

### GRACE FUND
### Emergency Financial Assistance Program

### Student Loan Forgiveness

### Access to a Certified Financial Planner (CFP)

## How Status Changes Can Affect Your Benefits

A team member in a Full-Time or Part-Time status that transfers to a Resource status will have the following changes to his/her benefits:

- Will not be eligible for the following benefits: Medical, Dental, Life, Long Term Disability, Short Term Disability, Flexible Spending Account, Vision, Cancer or YMCA
- Team members enrolled in 403(b) will not be eligible for employer contributions
- Enrollment in pension will stop
- PTO will be paid out (if applicable)
- GSAB will be forfeited

A team member in a Full-Time status that transfers to a Part-Time status will have the following changes to his/her benefits:

- Premiums and coverage for life insurance will change to Part-Time
- Will no longer be eligible for Short Term Disability or Long Term Disability
- GSAB will be forfeited
- PTO accrual rates will change to Part-Time

A team member in a Part-Time status that transfers to a Full-Time status will have the following changes to his or her benefits:

- Premiums and coverage for life insurance will change to Full-Time
- Eligible for Short Term and Long Term Disability Insurance
- PTO accruals rates will change to Full-Time

A team member in a Resource or Temporary status that transfers to a Full-Time or Part-Time status should note the following:

- SRH hire date adjusted as appropriate
- Eligible for medical, dental and flexible spending account benefits after 30 days of employment in a benefits eligible status
- Eligible for Life, Vision, Cancer, and other voluntary benefits the first of the month following 90 days of satisfactory employment
- Full-Time team members eligible for Long Term Disability and Short Term Disability the first of the month following 90 days of satisfactory employment
- Eligible for payroll deductions for YMCA benefits
- Eligible for matching dollars if enrolled in the 403(b) retirement plan (see page 15)
- PTO accruals will begin on the effective date of the transfer. Hours will be credited to the team member's account after 90 days.

## Discretionary Time Off (DTO)

- Full-time salaried/exempt team members and all leaders are covered under the Discretionary Time Off (DTO) plan. DTO does not specify a set number of days/hours that are accrued or earned. DTO is used for observed holidays, vacations, sickness/illness, approved medical leaves of absence, etc. Team members may take time off from work at his/her reasonable discretion, provided they coordinate and obtain approval from their direct manager. The team member is responsible for ensuring that they manage their DTO in a manner that prioritizes work responsibilities while balancing personal commitments and responsibilities. The team member is still responsible for fulfilling the essential job requirements of their role, fulfilling customer expectations and achieving the established goals and objectives for the areas they directly lead and the overall organization.
- Self Regional Healthcare does reserve the right to review and deny a team member's request for DTO. Reasons that can lead to a denial of a DTO request could include excessive use of DTO, unsatisfactory job performance, or business obligations. Any DTO requests for more than three consecutive weeks are not normally approved unless for medical reasons as authorized under FMLA. Requests not related to medical/FMLA, will be treated as a Personal Leave of Absence which are typically unpaid and not covered by DTO.
- If a team member leaves the organization, they will not receive payment for discretionary time off.
- Team members that convert to the DTO plan with a remaining balance of PTO hours will be compensated in accordance with existing PTO payout guidelines.
- Additionally, team members who transfer out of DTO eligible positions will immediately begin to accrue PTO hours consistent with their years of service and employment status. In addition, DTO usage vs. DTO earned (based on the PTO accrual system) will be determined and balances in the individual's favor will be credited as PTO in the team member's account.

## Paid Time Off (PTO)

- Paid Time Off (PTO) consolidates accrued time off into one bank, including vacation, holiday(s), personal time, and sick time. PTO should be scheduled in advance whenever possible and is subject to supervisor approval.
- Available to Full-time and Part-Time non-exempt team members.
- Team members begin accruing PTO hours on their first day of employment. Hours accrued will be credited to the team member's account starting on the first day of employment and are immediately eligible for usage subject to supervisor approval.
- PTO hours may be accumulated up to a maximum of 848 hours for Full-Time team members and up to a maximum of 250 hours for Part-Time team members. Unused PTO hours will continue to build year after year until the 848 or 250 hour maximum is met.
- You may elect to sell back (PTO) hours at any given time up to a maximum of 100 hours per calendar year provided that a minimum balance of 240 hours is maintained after sell-back. To be eligible for sell-back, a team member must have used at least 80 hours of PTO in the previous 12-month period.
- All unscheduled absences will continue to be treated in accordance with the Self Regional Healthcare Attendance and Punctuality Policy (QSP-HR-EMP COND-0002).

## Grandfathered Sick Accrual Bank (GSAB)

- Grandfathered Sick Accrual Bank (GSAB) provides compensation for an active team member who is out of work due to the team member's personal illness/injury/disability.
- GSAB will consist of Full-Time team member sick bank balances as of October 1, 2006. GSAB will not earn accruals. All future sick accruals will be accrued in the PTO bank.
- A team member's Manager, team member Health and Wellness Services, or Human Resources may require verification of illness from the treating physician before approving the use of the GSAB .
- Team members must follow departmental guidelines when calling in due to an absence for their personal illness.

| Status | Length of Service | Accrued Rate Per Hours Paid | Maximum Hours Accrued Annually | Maximum 8 Hour Days Accrued Annually | Maximum PTO Hours Accumulated |
|---|---|---|---|---|---|
| NON-EXEMPT | | | | | |
| Full-Time | 0 – 60 months (Up to 5 years) | .0923 | 192 | 24 | 848 |
| | 61 – 120 months (5+ to 10 years) | .1000 | 208 | 26 | 848 |
| | 121 - 180 months (10+ to 15 years) | .1077 | 224 | 28 | 848 |
| | 181 - 240 months (15+ to 20 years) | .1154 | 240 | 30 | 848 |
| | 241 months (20+ years) | .1269 | 264 | 33 | 848 |
| NON-EXEMPT | | | | | |
| Part-Time | 0-241+ months (0 – 20+ years) | .05320 | 85.86 | 10.71 | 250 |

Residents' PTO accrual is based on the Residency Program guidelines. Resource Pool team members do not accrue PTO hours.

## Cafeteria Plan Section 125 & Qualified Family Circumstance

Team member paid premiums are paid with pre-tax dollars with the exception of Short Term Disability, Long Term Disability, Outside Life (Whole Life), Dependent Life, Group Term Life and AD&D Life Insurance.

- Premiums are deducted first from your paycheck, before taxes as allowed by Section 125 of the IRS tax code. This reduces your taxable income; you pay less tax which provides more spendable income for you
- If enrolled in a FSA or HSA, you cannot claim premium contributions as an itemized medical expense deduction or take the Health Insurance Tax Credit
- Social Security taxable income is reduced which may affect your future benefit
- Election of cafeteria plan benefits may not be changed for the full plan year, with exception of a bona fide change in a "qualified family circumstance"

  A qualified family circumstance means.....

  – You get married, divorced or legally separated
  – You have or adopt a child
  – Your spouse or dependent dies
  – You or your spouse change from a benefits eligible employment status for example: Full-Time to Part-Time employment or vice versa
  – You or your spouse take an unpaid leave of absence
  – You or your spouse's health coverage changes significantly due to your spouse's employment
- The effective date of change in your election must be consistent with your change in family circumstance and must be made within 31 days following the date of your change in family circumstance

## Important Definitions

**Benefit Status**

**Full-Time team member (eligible for all benefits)**

– **Regularly scheduled to work at least 32 hours per week in an approved position (may be subject to work additional hours)**

**Part-Time team member (eligible for most benefits)**

– **Regularly scheduled to work at least 20 hours per week in an approved position (may be subject to work additional hours)**

**Retiree**

– **Any team member who is age 55 and has 30 consecutive years of service.**

– **Any team member who is age 65 or older and has 10 years of consecutive service.**

**Dependents**

**Legal Spouse – A husband or wife. South Carolina no longer recognizes common-law marriages, following a Supreme Court ruling in July 2019 that outlawed the arrangement. However, this judgment was prospective, meaning that the state still recognizes common-law marriages made before the date of the judgment.**

**Dependent Child – Child up to age 26 who is team member's natural, adopted or step-child, or child for whom team member has legal custody.**

**NOTE: Dependent eligibility documentation is required for all covered spouses and dependent children. (See page 5.)**

**Other Definitions**

**Open Enrollment – This is the period each year when eligible team members may enroll in or make changes to their medical and dental elections, group term life, dependent life, long term disability, short term disability, vision, outside life and cancer (some changes are subject to Evidence of Insurability). Eligible team members may also elect flexible spending accounts and newly available benefit plans for the next plan year. Open enrollment is held beginning in August, to be effective October 1st.**

**Plan Year – The benefit plan year runs from October 1st through September 30th**

# CONTACT INFORMATION

If you have questions about any of your benefits, please contact the company that handles the plan administration for Self Regional Healthcare. Below is a list of those companies, the plans they administer and their contact information. If you still have questions, or need more information about any other benefit plan, please contact a member of the Benefits Team in Human Resources. They will be happy to assist you.

| SELF REGIONAL HEALTHCARE CONTACT INFORMATION | | | |
|---|---|---|---|
| CONTACT | TITLE | PHONE | WEBSITE |
| Faith Barnes | Director of Benefits and Compensation | 864-725-4086 | |
| Debbie Greene | Human Resources Specialist | 864-725-4165 | |
| Erika Aiken | Benefits Coordinator | 864-725-4167 | |
| PLAN | TITLE | PHONE | WEBSITE |
| Medical/Dental Plan | Blue Cross Blue Shield of SC – In SC | 800-922-1185 | www.SouthCarolinaBlues.com |
| | Blue Cross Blue Shield of SC – Outside SC | 800-845-6067 | |
| Prescription Plan | Optum Rx | 866-516-3121 | www.optumrx.com |
| Vision Plan | Community Eye Care | 888-254-4290 | www.communityeyecare.net |
| Life and Disability Insurance | Sun Life | 866-806-3619 | www.sunlife-ams.com |
| Flexible Spending Account & HSA | The Omni Group | 800-375-6664 | OmniGroupEE.LH1ondemand.com<br>or email flexrep1@omniinsurance.com |
| Retirement Plan – 403(b) & 457(b) | Transamerica Retirement Solutions | 800-755-5801 | my.trsretire.com |
| COBRA | XLK International, LLC | 225-636-5071 | |
| Whole Life Insurance | Atlantic American Worksite | 866-458-7502 | Mycoverage@atlam.com |
| Critical Illness Plan<br>Accident Plan | Sun Life | 877-820-5306 | www.sunlife.com/account |
| Employee Assistance Program | Western Carolina | 864-227-3908 | |
| ESI Employee Assistance Program | ESI | 800-252-4555 | www.theeap.com |
| Leave Administration | Sun Life | 855-SRH-FMLA<br>855-774-3652 | www.sunlife-ams.com |
| Self Rewards | People Are Everything | 800-535-5690 | www.peopleareeverything.com |
| Financial Wellness | Payactiv | 877-937-6966 | get.payactiv.com |
| Lakelands YMCA | Greenwood<br>Uptown<br>Laurens | 864-223-9622<br>864-223-1800<br>864-984-2626 | 1760 Calhoun Rd., Greenwood, SC 29649<br>325 Pressley St., Greenwood, SC 29646<br>410 Anderson St., Laurens, SC 29360 |

## About This Guide

This guide provides a general description of the various benefits available to you as a team member of Self Regional Healthcare. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It does not contain all of the details that are included in your Summary Plan Description (as required by ERISA). If there is ever a question about one of these plans and/or policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. Please note that the benefits described in this guide may be changed at any time and does not represent a contractual obligation on the part of Self Regional Healthcare.

# MEDICARE PART D

## Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Self Regional Healthcare and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BlueCross BlueShield of South Carolina has determined that the prescription drug coverage offered by Self Regional Healthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Self Regional Healthcare coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Self Regional Healthcare coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Self Regional Healthcare and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact your Human Resources department for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Self Regional Healthcare changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).

| | |
|---|---|
| Name of Entity/Sender: | Self Regional Healthcare |
| Contact—Person/Office: | Human Resources |
| Address: | 1325 Spring Street<br>Greenwood, SC 29646 |
| Phone Number: | 864-725-4165 |

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## CHILDREN'S HEALTH INSURANCE PROGRAM NOTICE

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

**GEORGIA – Medicaid**

GA HIPP Website:
**https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**

**Phone: 678-564-1162, Press 1**

GA CHIPRA Website:
**https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**

**Phone: 678-564-1162, Press 2**

**NORTH CAROLINA – Medicaid**

**Website: https://medicaid.ncdhhs.gov**

**Phone: 919-855-4100**

**SOUTH CAROLINA – Medicaid**

**Website: https://www.scdhhs.gov**

**Phone: 1-888-549-0820**

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# NOTES

SELF REGIONAL
HEALTHCARE

For information about joining our team,
visit www.selfregional.org/careers or call 864-725-4165.