



SOUTHEAST GEORGIA HEALTH SYSTEM



2023 NEW HIRE BENEFITS GUIDE



Contents

Enrollment.....	3-5
Important Reminders.....	6
Medical.....	7-8
Disease Management - Wellness Program.....	9
Dental.....	10
Vision.....	11
Flexible Spending Accounts.....	12-13
Life and AD&D Insurance.....	14
Supplemental Life and AD&D Insurance.....	15
Short-Term Disability Insurance.....	16
Long-Term Disability Insurance.....	17
Retirement and Savings Plans.....	18
Employee Assistance Program.....	19
Voluntary Benefits.....	20-22
Additional Benefits.....	23
Business Travel insurance.....	24
Prepaid Legal and Identity Theft.....	25
Pay Calendar.....	26
Resources.....	27
Notices.....	28

Welcome

LETTER FROM THE CHRO

At Southeast Georgia Health System (SGHS), we are proud of our team of committed professionals who respect and value one another. To enable us to continue to be the finest professionals we can be and to deliver the highest patient care possible, SGHS leadership is committed to supporting our team members holistically. The Total Rewards offered by SGHS aim to provide choice and flexibility and meet team members where they are on their personal and professional journey. SGHS is on a journey to reimagine our Total Rewards program with the objective of lowering the impact of benefits on team members' paychecks, enhancing benefits and providing more options and educational resources.

We encourage you to take advantage of all the benefits you earn and are eligible for as a SGHS team member. Your benefits are a significant part of your annual compensation and your personal wellbeing. Those benefits vary for each individual, but overall, the value of the benefits provided by the Health System total more than \$47 million annually. This Benefit Guide highlights many of those benefits and their costs.

We are committed to giving you the resources you need to understand your options and how your choices could affect you financially. This guide is an overview; for more detailed information, please refer to your summary plan descriptions (SPDs). A list of plan contacts is included at the back of this Guide.

I am grateful for your dedication to our Health System and your continued efforts and commitment to providing safe, quality care for our patients, their families, and each other. Your support in helping us achieve our vision of being the region's premier healthcare provider and employer of choice is sincerely appreciated.

Richard W. Grooms, Jr., CHRO

WHAT'S NEW

At Southeast Georgia Health System (SGHS), we are proud of our team of committed professionals who respect and value one another.

In preparation for the 2023 plan year, SGHS has assessed our Total Rewards program. Highlights of what's new for 2023 are as follows:

- A new Dental carrier with lower premiums.
- Enhanced benefits for your Vision plan.
- Elimination of the Cotinine Testing (refer to page 8 for additional details).
- Introduction of Spousal Surcharge (refer to page 4 for additional details).
- Increase in maximum contribution amounts for tax advantaged flexible health savings and retirement accounts:
 - FSA max contribution limit increased to \$3,050.
 - 403(b) limit increased to \$22,500. Team members aged 50+ additional, catch up amount increased to \$7,500
- New formulary for Prescription plan.
- Continuation of richer benefits should you receive care in an SGHS facility.

Enrollment

ELIGIBILITY

Failure to submit the REQUIRED information/ documentation by the required date will result in a

Active Team Members of Southeast Georgia Health System classified as:

- Full-Time
 - 1.0 (eighty hours per pay period)
 - 0.9 (seventy-two hours per pay period)
- Part-Time
 - 0.8 (sixty-four hours per pay period) *
 - .75 (sixty hours per pay period) *
 - 0.7 (fifty-six hours per pay period)
 - 0.6 (forty-eight hours per pay period)

*0.8 and .75 Team Members are considered full time for health insurance purposes only and are not eligible for basic term life, short-term disability or long-term disability coverage.

Eligible dependents are classified as:

- Your legal spouse who resides in the United States
- Child/stepchild/legal dependent child less than 26 years of age
- If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made at least 30 days prior to the child's 26th birthday.
- If your dependent child is over 26 and is disabled, an application of dependent status must be made.

WHAT TO KNOW

If you are **ADDING** a dependent to your benefit coverage, you are **REQUIRED** to bring a copy of the below information/documentation to Human Resources:

- Dependent social security card
- and**
- Acceptable proof of dependent information
 - Spouse: Marriage License
 - Child: Birth Certificate
 - Stepchild: Marriage License and Birth Certificate
 - Legal Dependent: Court Documentation that confirms legal guardianship/adoption

delay of enrollment, pending of claims, and/or a forfeiture of eligibility.

- New Hire or Rehire
 - Coverage will begin on the 1st day of the month (except for long-term disability) after Human Resources receives a completed enrollment via Kronos (including any required dependent documents). For more information on long-term disability please reference page 16.
- Status Change (Non-Benefit Eligible to Benefit Eligible)
 - You must enroll within 10 days from the date of your status change.
 - Coverage will begin on the 1st day of the month after Human Resources receives a completed enrollment via Kronos (including any required dependent documents).
- Qualifying Life Events (Examples of qualifying life events: birth of baby, marriage, gain/loss of coverage, divorce). See your 2023 Summary Plan Document – Special Enrollment Rights for a complete list.
 - You must enroll within 30 days from the effective date of your qualifying life event.
 - Coverage will begin on the 1st day of the month after Human Resources receives a completed enrollment via Kronos (including any required dependent documents).
 - Newborn additions only - the coverage effective date is retroactive to the date of birth, provided the enrollment (including any required dependent documents) is received by Human Resources within 30 days of the birth of the child.

Failure to enroll within the above time frames will result in the forfeiture of your eligibility for enrollment until the beginning of the next plan year.

Starting January 1st, 2023 SGHS will implement a Spousal Surcharge. If you wish to cover a spouse and they have medical coverage available elsewhere (such as through their own employer), you are still able to cover your spouse on the SGHS medical plan but you will pay an additional \$25 per pay period. To avoid the surcharge, those who have covered spouses must complete the spousal affidavit found on the benefit enrollment site.

Hard copies must be returned to Becky Corley in the Human Resource Department.



Enrollment

HOW TO ENROLL

Open Enrollment for employee benefits for all Southeast Georgia Health System Benefit Eligible Team Members begins on Wednesday, November 9 to Tuesday, November 22, 2022.

Online Enrollment: Team Members can enroll in their benefits through Kronos.

1

Log in to Kronos

3

The Welcome to Open Enrollment at SGHS for 2023 page will be displayed.

2

From "Employee Home Page" Select "Alerts," then select "OPEN ENROLLMENT"

4

On the Benefits Summary page, prior to selecting the "Submit Changes" button, select the "print button" in the upper right-hand corner of the page to print a copy of your enrollment elections to keep for your records.

****Carefully read the instructions at the top of each benefit section****



Important Reminders

The best way to save money on your health care expenses is by:

Having lab work done in network at SGHS or Quest Diagnostics. With your health plan, you will save on lab services by getting all of your testing done at an in-network lab.

Two ways to make sure you save

Here is what you need to do to make sure you save - every time you need lab work:

- Does your doctor collect your sample in the office? Ask that it be sent to SGHS or Quest Diagnostics.
- Is your doctor sending you to a lab for the testing? Ask for a lab requisition form to SGHS or Quest Diagnostics lab.

Find an in-network lab

You can use the DocFind directory anywhere you have Internet access. Just:

1. Visit www.aetna.com/docfind/custom/mymeritain/
2. Then, type in the type of provider or provider name under who or what are you looking for? (for example, you could type in Southeast Georgia Health System or Quest here when looking for an in network lab) and the desired geographical area under Where?. Then, click Search.
3. Choose Aetna Choice POS II (Open Access) under Select a Plan.

If you have any questions, or need any help finding an in-network lab or doctor, just call Meritain Health Customer Service at 800-925-2272. This information is on the back of your health insurance card.

Medical

Provided through Meritain Health (Full-Time & Part-Time Team Members are eligible). To locate preferred providers refer to:

- CGRHN – local providers in the Coastal Georgia Regional Healthcare Network. A list of providers is available on the intranet www.sghs.org/team-member portal.
- Aetna POS II – physicians who are outside CGRHN. A list of providers is available on the Aetna website (www.aetna.com/docfind/custom/mymeritain/)

Refer to the Meritain website (mymeritain.com) for the Summary Plan document to find out more details on your health insurance. If you have a claims question, contact Meritain Health at 1-800-925-2272.

Coverage/Plan	Super Preferred Provider (SGHS owned/operated)	Preferred Provider	Non-Preferred Provider
Deductible (individual/family) *	\$0	\$500/\$1,500	\$1,500/\$4,500
Out of Pocket Maximum (individual/family)	\$2,900/\$5,800	\$3,500/\$7,000	Unlimited
Physician Services Office/sick visits TeleHealth Hospital Visits Surgery in office Surgery in outpatient hospital setting	\$20 copay \$10 copay 10% coinsurance \$20 copay 10% coinsurance	\$20 copay \$10 copay 25% after deductible \$20 copay 25% after deductible	40% after deductible Not covered 40% after deductible 40% after deductible 40% after deductible
Chiropractic Service	N/A	25% after deductible	40% after deductible
Preventive Care/Wellness (annual GYN exam, mammogram, PSA, prostate screen)	100%	100%	Not covered
Routine Physical Exams	100%	100%	Not covered
Routine Child Care & Immunizations (eligible child(ren) birth to 18 years old)	100%	100%	Not covered
Inpatient Facility Charges	10% coinsurance	25% after deductible and \$150 copay	40% after deductible and \$200 copay
Outpatient Facility Charges	100%	25% after deductible	40% after deductible
Outpatient Diagnostic Services Facility Charges (x-rays, labs)	100%	25% after deductible and \$75 copay	40% after deductible and \$100 copay
Outpatient Diagnostic Services Physician Services**	N/A	25% after deductible	40% after deductible
Physical, Occupational and Speech Therapy	100%	25% after deductible	40% after deductible
Emergency Room Facility	20% after \$150 copay	20% after \$150 copay	20% after \$150 copay
Emergency Room Physician	N/A	20% no deductible	20% no deductible
Immediate / Urgent Care	\$25 copay	\$75 copay	\$75 copay
Substance Abuse/Mental Health Inpatient Outpatient	N/A \$20 copay	20% after deductible and \$150 copay \$20 copay	40% after deductible 40% after deductible
Prescription Drug Copays Generic Preferred Formulary Brand Name Non-Preferred Formulary Brand Name Specialty Drugs	\$14.00 copay /\$7.00 copay for Disease Management Participants \$45.00 copay /\$32.50 copay for Disease Management Participants \$75.00 copay /\$55.00 copay for Disease Management Participants 20% to a maximum of \$300 per fill Specialty Drugs - Certain restrictions may apply		
Please review the Optum SPD on the Team Member Portal for further information regarding the Pharmacy Plan.			

* The Non-Preferred deductible and out-of-pocket maximum are separate from the Preferred and Super-Preferred deductible and out-of-pocket maximum.

** Claims for physicians' reading services will be paid at the Preferred plan rate of 75%.

Medical

Pre-certification must be completed with American Health Holdings (AHH) (1-800-242-1199) for certain procedures and all inpatient stays; otherwise benefit coverage will decrease by 50% (which does not apply to the out of pocket maximum). It is your responsibility to initiate pre-certification. Team Members must contact AHH at least 72 hours prior to any scheduled admission for a medical condition, mental and nervous disorder, chemical dependency treatment, outpatient surgical procedures performed outside the physician's office, chemotherapy, purchase or rental of durable medical equipment home healthcare, the beginning of hospice care, private duty nursing, and infusion services. In case of an emergency Hospital admission or emergency surgery, AHH must be notified within two working days of admission.

Health Insurance Rates		Bi-weekly
Team Member Only		\$88.61
Team Member + Child(ren)		\$179.84
Team Member + Spouse		\$224.04
Family		\$290.20
Part-Time Team Member (Team Member Coverage Only)		\$195.02

*Premiums are pre-tax.



Disease Management Wellness Program

Provided through Southeast Georgia Health System (Full-Time & Part-Time Team Members are eligible).

The Disease Management program offered by Southeast Georgia Health System is available to Team Members and their dependents who are covered under the Southeast Georgia Health System's group health insurance plan, who are taking prescription medication(s), and are under the care of a physician for one or more of the following conditions:

- Diabetes
- High Blood Pressure
- High Cholesterol
- Asthma
- GERD (Acid Reflux)

There is no cost to participate in this program. Any medication written for any of the above disease states have a reduced copayment for as long as the Team Member participates in the program, remains in compliance, and is covered under the Health System's health insurance.

Other benefits of the program include:

- Free scheduled contact with a case manager – contact must be maintained to continue the program and to receive prescription drug copay benefits.e
- Free monitoring devices and free educational materials specific to the enrolled disease state(s)

Participation in the Disease Management program is voluntary and confidential. If you are interested in this program, you can reach the disease management case manager at 912-466-3180 or a program application is available in the Human Resources Department at either the Brunswick or Camden campus.

Additional Wellness Benefits:

- Free wellness coach
- On-site fitness space
- Annual Maintain No Gain Program
- Variety of exercise programs include but are not limited to:
 - Yoga
 - Cardio Boxing Classes
 - Functional Fitness Classes
- Certified Nutritionist

Dental

Provided through Delta Dental (Full-Time & Part-Time Team Members are eligible).

Plan Provision	PPO Dentist	Premier Dentist	Non-Delta Dental Dentist
Annual Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Lifetime Ortho Deductible per patient	\$0	\$0	\$0
Diagnostic and Preventative Services	100%	100%	100%
Sealants	100%	100%	100%
Space Maintainers	100%	100%	100%
Basic Restorative	80%	80%	80%
Oral Surgery	80%	80%	80%
Simple Extractions	80%	80%	80%
Endodontics	50%	50%	50%
Surgical Periodontics	50%	50%	50%
Non-Surgical Periodontics	50%	50%	50%
Major Restorative	50%	50%	50%
Prosthodontics-Fixed & Removable	50%	50%	50%
Denture Repair, Reline, Rebase	80%	80%	80%
Implants	50%	50%	50%
Orthodontics - Child	50%	50%	50%
Orthodontics - Adults	50%	50%	50%
TMJ	Not Covered	Not Covered	Not Covered
Annual Plan Coverage Maximum	\$1,200	\$1,200	\$1,200
Orthodontia Lifetime Maximum	\$1,100	\$1,100	\$1,100

Dental Insurance BiWeekly Rates	
Team Member Only	\$17.97
Team Member + Child(ren)	\$38.22
Team Member + Spouse	\$32.38
Family	\$52.47

Vision

Provided through EyeMed (Full-Time & Part-Time Team Members are eligible).

Plan Provision	In-Network Costs	Out-of-Network Costs
Exams at PLUS Providers	\$0 copay	Up to \$35
Exam	\$20 copay	Up to \$35
Frames at PLUS Providers	\$0 copay; 20% off balance over \$170 allowance	Up to \$60
Frames	\$0 copay; 20% off balance over \$120 allowance	Up to \$60
Eyeglass Lenses		
Single	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$65
Progressive Standard	\$90 copay	Up to \$40
Progressive Premium	\$90 copay; 20% off retrail prices less than \$120 allowance	Up to \$40
Contact Lenses (allowance includes materials only)		
Conventional	\$0 copay; 15% off balance over \$135 allowance	Up to \$108
Disposable	\$0 copay; 100% off balance over \$135 allowance	Up to \$108
Medically Necessary	\$0 copay; paid in full	Up to \$210
Frequency		
Exams	Every 12 months	
Lenses or Contacts	Every 12 months	
Frames	Every 24 months	

Vision Insurance BiWeekly Rates	
Team Member Only	\$2.59
Team Member + Child(ren)	\$4.92
Team Member + Spouse	\$5.19
Family	\$7.61

Flexible Spending Accounts (FSA)

A FLEXIBLE SPENDING ACCOUNT PROVIDES SIGNIFICANT ADVANTAGES

What is a Flexible Spending Account?

You have the opportunity to enroll in a Flexible Spending Account (FSA) for your health care out-of-pocket expenses or for dependent daycare expenses. An FSA provides significant advantages, such as:

- **Immediate Tax Savings:** Contributions to your FSA are made on a pre-tax basis, which lowers your taxable income and therefore may decrease the amount you pay in federal, state, local, and FICA taxes.
- **Increased Spending Income:** Your net income may increase each month because your contributions to the FSA lower your taxable income.
- **Improved Cash Flow:** An FSA allows you to budget for your medical, dental, and vision expenses on a pre-tax basis. Your total Health Care FSA election is available at the beginning of the plan year, which gives you the ability to use the funds as needed, yet have a small amount (election/number of pay periods) deducted from your payroll each pay date.
- **Coverage for Entire Family:** When making your election, remember to include expenses for yourself, your spouse, and/or your tax dependents.

Your FSA will be administered by the experienced staff at McGriff Insurance.

FSA Maximum Annual Limits for Health Care - \$3,050.

FSA Maximum Annual Limits for Dependent - \$5,000/household for single taxpayers and married couples filing jointly or \$2,500 for married couples filing separately.

How FSAs Work

There are two types of FSAs:

- Health Care FSA allows reimbursement of qualifying out-of-pocket medical expenses.
- Dependent Daycare FSA allows reimbursement for work-related dependent daycare expenses under the age of 13 or dependent adults incapable of self-care.

Before you enroll, you must first decide how much you want to contribute to each account. You should spend some time estimating your anticipated eligible medical and dependent daycare expenses, by analyzing your out-of-pocket expenses from the previous calendar year. Your annual election is divided into equal amounts each pay period and contributions are placed into your accounts. You have access to the entire health care FSA once the plan year begins; however, you will only be eligible to receive reimbursement up to amount of payroll contributions you have available for the dependent daycare account.

Limits on the amount you can contribute to the dependent daycare FSA are established by Federal IRS policy and the same for every company.

Special Note: "Use-It-Or-Lose-It" Rule: You will have until March 15, 2024 to spend all the 2023 funds in your Flexible Spending Account. You will have until March 31, 2024 to file claims for reimbursement for your 2023 eligible expenses. IRS regulations require that any remaining balance be forfeited. Therefore, it is very important that you carefully estimate your expenses before electing your annual Flexible Spending Account contribution.

For a complete listing of reimbursable health and dependent care expenses, call the IRS at 800-829-3676 and request Publications #502 (health care) and #503 (dependent care), or access these publications through the Internet at www.irs.ustreas.gov

Additional information on FSA can be found at www.fsastore.com



Flexible Spending Accounts (FSA)

You have many ways to access your FSA:

Online: You may access: <https://www.mcgriffinsurance.com/shared/login/individuals.html>.

This website is designed to be easy and convenient to view account balance and claim history, sign up for direct deposit, file a claim, or use the tools and support tab for links to helpful information.

Mobile App: The CarePlus Benefit Access Mobile App is available for Apple and Android users. With the app, you may view your account balance and claim history, file a claim, take a picture of receipts with your device's camera and upload to McGriff Insurance, and receive text alerts or report a lost or stolen card. Download at Apple App Store or Google Play.

Debit Card: Use your CarePlus Benefit Access Visa Debit Card when paying for eligible out-of-pocket expenses. When paying for services with your debit card, you should keep all receipts of your Explanation of Benefits (EOB) because you may be asked to provide additional substantiation as required by the IRS. The online portal offers an easy, secure way to keep your receipts, should you need to provide documentation.

Phone: You may also speak to a Benefit Representative 800-768-4873 or 800-930-2441 Monday – Friday, 8:00 a.m. – 8:00 p.m. ET.

Reimbursement Options

Use your Benefit Access Visa Debit Card for easy payment to the provider. The debit card gives you immediate, electronic access to funds stored in your health care or dependent daycare accounts. The debit card can be used as stores where FSA-eligible items can be identified at checkout (pharmacy, big box store, or supermarket). Using your Benefit Access Visa Debit Card eliminates the need for filing claim forms; however, itemized receipts may need to be submitted, if requested.

You may file a manual claim electronically by using the consumer portal (<https://www.mcgriffinsurance.com/shared/login/individuals.html>) or through the CarePlus Benefit Access Mobile App on your Apple or Android smart phone. You will simply complete the claim form and take a picture of your receipt, and upload both through your phone.

Life and AD&D Insurance

BASIC LIFE AND AD&D INSURANCE

Provided through Mutual of Omaha (Only Full-Time Team Members are eligible). These benefits are provided by the Health System at no cost to the Team Member.

Eligible Team Members are provided life insurance at 2x annual salary to a maximum of \$500,000. This employer paid benefit is available to full-time Team Members and provides \$1,500 for each of your eligible dependents. Team Members must designate a beneficiary for this coverage.

Base annual earnings are used to determine your benefits under the group policy. Any income you receive, such as, but not limited to, commissions, bonuses, dividends, overtime, and differentials will be excluded from this calculation.

Accidental Death & Dismemberment insurance is included with Basic Term Life for Team Member's coverage only and can double your face value – per policy requirements.



Life and AD&D Insurance

SUPPLEMENTAL TERM LIFE AND VOLUNTARY PORTABLE TERM LIFE INSURANCE

Provided through Mutual of Omaha (Only Full-Time Team Members are eligible) Premiums are post-tax.

Issue Limits

- Team Members who are newly eligible for this benefit have a guarantee issuance of up to two times their annual salary up to a maximum of \$250,000 and do not need to complete an Evidence of Insurability (EOI) form.
- For those Team Members who did not elect this coverage when first offered at the time of hire or are making changes to their policy face value election, an Evidence of Insurability (EOI) form must be completed. What is Evidence of Insurability? EOI is a statement of medical history to determine if a Team Member or spouse is approved for coverage when the amount of life insurance that Team Member or spouse desires is in excess of the guarantee issue (GI) amount for the group.
- Coverage will pend EOI approval from Mutual of Omaha. If approved by Mutual of Omaha, coverage and payroll deductions will begin the first pay period following approval.
- AGE BANDED RATES: Rates are age based and will change accordingly each year. Please refer to the table on the right for rates per \$1,000 of life coverage by age.
- Team Members must enroll for supplemental life to become eligible for dependent life coverage.

Team Member

- All Team Members – Choice of 1x to 5x annual salary to a maximum of \$500,000.
- New hires will be offered a guarantee issue of 2x base earnings, up to \$250,000.
- Age Reduction: Benefit amount reduces by 35% at age 65, by 60% at age 70, and by 75% at age 75 and above.

Spouse

- Choice of \$10,000 to \$100,000 in \$10,000 increments.
- Spouse of new Team Members will be offered a guaranteed issue of up to \$50,000 in \$10,000 increments.

Children

- Choice of \$5,000 or \$10,000.

Evidence of Insurability instructions for online submission:

1. Visit www.MutualOfOmaha.com/EOI
2. Choose state and coverage being applied for, then click 'Agree' to terms, then click 'Begin'
3. Complete Evidence of Insurability form

What happens next?

In straightforward cases, you may be auto approved for coverage. If not, we'll review your application and contact you if any additional information is required.

In all cases we'll notify you of your application outcome. If approved by Mutual of Omaha, coverage and payroll deductions will begin.

Age	Rate/\$1,000	Age	Rate/\$1,000
<25	\$.046	55 – 59	\$.414
25 – 29	\$.046	60 – 64	\$.506
30 – 34	\$.058	65 – 69	\$.702
35 – 39	\$.081	70 – 74	\$1.116
40 – 44	\$.115	75 – 79	\$1.518
45 – 49	\$.173	80-84	\$1.518
50 – 54	\$.265	80 >	\$1.518
Dependent Spouse Coverage		\$0.403 per \$1,000 of coverage	
Dependent Child Coverage (Birth to age 25)		\$5,000 Option = \$0.58	
		\$10,000 Option = \$1.15	

*Deduction will change accordingly based on age and annual salary.

Disability Insurance

SHORT-TERM DISABILITY

Provided through Mutual of Omaha(Only Full-Time Members are eligible)

These benefits are provided by the Health System at no cost to the Team Member.

Short-Term Disability (STD) insurance provides you with weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Weekly Benefit	Elimination (Waiting) Period*	Benefit Duration	Contributions
CORE Plan	60% of base salary up to a maximum of \$1,000 per week	30 consecutive calendar days	22 weeks after elimination period	100% Employer paid

A Team Member can use up to 16 hours of Paid-Time Off per pay period in addition to STD collection, unless the elimination period has not been met.

Benefit	Weekly Benefit	Elimination (Waiting) Period*	Benefit Duration	Contributions
Buy-Up A	60% of base salary up to a maximum of \$1,000 per week	15 consecutive calendar days	24 weeks after elimination period	Premiums are salary specific and are taken after taxes are calculated.
Buy-Up B	70% of base salary up to a maximum of \$1,500 per week	30 consecutive calendar days	22 weeks after elimination period	Premiums are salary specific and are taken after taxes are calculated.
Buy-Up C	70% of base salary up to a maximum of \$1,500 per week	15 consecutive calendar days	24 weeks after elimination period	Premiums are salary specific and are taken after taxes are calculated.

1. Deduction amounts are subject to change in accordance with your base salary and are taken after taxes are calculated.
2. Team Members who are newly eligible for this benefit and elect a Buy-Up option will not need to complete an Evidence of Insurability (EOI) form.
3. For those Team Members who did not elect a Buy-Up option when it was first offered and are buying up from the Core Plan, an Evidence of Insurability (EOI) form must be completed.
4. Election of this benefit does not guarantee coverage. Coverage will pend EOI approval from Mutual of Omaha. If approved by Mutual of Omaha, coverage and payroll deductions will begin the first pay period following approval.



Disability Insurance

LONG-TERM DISABILITY

Provided through Mutual of Omaha (Only Full-Time Members are eligible).

These benefits are provided by the Health System at no cost to the Team Member after one year of employment. Long Term Disability (LTD) benefits provide continuing partial income replacement if your disability continues beyond 24 weeks.

Monthly Benefit Percentage	60% to a maximum of \$8,000
Definition of Disability	Unable to work for 24 weeks with a loss of 1% of earnings
Duration of Benefits	Age 65, SSNRA (Social Security Normal Retirement Age)
Elimination Period	6 months for all Team Members
Contributions	100% employer paid
Pre-Existing Condition	3/12*

* The pre-existing conditions limitation is 3/12. A pre-existing condition is one for which an individual has seen a medical practitioner or taken medication in the 3 months prior to his or her coverage effective date. Benefits will not be paid for any pre-existing condition until the earlier of 3 consecutive months ending on or after the effective date of coverage during which the individual has not seen a medical practitioner or taken medication for a condition; OR the individual remains insured under this plan for 12 consecutive months.

Retirement and Savings Plans

RETIREMENT PLAN

Provided through Empower. Retirement Options: 403(b) pretax and Roth 403(b) post tax.

Team Member Eligibility: You are immediately eligible to contribute to the 403(b) plan upon your date of hire, if you are 18 years of age or older.

Team Member Contributions:

- Automatic Enrollment - new Team Members will be enrolled at a 2% contribution rate and this will become effective approximately 30 days after their date of hire. However, you may contribute at a higher level, if you desire.
- You may contribute as much as 100% of your annual salary up to \$22,500* per year into the 403(b).
- You are also eligible to contribute an additional \$7,500 per year, if you are age 50 or older. In order to contribute the additional \$7,500 for the over 50 catch-up contributions you must complete an election form each calendar year.

Employer Contribution Eligibility: You are eligible for the base and matching contributions if you meet the following criteria:

- Are age 18 or older and
- Have completed one year of service during which you have worked at least 1,000 hours per calendar year.
- Additionally, the health system may make a discretionary contribution from 0-2.25% of your base salary each pay period provided that you have 1 year of service and 1,000 hours
- For each \$1.00 you contribute; Southeast Georgia Health System will match the following:
 - \$.50 on the first 5% of your salary (2.5%) if you have less than 6 years of service
 - \$.75 on the first 5% of your salary (3.75%) if you have 6 or more years of service

Vesting:

You are always 100% vested in your own contributions. You will be 100% vested in the Health System's contribution to your account after you have completed three years of service with at least 1,000 hours worked per calendar year during each of those three years of service.

For questions or additional information relating to participating in this plan, please contact our Retirement Plan Specialist, Connor Buchanan with Jacobs, Coolidge & Company LLC (912) 466-3175 or tbuchanan@financialguide.com who can assist you with the education and enrollment process.

You also may contact Empower directly by calling their toll-free number at (855) 756-4738 Monday through Friday 8am - 10pm (EST) and Saturday 9am - 5:30pm with plan related questions.

*Amount subject to change per IRS guidelines.

529 COLLEGE SAVINGS PLAN

Provided through John Hancock. A 529 College Savings Plan is an excellent tax-advantaged savings plan designed to help families set aside funds for future college costs. The 529 savings plan can be used to pay for qualified expenses at community colleges, undergraduate and graduate schools, trade schools around the country, or for technical and professional training.

The account may be used for tuition, room, board and other qualified expenses at any accredited college in the U.S. If your child decides not to attend college, the account owner can leave the assets invested in the account for later use or change beneficiaries to another family member. If the funds are withdrawn other than for qualified expenses, they are subject to income tax on the earnings in the account, plus an additional 10% tax penalty.

Owners contribute after-tax money, but pay no taxes while the account accumulates. If used properly it can result in distributions from the accounts being free from Federal income tax when used for qualified expenses. The ability to save on a tax-free basis can make a big difference in how much college savers can accumulate over time.

If you are interested in this plan, please contact our Retirement Plan Specialist, Connor Buchanan with Jacobs, Coolidge & Company LLC (912) 466-3175 or tbuchanan@financialguide.com who can assist you with the required paperwork.

Employee Assistance Program

Provided through Aetna Resources for Living. SGHS provides an EAP to protect its most valued asset – YOU. We have contracted with Aetna Resources For Living EAP Services to provide you and each of your eligible dependents with access to professional assistance for the challenges of everyday living.

Services Available through Aetna Resources For Living

- Confidential Counseling Sessions to deal with difficult periods in life
 - 24/7 telephonic assessment and triage
 - Face-to-face counseling sessions – up to 5 visits per incident per calendar year
 - Telephonic counseling – unlimited number of issues per year
- Work Life Benefit
 - Eldercare, childcare, and dependent care consultation and referral– unlimited number of issues per year
 - Medicare counseling– unlimited number of issues per year
 - Convenience services – unlimited number of issues per year
- Financial Consultation
 - One free 30-minute telephonic or face-to-face consultation per each new issue with a financial counselor on topics including credit counseling, debt counseling and budgeting, mortgages, retirement planning, and tax questions with local referrals and web access – unlimited number of issues per year
 - Library of forms, articles, and FAQs, calculators
- Legal Consultation
 - One free 30-minute telephonic or face-to-face consultation with a network attorney or mediator per each new issue – unlimited number of issues per year
 - 25% discount off usual rates for subsequent work and network attorney or mediator
 - Free simple will preparation
 - 10% discount off usual rates for telephonic and online assistance to help prepare legal documents such as divorce forms, estate planning forms, immigration forms, and others

- Identity Theft Consultation
 - One free 60-minute telephonic consultation per each new issue with a fraud resolution specialist– unlimited number of issues per year
 - Specialist assists team members with restoring their identity and good credit
 - Free “ID Theft Emergency Response Kit”
 - Specialist advises client on how to dispute fraudulent debts due to ID theft
 - Counselor follows up with the member and monitors progress
- Aetna Resources For Living Online EAP Services
 - Free live webinars
 - Child and elder care searches and resources
 - School and college tools
 - Adoption resources
 - Veterinarian and pet care researches
 - Psychological health resources
 - Assessments and wellness resources
 - Money and time-saving resources

It is Confidential. As provided by law, your use of Aetna Resources for Living services is confidential. Information related to your participation in the EAP will not be shared with anyone without your written permission.

It is Convenient. Aetna Resources for Living network of professionals are located near your home and place of employment. Appointments are available at times convenient to your schedule.

It is Easy to Use. Aetna Resources for Living provides a national, toll-free 800 number for emergencies and crisis intervention, and to request an initial appointment. The hotline is available 24 hours a day, 7 days a week.

Horizon Health 1-866-252-4468

www.mylifevalues.com

Username: sghs

Password: eap

Voluntary Benefits

CRITICAL ILLNESS INSURANCE

Provided through Allstate Benefits (Full-Time & Part-Time Team Members are eligible). For more detailed information, please log in to our team member intranet.

Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered critical illness. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. The cash benefit is in the form of a lump sum payment, which is paid to the employee after a covered diagnosis.

You select the benefit coverage amount that you want based on your individual need and your budget. If you have covered family members, our coverage also provides cash benefits for them. If diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Key Features

- Guaranteed Issue, coverage subject to exclusions and limitations
- Coverage is available for individual and child(ren) or family
- Benefits are paid regardless of any other medical or disability plan coverage
- Coverage may be continued

Initial Critical Illness Benefits

- Heart Attack
- Stroke
- End Stage Renal Failure
- Major Organ Transplant
- Coronary Artery Bypass Surgery
- Waiver of Premium (employee only)

Cancer Critical Illness Benefits

- Carcinoma in Situ
- Invasive Cancer

Reoccurrence of Critical Illness Benefits

- Initial Critical Illness
- Cancer Critical Illness

Rider Benefits

- Skin Cancer
- Cardiopulmonary Enhancement
- Lifestyle Enhancement
- Second Evaluation, Transportation, and Lodging
- Supplemental Critical Illness with HIV
- Specified Chronic Illness
- Specified Chronic Illness or Injury
- Fixed Wellness

CANCER INSURANCE

Provided through Allstate Benefits (Full-Time & Part-Time Team Members are eligible). For more detailed information, please log in to our team member intranet.

How will you pay for what your health insurance won't?

Chances are you know someone who has been diagnosed with cancer. If you were faced with a cancer diagnosis, would you be financially prepared to cover the cost of treatment? And how would you pay your regular, daily bills? Fortunately, Cancer coverage can help protect your finances if you or an insured family member is diagnosed with cancer and receives treatment. It also helps offer peace of mind, which is priceless – especially during a stressful time.

Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the out-of-pocket costs for treatments and expenses if a diagnosis occurs. The benefit can be used to help pay for treatment, surgery, medical appliances and more – all which can help protect your hard-earned finances and allow you to focus your energy on getting better.

Group Cancer insurance from Allstate Benefits helps guard against financial hardship if you or a loved one is diagnosed with cancer.

Few Features of Allstate Benefits Cancer Insurance:

- Helps pay some of the direct and indirect costs related to cancer diagnosis and treatment.
- Helps pay for expenses health insurance may not cover, such as deductibles and coinsurance.
- Pays an annual benefit for specified cancer screening tests.

Voluntary Benefits

ACCIDENT INSURANCE

Provided through Allstate Benefits (Full-Time & Part-Time Team Members are eligible) For more detailed information, please log in to our team member intranet.

Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly. Most major medical insurance plans only pay a portion of the bills. Accident insurance is supplemental coverage that pays in addition to other coverage you may already have in place.

Group Voluntary 24-hour Accident Insurance from Allstate Benefits, pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include benefits for a variety of occurrences, such as: Urgent Care; ambulance services; X-rays; Accident Physician's Treatment and more. The cash benefits can be used to help pay for deductibles, treatment, house payments, and more.

Key Features

- Guaranteed Issue coverage, subject to exclusions and limitations
- Coverage is available for dependents
- Coverage can be continued, as long as premiums are paid to Allstate Benefits

Benefits

- Initial Hospital Confinement
- Daily Hospital Confinement
- Intensive Care

Additional Riders added to the Base Policy

- Accident Treatment and Urgent Care Rider
- Dislocation/Fracture Rider
- Emergency Room Services Rider
- Outpatient Physician's Benefit

Benefit Enhancement Rider includes benefits for burns, lacerations, general anesthesia, physical therapy and more.

HOSPITAL INDEMNITY INSURANCE

Provided through Allstate Benefits (Full-Time & Part-Time Team Members are eligible) For more detailed information, please log in to our team member intranet.

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital visit – and costly out-of-pocket expenses. Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most. Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.

Our Indemnity Medical insurance pays a cash benefit if you have a covered hospital stay. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses your major medical doesn't cover. You can use the money toward deductibles, copays, premiums or even to help cover your daily living expenses. Plus, it works well with your major medical plan, helping close gaps in your coverage.

Hospitalization Benefit

- Daily Hospital Confinement

Optional Benefits

- First Day Hospital Confinement
- Hospital Intensive Care

Coverage provided is limited benefit supplemental insurance under policy form GVAP6, or state variations thereof. For complete details of the coverage, including limitations and exclusions, contact your Allstate Benefits Representative. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.



Voluntary Benefits

UNIVERSAL LIFE INSURANCE

Provided through TransAmerica (Full-Time & Part-Time Team Members are eligible).

For more detailed information, please log in to our team member intranet.

A life insurance policy can help protect families from financial hardship by providing the money to pay for funeral expenses, debts, taxes, and other needs.

Universal Life Insurance: Permanent life insurance. Builds tax-deferred cash value with a guaranteed interest rate. Has the flexibility to make future changes in the face amount. A savings component can be borrowed against or used to pay premiums.

Living Benefit Rider

- Provides an accelerated death benefit for chronic conditions if someone needs assistance with at least 2 out of the 6 Activities of Daily Living (ADLs).
- After a 90-day waiting period, provides a 4%/month benefit (4% of your policy value) up to 25 months.
- The LBR does not require the insured to be institutionalized for a benefit to be paid. Care could be at home, in assisted living, at a nursing home, or hospital.
- The 4% benefit is an indemnity cash benefit regardless of the cost of care.

Extension of Benefits Rider

- Pays an additional 4% monthly benefit (4% of your policy value) for up to an additional 25 months (starting in month 26). With the LBR and extension, the insured can receive up to 50 months of payouts.
- If the insured passes away during months 26-50, a 25% death benefit restoration (of the original death benefit that is paid-up) is provided to the beneficiary.
- The insured has potential access to up to 225% of the life insurance face amount with the LBR, extension, and 25% restoration of the policy value.

Additional Benefits

PAID TIME OFF (PTO)

Provides each regular full-time and part-time Team Member (0.6 FTE or above) with prescribed number of hours. PTO is accrued bi-weekly and is based upon a Team Members approved FTE status, length of service and based on prorated actual hours worked. Team Members can accrue up to a maximum of 336 hours.

SGHS Holidays include New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas. See policy for more details.

Non-Exempt	Hours Accrued Per Pay Period				Exempt	Hours Accrued per Pay Period
	Full-Time (1.0)	Full-Time (0.9)	Part-Time (0.8)	Part-Time (0.6)		
Less than 2 years	7.08	6.37	2.47	1.85	Less than 2 years	8.62
2 years < 4 years	7.39	6.65	2.71	2.04	2 years < 4 years	8.93
4 years < 6 years	7.70	6.93	2.96	2.22	4 years < 6 years	9.23
6 years < 8 years	8.00	7.20	3.20	2.40	6 years < 8 years	9.54
8 years < 10 years	8.31	7.48	3.45	2.59	8 years < 10 years	9.85
10 years < 20 years	8.62	7.76	3.70	2.77	10 years < 20 years	10.16
20 years and over	10.16	9.14	4.93	3.70	20 years and over	10.77

ADDITIONAL LEAVES

- **Family Medical Leave** – Is available to Team Member for self or their eligible dependent(s). Team Member must be employed for 12 months and have worked 1,250 hours in the last 12 months from date of onset to be eligible. See policy for more details.
- **Bereavement Leave** – Team Members who may need to take a leave due to death in the family. Immediate family is confined to the Team Member’s or current spouse’s relationship: father, mother, brother, sister, current spouse, child, grandparents/grandchildren, legal guardian, step- parents/stepchildren/stepbrothers/stepsisters. Leave can be paid up to three (3) consecutive days of their normal scheduled work. See policy for more details.

SCHOLARSHIP PROGRAM

Scholarship assistance is typically provided to allied health or nursing school students who are willing to commit to a certain time frame of full-time employment in their goal position with Southeast Georgia Health System. See policy for more details.

TUITION REIMBURSEMENT PROGRAM

Team Members classified as full-time that have completed twelve months of continuous full-time employment.

Upon satisfactory completion of each course of an approved curriculum, the Team Member is eligible for reimbursement up to a maximum of \$3,000 per fiscal year. See policy for more details.

For further information about any of these benefits or policies, call Human Resources at 912-466-3100.

Business Travel Insurance

Provided through Zurich (Full-Time & Part-Time Team Members are eligible)

The following is a brief description of the Business Travel Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this Plan, please see the policy.

Eligibility and Benefit Amounts

Class I: CEO..... Benefit Amount: \$1,000,000

Class II: All Active Vice Presidents Benefit Amount: \$500,000

Class III: All Other Active Team Members Benefit Amount: \$250,000

Description of Coverage

24 Hour Accident Protection, While on Business Trip

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against any covered accident incurred while on the business of the employer during the course of a business trip, including certain accidents while traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations. The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

To File a Claim

Contact Zurich American Insurance Company at 1-866-841-4771 for a claim form. Contact Human Resources to obtain the policy number. Complete the form and send it to the Claims Department, Zurich American Insurance Company, P.O. Box 968041, Schaumburg, IL 60196-8041 within 90 days of the loss.

Underwritten by Zurich American Insurance Company



Pre-Paid Legal & Identity Theft

Enjoy Life with Fewer Worries - with Legal Insurance from ARAG®

Legal insurance from ARAG gives you a place to turn to help address and resolve life's legal or financial issues - like disputing a contractor's charges, getting your will done or receiving a traffic ticket.

For \$8.42 bi-weekly, you'll have access to a nationwide network of attorneys who can:

- Work with you in person, over the phone or online to consult with you on legal issues.
- Review or prepare documents.
- Make follow-up calls or write letters on your behalf.
- Represent you if needed.
- Work with you in-person, over the phone or online or to help resolve the matter.

Save Time and Money on Legal Matters

Attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney. That means you'll avoid paying high- cost attorney fees (which currently average \$347 an hour). It is like having an attorney on retainer whenever you have a question or need guidance regarding a legal matter.

Face Life's Legal Issues with More Confidence

Count on a wide variety of benefits and services to help protect you when you encounter situations in life that could result in legal issues such as:

- Wills and Estate Planning
- Real Estate Matters
- Family Law
- Civil Damage Claims (Defense)
- Criminal Matters
- Debt-Related Matters
- ID Theft Protection*
- Post Decree Matters
- Dispute with a Landlord
- Small Claims Court
- Tax Issues
- Traffic Matters

To see a full list of coverages available under your plan, visit ARAGLegalCenter.com and go to "Plan Details." For any legal matters not covered and not excluded under the plan (including Immigration Assistance), you are eligible to receive at least 25% off the Network Attorney's normal rate.

Protect What's Important - Enroll Now! Take a proactive step and enroll in the legal insurance plan during the open enrollment period and take advantage of all of these valuable legal benefits for \$8.42 bi-weekly.

If you have any questions, call **800-247-4184** to speak with an ARAG Customer Care Specialist. For complete plan coverage details, visit ARAGLegalCenter.com and enter access code 18170sgh.

*Average attorney rates in the United States of \$347 per hour for attorneys with 11 to 15 years of experience, The Survey of Law Firm Economics: 2014 Edition, The National Law Journal and ALM Legal Intelligence, July 23, 2015.

Limitations and exclusions apply. Insurance products are underwritten by ARAG insurance Company of Des Moines, Iowa, Gu1deOne™ Mutual Insurance Company of West Des Moines, Iowa or Guide One Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

*Eligibility, coverage, limitations and exclusions are governed by a separate coverage document. Please see the identity theft plan summary for details.



Pay Calendar

Pay Period	Begin Date	End Date	Pay Date
1	12/25/2022	1/7/2023	1/12/2023
2	1/8/2023	1/21/2023	1/26/2023
3	1/22/2023	2/4/2023	2/9/2023
4	2/5/2023	2/18/2023	2/23/2023
5	2/19/2023	3/4/2023	3/9/2023
6	3/5/2023	3/18/2023	3/23/2023
7	3/19/2023	4/1/2023	4/6/2023
8	4/2/2023	4/15/2023	4/20/2023
9	4/16/2023	4/29/2023	5/4/2023
10	4/30/2023	5/13/2023	5/18/2023
11	5/14/2023	5/27/2023	6/1/2023
12	5/28/2023	6/10/2023	6/15/2023
13	6/11/2023	6/24/2023	6/29/2023
14	6/25/2023	7/8/2023	7/13/2023
15	7/9/2023	7/22/2023	7/27/2023
16	7/23/2023	8/5/2023	8/10/2023
17	8/6/2023	8/19/2023	8/24/2023
18	8/20/2023	9/2/2023	9/7/2023
19	9/3/2023	9/16/2023	9/21/2023
20	9/17/2023	9/30/2023	10/5/2023
21	10/1/2023	10/14/2023	10/19/2023
22	10/15/2023	10/28/2023	11/2/2023
23	10/29/2023	11/11/2023	11/16/2023
24	11/12/2023	11/25/2023	11/30/2023
25	11/26/2023	12/9/2023	12/14/2023
26	12/10/2023	12/23/2023	12/28/2023

Resources

Plan	Carrier	Phone	Website/Email	Fax
Medical	Meritain Health Incorporated	Main: 800-925-2272 8 am - 7:30 pm EST	www.mymeritain.com	
Pharmacy	Optum RX	800-356-3477	www.optumrx.com	
Disease Management	Billy Carr	912-466-5165	bcarr@sghs.org	912-466-3113
Dental	Delta Dental	800-521-2651	www.deltadentalins.com	
Vision	EyeMed	866-723-0513	www.EyeMed.com	866-293-7373
FSA	McGriff Insurance	800-768-4873	https://mcgriffinsurance.lh1ondemand.com flexcard@mcgriffinsurance.com	252-293-9049
Cobra	McGriff Insurance	888-888-3442	cobraadmin@mcgriffinsurance.com	
Life Insurance	Mutual of Omaha	800-775-8805	www.mutualofomaha.com	
Disability Insurance	Mutual of Omaha	800-877-5176	www.mutualofomaha.com	
Employee Assistance Plan	Aetna Resources for Living	866-252-4468 24 hours a day	www.mylifevalues.com Login: sghs Password: eap	
Critical Illness, Accident, Cancer, Hospital Indemnity	Allstate Benefits	800-521-3535	www.allstatebenefits.com	
Universal Life with Long-Term Care	TransAmerica	888-763-7474	www.transamerica.com	
Pre-paid Legal & Identity Theft	ARAG	800-247-4184	www.ARAGLegalCenter.com	
Business Travel Insurance	Zurich (Debra Allison)	214-866-1010	Ref Policy #GTU-0973373	
Retirement Plan Specialist College Savings Plan	Empower Connor Buchanan Jacob's & Coolidge	855-756-4738 912-466-3175	www.retiresmart.com tbuchanan@financialguide.com	912-466-3113
Credit Union	Marshland Federal Credit Union	912-466-3150	www.marshlandfcu.coop	912-466-3153
Family Medical Leave (FMLA)	Absence Pro	877-365-2666	www.absencepro.absencemgmt.com	877-309-0218
Human Resources	Becky Corley, Benefits Manager	912-466-3179 Main 912-466-3100	bcorley@sghs.org www.sghs.org	912-466-3113
Worker's Compensation	Brentwood Services	615-263-1300	claims.claims@bwood.com	

Legal Notices

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period.

You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or
- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
- A change in employment status for you and your spouse, or
- Open enrollment elections for your spouse, or
- A change in a dependent's eligibility, or
- A change in residence or worksite.
- Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: [insert deductibles and coinsurance applicable to these benefits]. If you would like more information on WHCRA benefits, call Meritain Health at 800-925-2272.

NEWBORNS' ACT DISCLOSURE:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid & Children Health Insurance Program “CHIP”

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not 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 Georgia, 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 are not 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).

Georgia – Medicaid

Website: <http://dch.georgia.gov/medicaid>

Phone: 404-656-4507

For more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.dol.gov/ebsa www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565





SGHS Health Plan - Notice of Nondiscrimination

Discrimination is Against the Law

Southeast Georgia Health System's Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Southeast Georgia Health System's Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Southeast Georgia Health System's Health Plan:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - a. Qualified sign language interpreters
 - b. Written information in other formats (large print, audio, accessible electronic formats, other formats)
2. Provides free language services to people whose primary language is not English, such as:
 - a. Qualified interpreters
 - b. Information written in other languages.

If you need these services, contact the Southeast Georgia Health System HR Benefits Coordinator & Civil Rights Coordinator for the Health Plan. If you believe that Southeast Georgia Health System's Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the HR Benefits Coordinator & Civil Rights Coordinator for the Health Plan, 2415 Parkwood Drive, Brunswick, GA 31520, Telephone number: 912-466-3100, Fax number: 912-466-3113, Email: benefits@sghs.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the HR Benefits Coordinator & Civil Rights Coordinator for the Health Plan is available to help you.

You can also file a civil rights complaint with the: U.S. Department of Health and Human Services, Office for Civil Rights, Electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 Telephone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Annual Notice for Employer-Sponsored Wellness Program

Southeast Georgia Health System has developed a voluntary wellness program which is available to all Team Members. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening which will include a blood test for fasting total cholesterol, fasting cholesterol/HDL and fasting glucose.

You are not required to complete the HRA nor are you required to participate in the blood test or other medical examinations. However, Team Members who choose to participate in the wellness program will be eligible to receive an incentive in the form of a discount on their health premiums so long as certain outcomes are achieved. The Health System's health insurance plan is committed to helping you achieve your best health. Rewards for participating in our wellness program are available to all eligible Team Members. If you think you might be unable to meet a standard for the reward under the wellness program, you might qualify for an opportunity to earn the same reward by different means. Please contact Brendan Hunt at 912-466-5168, and we will work with you (and, if you wish, with your doctor) to find a wellness program that is right for you.

The information from your HRA and the results from your biometric screening will also be used to provide you with information to help you understand your current health status and potential health risks, and may also be used to offer you services through the wellness program, such as disease management. You also are encouraged to share your results or concerns with your personal physician.

Protections from Disclosure of Medical Information
The Health System is required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Southeast Georgia Health System may use aggregate information it collects to design a program based on identified health risks in the workplace, the Southeast Georgia Health System Wellness Program will never disclose any of your personal information either

publicly or to the Health System as your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a registered nurse, physician or health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach involving information you provide in connection with the wellness program occurs, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of your decision to participate in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Health Promotion and Wellness, at (912) 466-5160.



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.