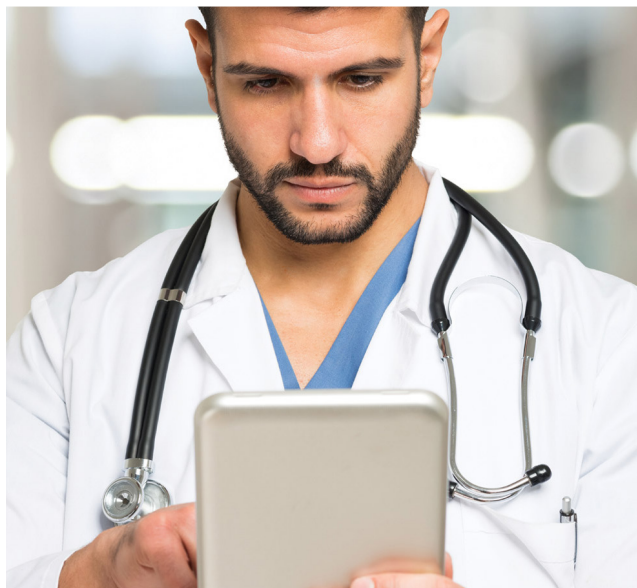




SOUTHEAST GEORGIA
HEALTH SYSTEM



Colonial Life®

2019 Benefits at a Glance



SOUTHEAST GEORGIA HEALTH SYSTEM

Dear Fellow Team Member,

As the end of 2018 approaches, I would like to extend my sincere gratitude to each and every one of you for your invaluable contributions to Southeast Georgia Health System and those for whom we care.

I encourage you to review your current benefit elections and to carefully consider any changes to the benefit coverage that you would like to go into effect on January 1, 2019. Open Enrollment will begin Thursday, November 1st through Thursday, November 15th, 2018. If you are in a benefit-eligible position, please make every effort to fulfill your Open Enrollment responsibilities. Please understand that if you fail to enroll, the benefit coverage that you currently maintain will be cancelled effective December 31, 2018.

The Benefits-at-a-Glance guide outlines the various benefits Southeast Georgia Health System offers to our Team Members. The guide illustrates the cost associated with each benefit and how much the premiums will be each pay period. I encourage you to review your current benefits and attend the Benefits Fair at which time you can meet with the various carriers who will be available to address any benefit questions that you might have. The Benefits Fair will be held Thursday, October 25th and Friday, October 26th on the Brunswick Campus, in the Linda S. Pinson Conference Center (7:30 a.m. to 3:30 p.m.); and Tuesday, October 23rd on the Camden Campus, Conference Center A & B (7:30 a.m. to 3:30 p.m.).

Please review your benefits summary carefully before signing to confirm the coverage selected and to ensure that all personal and family information is correct. Benefit choices made during the Open Enrollment period will remain in effect until December 31, 2019 unless a Team Member or their legal dependent experiences a “life event” that qualifies them for a Special Enrollment Period under the provisions of the Health Information Portability and Accountability Act (HIPAA) or an event that allows the Team Member or their legal dependent to change their election under a Section 125 plan (See page 30, Legal Notices, for additional information).

As a reminder, the Health System provides life insurance benefits for all active full-time Team Members in an amount equal to two times their base compensation at no cost to the Team Member. Even if you choose not to select any of the other Team Member benefits offered by the Health System, we encourage you to designate your beneficiary for this valuable life insurance coverage.

As our most valuable asset, it is our continuous commitment to offer the most competitive total rewards benefit programs in the region. As always, we appreciate the role you play in making a difference in the lives of our patients and our community as a whole.

I look forward to our continued partnership and success in the New Year.

Sincerely yours,

Michael D. Scherneck
President and Chief Executive Officer

Contents

New for 2019	3
Eligibility.....	4
Enrollment	
Before You Enroll - Things to Know	5
Annual Open Enrollment Process.....	6
GROUP BENEFITS	
Health Plan (including Prescription Drug Plan features)	7
Disease Management – Wellness Program.....	10
Dental Plan	11
Vision Plan.....	13
Flexible Spending Accounts	14
Basic/Supplemental Term Life and AD&D Insurance	16
Short-term Disability	18
Long-term Disability.....	19
Retirement Plan.....	20
529 College Savings Plan.....	21
Employee Assistance Program	23
VOLUNTARY BENEFITS	
Accident Insurance	23
Portable Whole Life Insurance.....	23
Children’s Term Insurance Rider	
Long Term Care Rider	
Cancer Insurance	24
Critical Illness Insurance	25
Hospital Indemnity Insurance	26
Additional Benefits.....	27
Business Travel	28
Pre-paid Legal/Identity Theft	29
Legal Notices.....	30
SGHS Health Plan – Notice of Nondiscrimination.....	32
Annual Notice Wellness Program	34
Pay Calendar	36
Contact Information	37

The Benefits at a Glance guide is designed to provide you with an overview of the benefits options we offer. The actual benefits available to you and the descriptions of these benefits are governed by the relevant Summary Plan Document (SPD) and our contracts. For more detailed plan information for all lines of coverage listed in the booklet call the Human Resource Department. Southeast Georgia Health System reserves the right to modify, change, revise, amend or terminate these benefit plans at any time.

New for 2019

		2019			2018		
			TIER 1*	TIER 2*		TIER 1*	TIER 2*
Health Insurance Bi-weekly premium increase	Team Member Only	\$84.20	\$82.52	\$79.99	\$80.96	\$78.94	\$76.91
	Team Member + Child(ren)	\$167.65	\$164.30	\$159.27	\$157.42	\$153.48	\$149.55
	Team Member + Spouse	\$208.85	\$204.67	\$198.41	\$197.96	\$193.01	\$188.06
	Family	\$268.00	\$262.64	\$254.60	\$249.30	\$243.07	\$236.83
	Part-Time Team Member (Team Member Coverage Only)	\$185.30	\$181.59	\$176.04	\$178.17	\$173.71	\$169.26
*HRA/Biometric Analysis Compliance Discounted Rate							
		Super Preferred Provider (SGHS owned/operated)	Preferred Provider	Non-Preferred Provider	Super Preferred Provider (SGHS owned/operated)	Preferred Provider	Non-Preferred Provider
Health Insurance Deductible (individual/family)		\$0	\$400/\$1,200	\$4,500/\$9,000	\$0	\$400/\$1,200	\$1,000/\$3,000
Health Insurance Out of Pocket Maximum increase (individual/family) **includes medical deductible, co-insurance and co-pays		\$2,900/\$5,800	\$2,900/\$5,800	\$7,900/\$15,800	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Prescription Co-pay	Generic	\$12.00			\$12.00		
	Brand - Preferred	\$37.50			\$35.00		
	Brand - Non-Preferred	\$60.00			\$55.00		
	Specialty Drugs	20% co-pay with a \$300 maximum			20% co-pay with a \$300 maximum		
Disease Management Prescription Co-pay	Generic	\$6.00			\$6.00		
	Brand - Preferred	\$27.50			\$25.00		
	Brand - Non-Preferred	\$50.00			\$45.00		
Dental Insurance Bi-weekly premium increase	Team Member Only	\$18.57			\$15.95		
	Team Member + Child(ren)	\$39.53			\$33.94		
	Team Member + Spouse	\$33.45			\$28.73		
	Family	\$54.24			\$46.58		
Life and Disability carrier		Mutual of Omaha			Liberty Mutual		

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.

BEFORE YOU ENROLL – THINGS 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
- 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

Failure to submit the REQUIRED information/documentation by the required date will result in a 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 form (including any required dependent documents). For more information on long-term disability please reference page 19.
- Status Change (Non-Benefit Eligible to Benefit Eligible)
 - You must enroll within 30 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 form (including any required dependent documents).
- Qualifying Life Events (Examples of qualifying life events: birth of baby, marriage, gain/loss of coverage, divorce). See your 2019 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 form (including any required dependent documents). Newborn additions only - the coverage effective date is retroactive to the date of birth, provided the enrollment form (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.



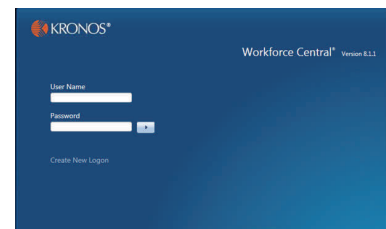
Instructions for Open Enrollment Employee Benefits 2019

Open Enrollment for employee benefits for all Southeast Georgia Health System Benefit Eligible Team Members begins on Thursday, November 1, 2018 and ends on Thursday, November 15, 2018. Open Enrollment will be managed using Kronos Self Service on the Team Member Portal. Please follow these instructions for selecting your benefits for the 2019 Benefit Year.

Step 1

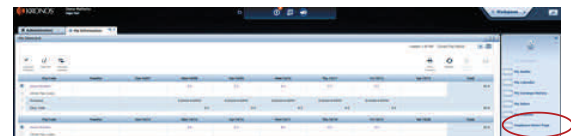
Log in to Kronos just as you would for time keeping using your Citrix Network User Name and Password.

Note: If you do not remember your Citrix User Name and/or Password, contact the Helpdesk at ext. 1301 to have your password reset.

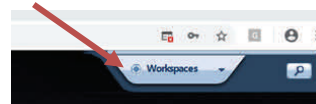


Step 2

When team members log on, Kronos will open to the My Information tab. You should then select the "Employee Home Page" shown here.

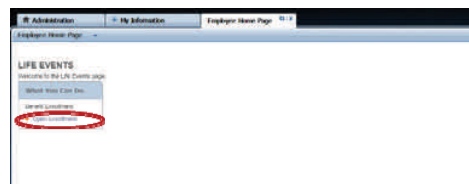
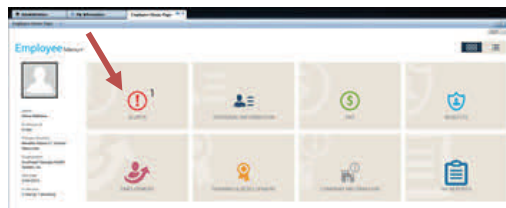


Managers and Timekeepers will need to select the Workspaces tab in the upper right hand corner of the screen and use the arrow keys to navigate and select the "My Information" page.



Step 3

Once you are on the Employee Home Page Select "Alerts," then select "OPEN ENROLLMENT"



Step 4

The Welcome to Open Enrollment at SGHS For 2019 page will be displayed.

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

The **Next** or **Save & Continue** button on each page, will take you to the next page.

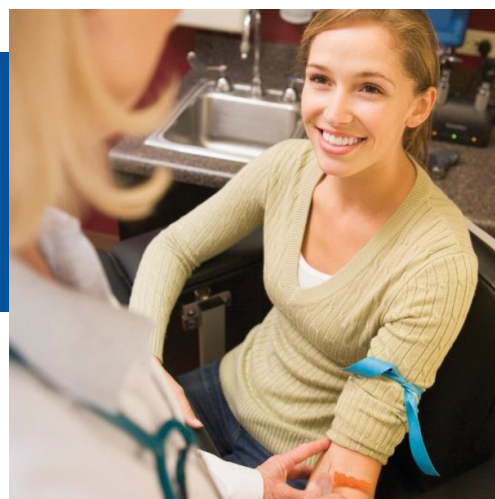


Step 5—Final Step

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.

**** For more detailed enrollment instructions, refer to "step by step enrollment instructions" on the Team Member Portal.**

Important Reminder to All SGHS Health Plan Participants



The best way to save money on your health care expenses is by: getting 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 Choice0 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.

Health Plan

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	\$400/\$1,200	\$1,000/\$3,000
Out of Pocket Maximum (individual/family)* Includes medical deductible, coinsurance and copays	\$2,900/\$5,800	\$2,900/\$5,800	\$7,900/\$15,800
Physician Services Office/sick visits Hospital Visits Surgery in office Surgery in outpatient hospital setting	\$20 co-pay 90% \$20 co-pay, then 100% 90%	\$20 co-pay 80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible 60% after deductible
Chiropractic Service	N/A	80% after deductible	60% 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 yrs old)	100%	100%	Not covered
Inpatient Facility Charges	90%	80% after deductible	60% after deductible
Outpatient Facility Charges	100%	80% after deductible	60% after deductible
Outpatient Diagnostic Services facility charges (x-rays, labs)	100%	80% after deductible	60% after deductible
Outpatient Diagnostic Services physician services**	N/A	80% after deductible	60% after deductible
Physical, Occupational and Speech Therapy	100%	80% after deductible	60% after deductible
Emergency Room facility	80% after \$100 co-pay	80% after \$100 co-pay	80% after \$100 co-pay
Emergency Room physician	N/A	80% no deductible	80% no deductible
Immediate / Urgent Care	100% after \$25 co-pay	80% after \$50 co-pay	80% after \$50 co-pay
Substance Abuse/Mental Health Inpatient Outpatient	N/A 90%	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Prescription Drug Co-Pays*** Generic Preferred Formulary Brand Name Non-Preferred Formulary Brand Name Specialty Drugs	\$12.00 co-pay for Non-Disease Management Participants/\$6.00 co-pay for Disease Management Participants**** \$37.50 co-pay for Non-Disease Management Participants/\$27.50 co-pay for Disease Management Participants **** \$60.00 co-pay for Non-Disease Management Participants/\$50.00 co-pay for Disease Management Participants **** 20% to a maximum of \$300 per fill For the most current 2019 Preferred Formulary Brand name List, log onto www.catalystx.com		

Any new specialty drugs, or prescriptions drugs/medications with a retail price of \$1,000 or more MUST BE REVIEWED/APPROVED prior to fulfillment by pharmacy. This process could take up to two (2) days depending upon the response time of the prescribing physician.

* 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 80%.

*** At retail pharmacy: 30-day supply: 1x co-pay, 60-day supply: 2x co-pay, 90-day supply: 3x co-pay. Through mail order: 90-day supply: 3x co-pay.

**** Team Members and compliant participants in the Disease Management Program (DMP) through Southeast Georgia Health System will receive reduced co-pays for Disease Management related prescription drugs.

Health Plan

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	
		TIER 1	TIER 2
Team Member Only	\$84.20	\$82.52*	\$79.99*
Team Member + Child(ren)	\$167.65	\$164.30*	\$159.27*
Team Member + Spouse	\$208.85	\$204.67*	\$198.41*
Family	\$268.00	\$262.64*	\$254.60*
Part-Time Team Member (Team Member Coverage Only)	\$185.30	\$181.59*	\$176.04*

Premiums are pre-tax.

We are pleased to invite you and your covered spouse to participate in the 2018 Health Risk Assessment (HRA), Biometric Analysis (BA), and Tobacco-Free initiatives. These initiatives are in continuation of our Health System's commitment to the health and wellness of its Team Members, their families, and the community. Below is a summary of the indicators and the corresponding incentives.

HEALTH INDICATOR	TIER 1 DISCOUNT	TIER 2 DISCOUNT
Blood Pressure Fasting Total Cholesterol Fasting Total Cholesterol/HDL Fasting Glucose Rate-adjusted BMI	2-3 indicators within normal range*	4-5 indicators within normal range*

*The total number of health indicators met for each covered life will be averaged to produce a single value per family.

You and your covered spouse will need to complete both the online HRA and BA. The rewards system will be based solely on the results of the BA testing process. In order to avoid a tobacco surcharge of \$25 per person, per pay period (maximum of \$50 per pay period) for 2019, you and your covered spouse will be required to successfully complete the cotinine screening process. For additional information, questions or concerns, please contact the Health Promotion and Wellness department at (912) 466-5160. Online Health Risk Assessment Instructions (Beginning October 4, 2018)

Go to sghs.extracon.com

1. Log in as Existing User or for NEW USER SIGN UP enter your Unique Identifier and Last Name. The Unique Identifier is the 18 digit combination of your Member ID Number off of your insurance card and your birthday (starting with the year, and including leading zeros before single digits).
Example: If your Member ID Number is 0123456789 and your birthday is July 5, 1975, then your Unique Identifier is 012345678919750705
2. When you login for the first time, the homepage will ask for a Security Question and Answer.
3. From here, you can answer the Health Risk Assessment (HRA) questions.

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 co-payment 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 the following prescription drug co-pay benefits: \$6.00 Generic; \$27.50 Preferred Formulary Brand Name; \$50.00 Non-Preferred Formulary Brand Name
- 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, a Disease Management program application is available in the Human Resources Department at either the Brunswick or Camden campuses.

Additional Wellness Benefits:

- Free wellness coach
- On-site fitness space
- Annual Biggest Loser Program
- Weight Watchers at Work
- Variety of exercise programs include but are not limited to:
 - Yoga
 - Boot camp
- Certified Nutritionist
- Monthly WELLCOA newsletter
- Monthly National Institute of Health News & Health newsletter

Dental Plan

DENTAL PLAN SUMMARY - AMERITAS

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 (Waived Type 1)
	\$150/family
Maximum (per person)	\$1,200 per calendar year
Allowance	90th U&C
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Ameritas Rewards SM Lifetime (per person)	\$100 New Treatment Plan and Services Only
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

TYPE 1	TYPE 2	TYPE 3
<ul style="list-style-type: none"> ■ Routine Exam (2 per benefit period) ■ Bitewing X-rays (2 per benefit period) ■ Full Mouth/Panoramic X-rays (1 in 3 years) ■ Periapical X-rays ■ Cleaning (3 per benefit period) ■ Fluoride for Children 18 and under (2 per benefit period) ■ Sealants (age 18 and under) ■ Space Maintainers 	<ul style="list-style-type: none"> ■ Restorative Amalgams ■ Restorative Composites (anterior and posterior teeth) ■ Periodontics ■ Denture Repair ■ Simple Extractions ■ Complex Extractions ■ Anesthesia 	<ul style="list-style-type: none"> ■ Onlays ■ Crowns (1 in 5 years per tooth) ■ Crown Repair ■ Endodontics ■ Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Premiums are pre-tax.

Ameritas Information

We're Here to Help

This plan was designed specifically for the Team Members of Southeast Georgia Health System Inc. At Ameritas Group, we do more than provide coverage - we make sure there is always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7:00 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Bi-Weekly Rates

Employee (EE)	\$18.57
EE + Spouse	\$33.45
EE + Children	\$39.53
EE + Spouse & Children	\$54.24

Visit this custom URL for information specific to Southeast Georgia Health System, www.Ameritas.com/group/olbc/SGHS

Customer Service (800) 487-5553

Dental Plan

AMERITAS REWARDSSM

Ameritas Rewards is an enhanced product that offers an increased maximum for orthodontia and dental. It allows members to utilize unused dental maximum carryover amounts from previous years towards dental benefits included in a plan. Team Members and their covered dependents may accumulate dental rewards with an unlimited maximum carryover amount. These rewards can be used to increase the maximum for the other lines of coverage which can then be used for certain covered services or materials subject to applicable deductible, coinsurance and plan provisions. If a plan member does not submit a dental claim during a benefit year, all accumulated rewards are lost. A member is eligible to earn rewards again the next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Ameritas Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	Unlimited	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Dental Network Information

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Dental Health Scorecard

How would you rate your dental health? In 2019, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Pretreatment

While we do not require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it is best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there will not be any surprises once the work has been completed.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Vision Plan

VISION PLAN

PROVIDED THROUGH EYEMED (Full-Time & Part-Time Team Members are eligible)

Member Services 866-723-0513, EyeMed.com

Benefit	Preferred	Non-Preferred	Frequency
Vision Exam	\$20 co-payment	Up to \$35 maximum amount	Once every 12 months
Contact Lenses*	<u>Allowance</u>	<u>Max Amount</u>	Once every 12 months
Conventional	Up to \$135	Up to \$108	
Disposables	Up to \$135	Up to \$108	
Medically Necessary	\$0 co-payment; Paid-in-Full	Up to \$200	
Standard Plastic Lenses	<u>Co-Payment</u>	<u>Max Amount</u>	Once every 12 months
Single Vision	\$25	Up to \$25	
Bifocal	\$25	Up to \$40	
Trifocal	\$25	Up to \$65	
Standard Progressives	up to \$55 allowance	Up to \$40	
Frames	\$0 co-payment; up to \$120 allowance	Up to \$60 maximum amount	Once every 24 months
* Standard Contact Lens fitting – spherical clear contact lenses in conventional wear and planned replacement. Examples include but are not limited to disposable, frequent replacement, etc.			

Vision Rate	Bi-weekly
Team Member Only	\$2.43
Team Member + Child(ren)	\$4.61
Team Member + Spouse	\$4.87
Family	\$7.14

Premiums are pre-tax.

A Team Member may purchase either glasses or contacts under this coverage, but not both.

Once the allowed benefit has been used, members may receive a 40% discount on purchases of complete pairs of eyeglasses and a 15% discount on conventional contact lenses.

*Benefit can now be used at Glasses.com and Contacts Direct.

*EyeMed mobile app (available for iPhone and Android) - Finger tip access to benefit details, provider locations, ID card and more.

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 Spendable 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 highly experienced staff at Stanley, Hunt, DuPree & Rhine (SHDR).

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 for dependents 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 the 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, 2020 to spend all the 2019 funds in your Flexible Spending Account. You will have until March 31, 2020 to file claims for reimbursement for your 2019 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 fsastore.com

You have many ways to access your FSA:

You may access www.shdr.com/flex.

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.

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 SHDR, and receive text alerts or report a lost or stolen card. Download at Apple App Store or Google Play.

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.

You may also speak to a Benefit Representative by calling 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 (www.shdr.com/flex) or through the CarePluse 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.



BASIC TERM 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.

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.

Age	Rate/\$1,000
< 25	\$.046
25 – 29	\$.046
30 – 34	\$.058
35 – 39	\$.081
40 – 44	\$.115
45 – 49	\$.173
50 – 54	\$.265
55 – 59	\$.414
60 – 64	\$.506
65 – 69	\$.702
70 – 74	\$1.116
75 – 79	\$1.518
80-84	\$1.518
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	

Evidence of Insurability instructions for online submission:

- Visit www.MutualOfOmaha.com/EOI
- Choose state and coverage being applied for, then click 'Agree' to terms, then click 'Begin'
- 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.

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

If you declined Supplemental Term Life or Voluntary Portable Term Life Insurance when first eligible you will be expected to submit an Evidence of Insurability (EOI) form to MUTUAL OF OMAHA for approval.

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.

Long-term Disability

PROVIDED THROUGH MUTUAL OF OMAHA (Only Full-Time Team Members are eligible)

Long Term Disability (LTD) benefits provide continuing partial income replacement if your disability continues beyond 24 weeks.

LTD is available after one year of employment.

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.*

SGHS Retirement Savings Plan

PROVIDED THROUGH MASS MUTUAL FINANCIAL GROUP

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 \$18,000* per year into the 403(b).
- You are also eligible to contribute an additional \$6,000 per year, if you are age 50 or older. In order to contribute the additional \$6,000 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.
- After 1 year of service and 1,000 hours, the Health System contributes 2.25% of your base salary each pay period to the 403(b) plan.
- 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, Jim Jacobs with Jacobs, Coolidge & Company LLC (912-466-3175 or jamesljacobs@financialguide.com) who can assist you with the education and enrollment process.

You also may contact Mass Mutual directly by calling their toll-free number at 800-743-5274 Monday through Friday 8am-9pm (EST) with plan related questions.

*Amount subject to change per IRS guidelines.

529 College Savings Plan

(Full-Time & Part-Time Team Members are eligible)

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.

A College Advantage 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.

College Advantage account 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, Jim Jacobs with Jacobs, Coolidge & Company LLC (912-466-3175 or jamesljacobs@financialguide.com) who can assist you with the required paperwork.

Employee Assistance Plan (EAP)

PROVIDED THROUGH AETNA RESOURCES FOR LIVING

Southeast Georgia Health System 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 7 visits per incident per calendar year
 - Telephonic counseling – unlimited number of issues per year
- WorkLife 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 employees with restoring their identity and good credit
 - Free “IDTheft 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

ACCIDENT INSURANCE

PROVIDED THROUGH COLONIAL LIFE (Full-Time & Part-Time Team Members are eligible)
Premiums are pre-tax.

Accidents can happen anytime, anywhere.

Accidents are usually followed by a series of bills. Even if you have good insurance, you may still have to cover out-of-pocket costs, such as:

- Doctor bills
- Ambulance fees
- Hospital expenses

Accident insurance from Colonial Life & Accident Insurance Company can help protect you, your spouse and your dependent children from the unexpected expenses of an accident.

Features of Colonial Life's Accident Insurance:

- You are paid benefits to help you with the care and treatment of a covered accidental injury.
- Your benefits are paid directly to you, unless you specify otherwise.
- You are paid benefits regardless of any other insurance you may have with other insurance companies.
- You can take your coverage with you if you change jobs or retire.

Talk with your Colonial Life benefits counselor to learn more about accident insurance and how it can help protect what you've worked so hard to build.

WHOLE LIFE INSURANCE – WITH CHILDREN'S TERM LIFE AND LONG TERM CARE RIDERS

PROVIDED THROUGH COLONIAL LIFE (Full-Time & Part-Time Team Members are eligible)
Premiums are post-tax.

Life insurance that comes with guarantees ... because life doesn't

Whole life insurance from Colonial Life & Accident Insurance Company provides guaranteed features – cash value accumulation, premium rates and death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect your family's way of life.

Guaranteed protection: Offers lifetime protection with a guaranteed death benefit that will not change as long as premiums are paid when due.

Guaranteed premiums: Promises a level premium that stays the same from the day you purchase the policy.

Guaranteed cash value: Guarantees the cash value amount – which accumulates on a tax-deferred basis.

Features of Colonial Life's Whole Life Insurance:

- Provides a benefit for the beneficiary that is typically free from income tax.
- Three option dates to purchase additional coverage with no proof of good health required if you are age 55 or younger at the time of purchase.
- The policy's Accelerated Death Benefit can provide a percentage of the death benefit if the insured is diagnosed with a terminal illness.
- \$3,000 immediate claim payment as an advance of the death benefit, paid to the designated beneficiary.

You can't predict the future, but you can rest easier knowing you have life insurance protection with lifelong guarantees. Talk with your Colonial Life benefits counselor to learn more.

CANCER INSURANCE

PROVIDED THROUGH COLONIAL LIFE (Full-Time & Part-Time Team Members are eligible)
Premiums are pre-tax.

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

If diagnosed with cancer, would you have the money to cover:

- Out-of-network treatments
- Experimental treatments
- Rehabilitation
- Travel and lodging
- Child care expenses

Cancer insurance from Colonial Life & Accident Insurance Company helps guard against financial hardship if you or a loved one is diagnosed with cancer.

Features of Colonial Life's 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.

Talk with your Colonial Life benefits counselor to learn more about cancer insurance and how it can help provide financial security for you and your family.

CRITICAL ILLNESS INSURANCE

PROVIDED THROUGH COLONIAL LIFE (Full-Time & Part-Time Team Members are eligible)
Premiums are pre-tax.

Are you prepared for the cost of an illness?

If you were to suffer a heart attack, stroke or other critical illness, would you have the money to cover:

- Deductibles and coinsurance
- Home health care needs
- Travel and lodging
- Lost income
- Rehabilitation
- Child care

Even those of us who plan for the unexpected with life, disability and health insurance may discover that some critical illness expenses can still remain unpaid. Without adequate protection, you could have to pull from savings or rely on other financial sources in your time of need.

Critical illness insurance from Colonial Life & Accident Insurance Company helps preserve your lifestyle in the event of a specified critical illness. It provides benefits that you can use however you like.

Features of Colonial Life's Critical Illness Insurance:

- Pays a benefit if you are diagnosed with a covered specified critical illness.
- Coverage is available for you and your covered dependents.

Talk with your Colonial Life benefits counselor to learn more about critical illness insurance and how it can help provide valuable financial protection.

Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. Products may vary by state and may not be available in all states. For cost and complete details, see a Colonial Life benefits counselor.

HOSPITAL INDEMNITY INSURANCE

PROVIDED THROUGH COLONIAL LIFE (Full-Time & Part-Time Team Members are eligible)
Premiums are pre-tax.

You may have health insurance, but are you really covered?

Health insurance may cover:

- Hospital fees
- Outpatient surgery
- Doctor/ER visits
- Prescriptions

Hospital indemnity insurance from Colonial Life & Accident Insurance Company provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to assist with costs that your medical plan may not cover. It pays one hospital confinement benefit per covered person per year.

Features of Colonial Life's Hospital Indemnity Insurance:

- Benefits are paid directly to you, unless you specify otherwise.
- Benefits are paid regardless of any insurance you may have with other companies.
- Coverage is available for you, your spouse and your dependent children.

Talk with your Colonial Life benefits counselor to learn more about hospital indemnity insurance.

Colonial Life insurance products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. Products may vary by state and may not be available in all states. For cost and complete details, see a Colonial Life benefits counselor.

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 SHR #71 for more details.

PTO Cash-In: After being employed for one year, non-management Team Members may cash in PTO two times within a calendar year.

NON-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
2 years < 4 years	7.39	6.65	2.71	2.04
4 years < 6 years	7.70	6.93	2.96	2.22
6 years < 8 years	8.00	7.20	3.20	2.40
8 years < 10 years	8.31	7.48	3.45	2.59
10 years < 20 years	8.62	7.76	3.70	2.77
20 years and over	10.16	9.14	4.93	3.70

EXEMPT	HOURS ACCRUED PER PAY PERIOD
Less than 2 years	8.62
2 years < 4 years	8.93
4 years < 6 years	9.23
6 years < 8 years	9.54
8 years < 10 years	9.85
10 years < 20 years	10.16
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 SHR #75 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/step-children/step-brothers and step-sisters. Leave can be paid up to three (3) consecutive days of their normal scheduled work. See policy SHR #77 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 SHR #33 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 SHR #79 for more details.

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

Business Travel Accidental Death & Dismemberment 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

Legal Insurance Plan

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 as little as \$6.69 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.

Common Legal Issues:	Fees without ARAG*	Fees with ARAG
Debt Collection Issues	\$2,603	\$0
Neighbor Dispute	\$2,256	\$0
Purchase a Home	\$2,169	\$0
Will Preparation	\$1,475	\$0
Bankruptcy	\$3,123	\$0
Traffic Ticket	\$1,128	\$0

*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.
Coverage is provided by ARAG Insurance Company of Des Moines, Iowa, GuideOne Mutual Insurance Company of West Des Moines, Iowa or GuideOne 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.
©2016 ARAG North America, Inc. 16C659

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 \$6.69 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, GuideOne Mutual Insurance Company of West Des Moines, Iowa or GuideOne 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.

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:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema. Call Meritain Health at 800-925-2272 for more information.

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 and the Children's 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](tel: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 \(3272\)](tel:1-866-444-EBSA).

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.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 Diana Mathena, 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 Diana Mathena, HR Benefits Coordinator & Civil Rights Coordinator for the Health Plan, 2415 Parkwood Drive, Brunswick, GA 31520, Telephone number: 912-466-3102, Fax number: 912-466-3113, Email: dmathena@sghs.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Diana Mathena, 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>.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-912-466-3102.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-912-466-3102.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-912-466-3102 번으로 전화해 주십시오.

SGHS Health Plan – Notice of Nondiscrimination

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-912-466-3102。

ગુજરાતી (Gujarati)

પ્રધુના: જો તમે ગુજરાતી બોલતા હો, તો િન:લ્કુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો 1-912-466-3102.

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-912-466-3102.

አማርኛ (Amharic)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-912-466-3102.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-912-466-3102.

Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-912-466-3102.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-912-466-3102.

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-645-5572 (رقم

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-912-466-3102.

فارسی (Farsi)

1-912-466-3102.. یک برید دت ماس زبانی ت سه یلات ک نید، می گ فت گوف فارسی زبانی به اگر نت وجه

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-912-466-3102.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-912-466-3102。



**SOUTHEAST GEORGIA
HEALTH SYSTEM**

Annual Notice for Southeast Georgia Health System Employer-Sponsored Wellness Program

NOTICE REGARDING 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

Annual Notice Wellness Program

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 Brendan Hunt, Manager, Health Promotion and Wellness, at (912) 466-5158 or bhunt@sghs.org.

Pay Calendar

2019

Pay Period	Begin Date	End Date	Pay Date
1	12/16/2018	12/29/2018	1/03/2019
2	12/30/2018	1/12/2019	1/17/2019
3	1/13/2019	1/26/2019	1/31/2019
4	1/27/2019	2/09/2019	2/14/2019
5	2/10/2019	2/23/2019	2/28/2019
6	2/24/2019	3/09/2019	3/14/2019
7	3/10/2019	3/23/2019	3/28/2019
8	3/24/2019	4/06/2019	4/11/2019
9	4/07/2019	4/20/2019	4/25/2019
10	4/21/2019	5/04/2019	5/09/2019
11	5/05/2019	5/18/2019	5/23/2019
12	5/19/2019	6/01/2019	6/06/2019
13	6/02/2019	6/15/2019	6/20/2019
14	6/16/2019	6/29/2019	7/04/2019
15	6/30/2019	7/13/2019	7/18/2019
16	7/14/2019	7/27/2019	8/01/2019
17	7/28/2019	8/10/2019	8/15/2019
18	8/11/2019	8/24/2019	8/29/2019
19	8/25/2019	9/07/2019	9/12/2019
20	9/08/2019	9/21/2019	9/26/2019
21	9/22/2019	10/05/2019	10/10/2019
22	10/06/2019	10/19/2019	10/24/2019
23	10/20/2019	11/02/2019	11/07/2019
24	11/03/2019	11/16/2019	11/21/2019
25	11/17/2019	11/30/2019	12/05/2019
26	12/01/2019	12/14/2019	12/19/2019

Contact Information

Not sure what you are looking for? Call 912-466-BENS (2367)

Name	Contact	Phone	Website / E-Mail	Fax
Accident	Colonial Life	888-545-0358 claim opt. 1 wellness claim opt. 2	www.coloniallife.com	888-612-0026
Basic Life and AD&D & Supplemental Life	MUTUAL OF OMAHA	800-775-8805	www.mutualofomaha.com/customer-service	
Business Travel	Zurich	866-841-4771		
Cancer	Colonial Life	888-545-0358	www.coloniallife.com	888-612-0026
COBRA	Stanley, Hunt, Dupree & Rhine	888-888-3442	cobraadmin@shdr.com	
Credit Union	Marshland Federal Credit Union	912-466-3150	www.marshlandfcu.coop	912-466-3153
Critical Illness	Colonial Life	888-545-0358	www.coloniallife.com	888-612-0026
Dental	Ameritas	800-487-5553	www.Ameritas.com/group/olbc/SGHS	
Disease Management	Michelle Atkinson	912-466-3180	matkins@sghs.org	912-466-3113
Employee Assistance Program	Aetna Resources for Living EAP	866-252-4468 24 hours a day	www.mylifevalues.com Login: sghs Password: eap	
Flexible Spending Accounts	Stanley, Hunt, Dupree & Rhine	800-768-4873	https://shdr.lh1ondemand.com	252-293-9049
Hospital Indemnity Insurance	Colonial Life	888-545-0358	www.coloniallife.com	888-612-0026
Human Resources	Main Number Toll Free Number	912-466-3100 800-678-9250	www.sghs.org	912-466-3113
Medical	Meritain Health Incorporated	Main –800-925-2272 7 am - 6:30 pm CST	www.mymeritain.com	
Pharmacy	Optum RX	888-727-5560	www.catamaranrx.com	Catamaran is now Optum Rx
PPO Provider Network	CGRHN	Refer to www.sghs.org/team-memberportal		
	Aetna POS II	www.aetna.com/docfind/custom/mymeritain/		
Precertification for Medical	AHH	800-242-1199		
Pre-paid Legal & Identity Theft	ARAG	800-247-4184	ARAGLegalCenter.com	
Retirement Plan Specialist & College Savings Plan	Mass Mutual	800-743-5274	www.massmutual.com/retire	
	Jim Jacobs Jacobs & Coolidge	912-466-3175	jamesljacobs@financialguide.com	912-466-3113
Short-Term & Long-term Disability	MUTUAL OF OMAHA	800-877-5176	www.mutualofomaha.com/customer-service	
Vision	EyeMed Customer Service	866-723-0513	EyeMed.com	Claims 866-293-7373
Whole Life & Long Term Care	Colonial Life	888-545-0358	www.coloniallife.com	888-612-0026
Workers' Compensation	AMTRUST	877-528-7878	submissions@amtrustgroup.com	800-487-9654

[illegible]

[illegible]

[illegible]



ColonialLife.com

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
©2018 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a
registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

10-18 | NS-14117-4