

Samaritan Health Services

Benefits Enrollment Guide 2023



Samaritan
Health Services



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Highlights for 2023

- Participate in a health care and/or dependent day care flexible spending account (FSA) for 2023 (elections do not carry over from 2022).
- Enroll in the Samaritan Choice Wellness Plan or the High-Deductible Plan with a Health Savings Account (HSA).
- New York Life Group Benefit Solutions (NYL GBS) Voluntary Life — During annual enrollment, elect up to \$200,000 in coverage without EOI, or up to a \$30,000 increase, whichever is greater, subject to plan limits.
- NYL GBS Voluntary Life for Spouse/Domestic Partner – During annual enrollment you may elect up to a \$30,000 increase without EOI, not to exceed employee coverage amount and subject to plan limits.
- NYL GBS Voluntary Short-Term Disability — During annual enrollment, increase coverage to tier/option of your choice without EOI.
- Cigna Critical Illness — During annual enrollment, elect up to \$30,000 in employee coverage without EOI. For Spouse/Domestic Partner — elect up to \$15,000 without EOI.

New hire

- Complete new hire orientation.
- Review information and materials from the benefits presentation.

Qualified event

- Initiate change in PeopleSoft and upload requested documentation as proof of qualified event within 30 days.

Open enrollment

- Participate in the Virtual Benefits Fair.
- Review open enrollment materials and communications.

1 Log in to PeopleSoft and enroll in or change your benefits during the eligibility period.*

2 Save or print election preview and confirmation statement and review for accuracy.

3 Complete evidence of insurability submissions online, if required, and upload any requested documents in PeopleSoft by the end of the eligibility period.*

4 Review paycheck deductions for accuracy.

Congratulations, you are fully enrolled!

* Eligibility periods:

New hire — within 30 days of eligibility.

Qualified event — within 30 days of qualified event or within 60 days for the birth or adoption of a child.

Open enrollment — Nov. 1 to 17, 2022.

Helping you with benefit decisions

This enrollment guide is designed to familiarize you with Samaritan Health Services' benefit offerings. Please use it as a resource to assist you in deciding which options and benefits best suit your needs. It is important to note that this guide is not meant as a comprehensive listing of plan provisions, rules, exclusions or policies regarding the benefits at SHS. In addition, legislative changes may require periodic updates to information included in this guide. **In all cases, the respective plan documents, amendments and agreements for each benefit will supersede information in this document.**

Your benefits options

You have a variety of benefits from which to choose. Below is a brief list of your options:

- Health insurance (includes Samaritan Choice Pharmacy).
 - Samaritan Choice Wellness Plan.
 - Samaritan Choice HSA Eligible High-Deductible Plan.
- Dental insurance (includes Samaritan Choice Vision coverage).
 - Willamette Dental.
 - Delta Dental.
- Flexible Spending Account (FSA) and Health Savings Account (HSA), administered by HSA Bank.
 - Eligible insurance premiums deducted on a pre-tax basis.
 - Health care spending account.
 - Dependent day care spending account.
 - Limited purpose health care spending account (dental and vision only).
 - HSA for those enrolled in the high-deductible plan.
- Optional life with accidental death & dismemberment (AD&D) insurance for employees only.
- Voluntary life and AD&D insurance for you and your dependents.
- Voluntary short-term disability insurance.
 - Choice of six plan options.
- Critical illness insurance for you and your dependents.
- Accidental injury insurance for you and your dependents.

Samaritan Health Services provides basic life insurance, AD&D coverage and long-term disability insurance to benefits-eligible employees at no cost.

Who is eligible to enroll?

Benefit eligibility is dependent upon your location, longevity, employment status and collective bargaining unit contract, if applicable.

Benefits eligibility

Employee classification	Eligibility
<ul style="list-style-type: none"> • All non-temporary employees of SHS who are classified as 0.5 FTE or greater are eligible under the Plan. • This eligibility standard is based on the employer's classification of the employee and not on the employee's actual hours worked.¹ 	<ul style="list-style-type: none"> • Coverage begins the first day of the month following or coinciding with the first date of employment. • Enrollment must be completed within 30 days of your benefits eligibility date.

Your dependents may also be eligible for coverage under the health, dental, vision and optional life insurance plans. Eligible dependents include:

- Your lawful spouse as defined by the state of Oregon.
- Your domestic partner as defined by the IRS and the state of Oregon.
- Your child who is:
 - Under age 26.
 - Over age 26 and incapable of self-sustaining employment by reason of mental or physical handicap. (Samaritan Choice Plans will require proof of disability and periodic verification of the dependent's status.)

Note: The term “child” means your or your spouse’s (1) biological child; (2) legally adopted child, including a child placed with you for the purpose of adoption; (3) stepchild; (4) child for whom you or your spouse are legal guardians; (5) a child for whom you are required to provide insurance coverage under a Qualified Medical Child Support Order (QMCSO); or (6) a child of a qualified domestic partner.

¹ *Exception for employees who meet the statutory definition of a full-time employee under the Affordable Care Act. Such employees will be offered health insurance coverage for a period defined under the ACA regulations.*

The cost of your benefits

Your contributions toward the cost of benefits are automatically deducted from your pay. The costs of your health and dental/vision insurance plans are deducted on a pre-tax basis unless you notify us otherwise. Contributions to the flexible spending accounts and health savings account are also deducted pre-tax. Premiums for domestic partner dependents do not qualify for pre-tax deductions per IRS guidelines, therefore a portion of the employee/employer premium is taxable.

The amount you pay depends on the benefits you select, if you choose to cover your dependents, your employment status and your collective bargaining unit contract, if applicable. For medical/pharmacy and dental/vision benefits, you have four coverage levels from which to choose:

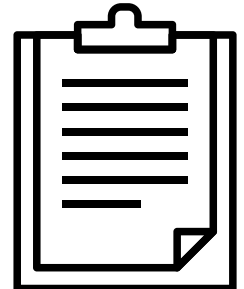
- Employee only.
- Employee + spouse/domestic partner.
- Employee + children/stepchildren/children of domestic partner.
- Family.

For medical/pharmacy and dental/vision premium rates, please contact HRServiceCenter@samhealth.org. Refer to pages 19 to 24 for 2023 employee contributions for optional life, voluntary life, voluntary AD&D, voluntary short-term disability, critical illness and accidental injury insurance plans.

Changing your elections

Be sure to consider your choices carefully. Once you make your benefit elections, they will remain in effect until the next open enrollment period, unless you experience a qualified change in status during the year. Documentation is required for a change in status. Examples of qualified status changes include:

- Change in legal marital status due to marriage, death of a spouse, divorce, annulment or legal separation.
- Change in number of dependents due to birth, legal guardianship, adoption, placement for adoption or death of a dependent.
- Change in employment status of employee, spouse or dependent due to termination or start of employment, strike, lockout, beginning or end of unpaid leave of absence, including the Family and Medical Leave Act (FMLA) and the Oregon Family Leave Act (OFLA), or if you lose or gain coverage.
- One of your dependents satisfies or ceases to satisfy the requirements for coverage due to change in age, a court order mandate or any similar circumstance.



To make a change during the year, you must initiate and complete the qualified event process in PeopleSoft self-service within 30 days of the event (60 days for birth/adoption). Otherwise, you will be unable to change your election until the next open enrollment period. For births, adoptions and marriages, coverage for the new dependent is effective on the event date. For other events, the change will be effective on the first day of the following month.

Note: Flexible spending account qualifying changes may differ from those listed above. For example, if you choose a dependent care FSA, it would be considered a qualifying event if your day care needs change.

Medical coverage

As an employee of SHS, you may choose between two medical plan options: The **Samaritan Choice Wellness Plan** or the **Samaritan Choice HSA Eligible High-Deductible Plan**. You may also choose to waive, or opt out of, medical coverage. If you elect to waive SHS medical coverage, be certain of your decision because you will not be able to enroll or change plan options until the next open enrollment period, unless you experience a qualifying event such as a change in family status during the year. If a life event occurs, you must **initiate and complete the qualified event process in PeopleSoft self-service** within 30 days of the event in order to cancel your waive election and choose Samaritan Choice medical insurance.

Samaritan Choice Plans options

Samaritan Choice Plans administers the medical, vision and pharmacy plans for eligible Samaritan Health Services employees and their families. Customer care services and health plan administration are provided by Samaritan Health Plans, Inc., a division of Samaritan Health Services.

Our employee plan options are Preferred Provider Organization (PPO) plans that consist of a network of doctors and hospitals that have agreed to discounted rates. If you choose a **preferred provider**, sometimes called in-network providers, you will save money because your coverage level will be higher. You may also use **non-preferred providers**, sometimes called out-of-network providers, but you will pay more because the out-of-network coverage level is lower than the coverage level for in-network providers.

For more information, please visit **choice.samhealthplans.org**.

Your health plan

Our health plan approach reflects the ideals of health stewardship: to take greater responsibility for our own health and to use wisely the resources we have at hand. By making use of our own facilities and taking advantage of the talent and passion of our employees, we can shift how our health plan benefit dollars are spent. We can move more dollars toward creating and protecting good health and fewer toward treating preventable illness as we fulfill our goal to be healthier.

MyHealthMath (MHM) provides a decision support tool to help you determine which medical and dental insurance plans are the best fit for your unique situation. You can access their decision support tool at **myhealthmath.com/samhealth**.

Samaritan Choice Wellness Plan

There are many exciting components of the Samaritan Choice Wellness Plan option to help you realize your personal health improvement goals. In fact, working together to maintain and improve your health is so very important that SHS offers additional wellness support and incentives to every employee who participates in the Wellness Plan option — all at no charge to you.

We have outlined the additional wellness plan benefits on page 6. These benefits complement the high-quality medical, pharmacy and vision benefits you have come to expect from Samaritan Choice Plans.

Samaritan Choice HSA Eligible High-Deductible Plan

The HSA Eligible High-Deductible Plan typically has lower insurance premiums; however, some benefits are not available and out-of-pocket costs, including deductibles, can be significantly higher. Refer to pages 9 to 14 for a detailed plan comparison.

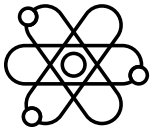
The high-deductible plan pairs with a Health Savings Account (HSA) administered through HSA Bank. An HSA is an individually owned, tax-advantaged account used to save and pay for qualified medical expenses that your insurance plan does not cover. An HSA offers triple tax savings — contributions to the HSA come out of your paycheck on a pre-tax basis, interest and investment earnings on HSA funds are tax-free, and medical spending is tax-free when funds are used for qualified medical expenses. Samaritan is also offering an employer contribution to your HSA account in 2023. For more information on Health Savings Accounts, please refer to pages 7 to 8.

What you can expect



The quality of your benefits

You will receive comprehensive coverage for your health care needs and the personal service you have come to expect from Samaritan Choice Plans.



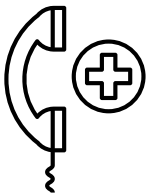
Your provider network

No matter which plan you choose, you will have the same extensive network of providers that are located in your hometown and beyond. Continuing to use these in-network providers will help you manage your out-of-pocket costs.



The protection of your privacy

All information between you and your health plan is strictly confidential and protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rules.



No cost to you for preventive care and many other services

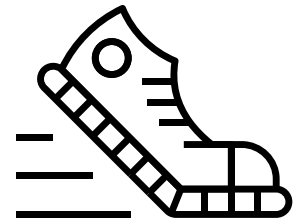
No matter which Samaritan Choice Plan you choose, you will continue to have your preventive care covered 100% when received from in-network providers. These preventive services include: well-baby care, routine physicals, routine gynecological exams, immunizations and colonoscopies.

Samaritan Choice Wellness Plan

Health coaching

These one-on-one services are designed to assist members in reaching health and wellness goals. The program will help you:

- Identify what is motivating you to make lifestyle changes.
- Set specific, measurable, attainable, relevant and time-limited goals.
- Identify barriers and create steps to overcome the barriers.
- Build skills to find reliable health information and resources specific to your needs.



Care coordination

Provided by Samaritan Health Plans' clinical staff, these services support and help members who are experiencing immediate and ongoing, complex medical conditions or injuries. Care coordinators facilitate and advocate for options and services to meet an individual's health needs.

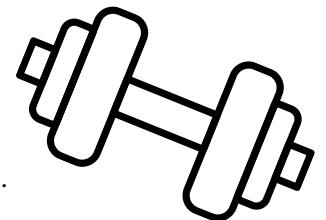
Don't forget Samaritan Health Services' other wellness benefits

SHS's commitment to wellness is not limited to its health plans. We encourage all employees to take advantage of these other exceptional opportunities to improve their health.

Employee well-being benefit ^{1,2,3}

The employee well-being benefit provides up to \$300 a year for the following options. The benefit is subject to state and federal tax withholding.

- SamFit option — Covers your SamFit fitness center membership for the full calendar year.
- External fitness option, including classes, passes and external gyms — You may request reimbursement of up to \$300 in out-of-pocket fitness costs from approved external vendors.



Discounts/meal options for the Carrot Program

To support and encourage healthy eating, selected healthy meals in Samaritan cafés are sold with an additional 20% discount to employees who show their ID badge to the cashier. Qualifying items have a special carrot symbol placed next to their name. Remember to look for the green and orange carrot symbol to help you find nutritious options that are part of a well-balanced diet.

¹ Any employee hired on or after June 30 of the current year will only be eligible for 50% of the benefit or \$150 for the remainder of that calendar year.

² You can find details about the employee well-being benefit, including the lists of approved programs, gyms and fitness centers, on the SHS Insider website within the Employee Portal under Benefits and then Wellness. It is never too late to get started!

³ Part-time and full-time employees can access their well-being dollars immediately upon hire. Casual employees must work for two months and demonstrate a work schedule of at least 32 hours per month.

Samaritan Choice HSA Eligible High-Deductible Plan

Employees who elect the Samaritan Choice High-Deductible Plan will be able to enroll in a Health Savings Account (HSA) through HSA Bank. An HSA always pairs with a qualified High-Deductible Health Plan (HDHP), so Samaritan Choice Wellness Plan participants are not eligible to open an account. Additionally, employees who are enrolled in a traditional PPO or HMO plan, Medicare, Medicaid, Tricare or VA benefits are not eligible to open and contribute to an HSA.

An HSA offers several tax advantages, is employee-owned and portable, and can be a great way to save for retiree medical expenses, in addition to paying for current qualified medical expenses that are not covered by your insurance.

HSA triple-tax advantage

Contributions

Contributions to the HSA are deducted from your paycheck on a pre-tax basis based on your deferral election. The IRS contribution limit for 2023 is \$3,850 for employee-only coverage or \$7,750 if you cover at least one other individual on your high-deductible plan. Employees age 55 or older are eligible for catch-up contributions of an additional \$1,000 in 2023.

In 2023, employees who sign up for the Samaritan Choice HSA Eligible High-Deductible Plan and elect an HSA will receive a per-pay-period, employer contribution from Samaritan of \$19.24 for those with employee-only coverage and \$38.47 for employees with dependent coverage. The funds will be submitted to your account with HSA Bank each pay period along with any contributions that you make. Employer contributions count toward the IRS limits.

Earnings

Similar to a savings account, an HSA earns interest and grows tax-deferred. You may also invest all or a portion of the funds in your HSA in self-directed investment options through HSA Bank. You may begin investing once you have a minimum of \$1,000 in your HSA Bank cash account. Only HSA funds above \$1,000 in your HSA Bank cash account can be transferred to your investment account. To learn more about your investment options go to:

hsabank.com/hsabank/Members/hsa-investment-options.

Distributions

Withdrawals for qualified medical expenses are always tax-free. Before age 65, funds withdrawn for non-qualified medical expenses are penalized at 20% and are considered taxable income. After age 65, funds may be withdrawn for any purpose without penalty, but amounts used for anything other than qualified medical expenses are considered taxable income.

HSA advantages

An HSA is individually owned so the funds stay with you when you change jobs or retire.

Funds roll over year after year, providing a way to save for future medical expenses or retirement. You may use the funds in your HSA at any point in your life, tax-free, to pay for qualified medical expenses.

High-deductible plan considerations

While a high-deductible plan with an HSA can be an attractive offering for some employees, it may not be the right choice for others. A deductible represents the amount you must pay out-of-pocket each year before the insurance plan begins paying benefits. The Samaritan Choice HSA Eligible High-Deductible Plan has a significantly higher deductible than the Wellness Plan. For employee-only coverage, the High-Deductible Plan's deductible is \$3,000 compared to \$500 on the Wellness Plan. For family coverage, the High-Deductible Plan's deductible is \$6,000 versus \$1,000 on the Wellness plan. HSA funds can help cover the higher out-of-pocket expenses in the High-Deductible Plan; however, you must first build up enough of a balance in your HSA account to do so.

It is recommended that you consider electing voluntary critical illness and accidental injury coverage (see pages 23 to 24) to provide protection against unexpected out-of-pocket costs that may result if you or your family experience a serious illness or injury. Coverage is available for new hires without evidence of insurability.

With the Wellness Plan, pharmacy coverage has no deductible, meaning that you only pay the copay or coinsurance amount when you fill a prescription. Pharmacy expenses under the High-Deductible Plan count toward your medical plan deductible, meaning that pharmacy expenses must be paid for out-of-pocket (or with HSA funds) until you meet the deductible of \$3,000 for employee-only coverage or \$6,000 for family coverage.

Using your HSA funds

If you sign up for the Samaritan Choice HSA Eligible High-Deductible Plan, and elect an HSA, Samaritan will automatically open an account with HSA Bank on your behalf. Once your account is established, HSA Bank will mail you an HSA Visa health benefits debit card that you can use to pay for qualified medical expenses. Alternatively, you can pay for qualified expenses out-of-pocket and request reimbursement through HSA Bank's website or mobile app. You may also use their online bill pay feature to pay your medical providers directly. You are not required to submit receipts to HSA Bank. Keep in mind that all transactions are limited to your available cash balance.

HSA qualified medical expenses

HSA funds can be used to pay for a wide range of IRS qualified medical expenses for yourself, your spouse or tax dependents. Below are some examples. A full list of eligible medical expenses can be found in IRS Publication 502.

Examples of eligible medical expenses			
Acupuncture	Ambulance services	Chiropractor	Copayments and coinsurance
Provider's fees	Orthodontia	Surgery	Laboratory and imaging fees
Prescription drugs	Psychologist fees	Hearing aids	COBRA insurance premiums
Vaccines	Vision care	Dental treatments	Long-term care insurance premiums

To learn more about your health plan options, visit choice.samhealthplans.org. This website is your go-to source for the latest information about your Samaritan Choice health plan. You can conveniently view this public website at home or at work.

You have more ways to get the information you need

If you have a complicated insurance question or a "what-if" scenario you want to discuss, call Samaritan Choice Plans Customer Service at 541-768-4550 or toll free at 800-832-4580 (TTY 800-735-2900), Monday to Friday, 8 a.m. to 8 p.m.

2023 Summary of benefits plan comparison

The tables below summarize the 2023 medical benefits for the Samaritan Choice Wellness and HSA Eligible High-Deductible Plans. Please refer to your plan documents for a detailed description of your benefits.

Samaritan Choice Plan options – In-network ONLY

Service	2023 Wellness Plan Member pays	2023 HSA Eligible High-Deductible Plan Member pays
Preventive services		
Well baby care	No charge, deductible does not apply	No charge, deductible does not apply
Routine physicals	No charge, deductible does not apply	No charge, deductible does not apply
Routine gynecological exams	No charge, deductible does not apply	No charge, deductible does not apply
Immunizations	No charge, deductible does not apply	No charge, deductible does not apply
Colorectal screening	No charge, deductible does not apply	No charge, deductible does not apply
Professional services		
Primary care visits ¹	\$25, deductible does not apply	\$25, deductible applies
In-office procedures	\$25, deductible does not apply	\$25, deductible applies
Specialist visits	\$40, deductible does not apply	\$40, deductible applies
In-office procedures	\$40, deductible does not apply	\$40, deductible applies
Telehealth visits	No charge, deductible does not apply	No charge, deductible applies
Urgent care center visits	\$40, deductible applies	\$40, deductible applies
Surgery professional (at hospital or ASC)	\$60, deductible applies	\$60, deductible applies
Care coordination services For asthma, diabetes, congestive heart failure (CHF), coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD)		
Office visit	No charge, deductible applies	No charge, deductible applies
Education services		
Office visit for specified education services	No charge, deductible applies	No charge, deductible applies
Hospital/inpatient services		
Inpatient room and board (SHS facility)	\$175/day, up to \$875 maximum per stay; deductible applies	\$175/day, up to \$875 maximum per stay; deductible applies
Inpatient room and board (non-SHS facility)	\$300/day, up to \$1,500 maximum per stay; deductible applies	\$300/day, up to \$1,500 maximum per stay; deductible applies
Inpatient rehabilitative care (SHS facility)	\$175/day, up to \$875 maximum per stay; deductible applies	\$175/day, up to \$875 maximum per stay; deductible applies
Inpatient rehabilitative care (non-SHS facility)	\$300/day, up to \$1,500 maximum per stay; deductible applies	\$300/day, up to \$1,500 maximum per stay; deductible applies
Skilled nursing facility care	No charge, deductible applies	No charge, deductible applies
Bariatric surgery ²	\$5,000, not subject to deductible (Does not apply to OOP ³ limit)	\$5,000, deductible applies

Service	2023 Wellness Plan Member pays	2023 HSA Eligible High-Deductible Plan Member pays
Outpatient services		
Outpatient surgery (does not include in-office procedures)	SHS designated facility: \$150 Non-SHS facility: \$250	SHS designated facility: \$150 Non-SHS facility: \$250
Emergency department visits (unless admitted to hospital)	\$150, deductible applies	\$150 deductible applies
Radiology	\$25, deductible applies	\$25, deductible applies
Electrocardiogram (ECG/EKG)	\$25, deductible applies	\$25, deductible applies
Lab	\$0, deductible applies	\$0, deductible applies
Specified surgical procedures (spine surgery for pain, arthroscopies, shoulder surgery for osteoarthritis)	20%, deductible applies	20%, deductible applies
High-tech imaging services (CT scans, MRIs and PET scans)	20%, deductible applies	20%, deductible applies
Substance use disorder		
Office visits	\$25, deductible does not apply	\$25, deductible applies
Inpatient care (SHS facility)	\$175/day, up to \$875 maximum per stay; deductible applies	\$175/day, up to \$875 maximum per stay; deductible applies
Inpatient care (non-SHS facility)	\$300/day, up to \$1,500 maximum per stay; deductible applies	\$300/day, up to \$1,500 maximum per stay; deductible applies
Outpatient intensive services and programs (including partial hospitalization) for substance use	30%, deductible applies	30%, deductible applies
Residential programs	30%, deductible applies	30%, deductible applies
Mental health		
Office visits	\$25, deductible does not apply	\$40, deductible applies
Inpatient care (SHS facility)	\$175/day, up to \$875 maximum per stay; deductible applies	\$175/day, up to \$875 maximum per stay; deductible applies
Inpatient care (non-SHS facility)	\$300/day, up to \$1,500 maximum per stay; deductible applies	\$300/day, up to \$1,500 maximum per stay; deductible applies
Partial hospitalization	30%, deductible applies	30%, deductible applies
Residential programs	30%, deductible applies	30%, deductible applies
Other covered services		
Physical therapy (SHS physical therapy providers)	\$30, deductible applies	\$30, deductible applies
Physical therapy (non-SHS physical therapy providers)	\$35, deductible applies	\$35, deductible applies
Occupational therapy	\$35, deductible applies	\$35, deductible applies
Speech therapy	\$35, deductible applies	\$35, deductible applies
Allergy injections (most) ⁴	\$15, deductible applies	\$15, deductible applies

Service	2023 Wellness Plan Member pays	2023 HSA Eligible High-Deductible Plan Member pays
Injectable and other drugs administered other than orally (when rendered in the office) ⁴	20%, deductible applies	20%, deductible applies
Ambulance, ground	20%, deductible applies	20%, deductible applies
Ambulance, air	20%, deductible applies	20%, deductible applies
Durable medical equipment (DME), prosthetics, orthotics and medical supplies	30%, deductible applies	30%, deductible applies
Continuous glucose monitors ⁵	No charge, deductible applies	No charge, deductible applies
Home health care	\$30, deductible applies	\$30, deductible applies
Hospice	\$0, deductible applies	\$0, deductible applies
Hearing aids	Covered up to \$1,000 limit/year; after deductible; no limit for children age 20 and under	Covered up to \$1,000 limit/year; after deductible; no limit for children age 20 and under
Acupuncture	\$35, deductible applies	\$35, deductible applies
Chiropractic ⁶	\$25, deductible applies; \$850 limit/year	\$25, deductible applies; \$850 limit/year
Panniculectomy ⁷	50% not subject to deductible; (does not apply to OOP ³ limit)	50%, deductible applies
Fertility services⁸		
Assistant reproductive technology services (ARTs) and artificial insemination ⁸	20% coinsurance, deductible does not apply	no benefit
Other fertility services ⁸	50% coinsurance, deductible does not apply	no benefit

¹ Primary care provider visit is defined as services provided by a pediatric, family medicine, internal medicine or OB/GYN provider.

² Bariatric surgery is covered only at in-network/designated facilities and is subject to their policies and surgical criteria.

³ OOP: Out-of-pocket limit

⁴ Contact Customer Service at 541-768-4550 or 800-832-4580 (TTY 800-735-2900) to determine your copay or coinsurance levels for applicable services.

⁵ Procedure codes that apply to the continuous glucose monitor benefit are as follows: A9276, A9277, A9278, K0553 and K0554.

⁶ Chiropractic benefit only includes manipulation and exams. This benefit does not include X-rays, labs, other radiology or other services that are not considered to be a manipulation treatment.

⁷ Panniculectomy coinsurance does not apply to the out-of-pocket limit or deductible. Services will only be covered when bariatric surgery has been provided at an in-network provider facility and will only be allowed after bariatric surgery has been authorized and performed by an in-network/designated facility.

⁸ Fertility benefits do not apply to out-of-pocket limit or deductibles, \$20,000 annual and \$60,000 lifetime limit for medical and pharmacy expenses.

Samaritan Choice Plan deductibles and out-of-pocket maximums

2023 annual individual and family deductibles

In-network and out-of-network deductibles are combined.

Samaritan Choice Wellness Plan	Deductible amounts
Annual individual deductible ¹	500 (Medical only)
Annual family deductible ¹	\$1,000 (Medical only)
Samaritan Choice HSA Eligible High-Deductible Plan	Deductible amounts
Annual individual deductible ¹	\$3,000 (Integrated medical and pharmacy deductible)
Annual family deductible ¹	\$6,000 (Integrated medical and pharmacy deductible)

2023 integrated medical and pharmacy out-of-pocket maximums

The out-of-pocket maximum is the maximum amount of copays, coinsurance and deductibles for covered services for which a member is responsible per year. Please see your Samaritan Choice Plans plan document for items that may not apply to your out-of-pocket (OOP) maximum.

Samaritan Choice Wellness Plan	In-network providers
Per member	\$7,200 (Integrated medical and pharmacy OOP max)
Per family	\$14,400 (Integrated medical and pharmacy OOP max)
Samaritan Choice HSA Eligible High-Deductible Plan	In-network providers
Per member	\$5,000 (Integrated medical and pharmacy OOP max)
Per family	\$10,000 (Integrated medical and pharmacy OOP max)
• There is no out-of-pocket limit for non-preferred providers.	

¹ Additional copayments may apply for certain procedures under different tiers. See below for additional details.

This plan has an out-of-pocket limit to protect you from excessive medical expenses. The summary of benefits listed in the table above shows your plan's annual out-of-pocket limit. If you incur covered expenses over that amount, this plan will pay 100% of eligible charges for the rest of the calendar year. Those services that do not apply to your out-of-pocket limit will not be covered at 100% after your out-of-pocket limit has been met. Regular cost sharing will apply to those benefits.

Expenses for the following DO NOT count toward your out-of-pocket limit:

Samaritan Choice Wellness Plan:

- Bariatric surgery copays.
- Benefits paid in full by the plan (for example, vision hardware).
- Charges in excess of the Maximum Plan Allowable (MPA).
- Incurred charges that exceed allowed amounts under this plan.
- Non-covered services, including those where a third party is responsible (COB, settlements, motor vehicle claims).

- Non-medically necessary services, such as excluded services or those deemed to be not medically necessary by the plan.
- Panniculectomies.
- Fertility services.
- Other services that are specifically called out in this document.

Samaritan Choice HSA Eligible High-Deductible Plan:

- Benefits paid in full by the plan (for example, vision hardware).
- Charges in excess of the Maximum Plan Allowable (MPA).
- Incurred charges that exceed allowed amounts under this plan.
- Non-covered services, including those where a third party is responsible (COB, settlements, motor vehicle claims).
- Non-medically necessary services, such as excluded services or those deemed to be not medically necessary by the plan.
- Other services that are specifically called out in this document.

Prescription drug coverage

2023 prescription drug benefit

When you choose one of the Samaritan Choice medical plans, you will automatically have prescription drug coverage. To take advantage of the prescription drug coverage, you may fill your prescription at a Samaritan Health Services pharmacy. Currently, these include:



- Elm Street Pharmacy — Albany.
- Geary Street Pharmacy — Albany.
- Samaritan Pacific Communities Hospital Pharmacy — Newport.
- Samaritan Pharmacy — Corvallis.
- Samaritan Pharmacy — Lebanon.
- Samaritan North Lincoln Hospital Pharmacy — Lincoln City.
- Members may also use Walgreens pharmacy services.

Your most cost-effective option is to use generic drugs whenever available. Name brands are covered, but will most likely cost you more. How much you pay depends on which tier a specific drug is categorized in.

Drug tiers	Samaritan Choice Wellness Plan	Samaritan Choice HSA Eligible High-Deductible Plan
Tier 1: Preventive	\$0, deductible does not apply	\$0, deductible does not apply
Tier 2: Low-cost therapeutic	30 day supply: \$3, deductible does not apply 90 day supply: \$9, deductible does not apply	30 day supply: \$3, deductible applies 90 day supply: \$9, deductible applies
Tier 3: Preferred	30 day supply: \$15, deductible does not apply 90 day supply: \$45, deductible does not apply	30 day supply: \$15, deductible applies 90 day supply: \$45, deductible applies
Tier 4: High-cost preferred	\$25 or 25% (whichever is less), deductible does not apply	\$25 or 25% (whichever is less), deductible applies
Tier 5: Non-preferred	\$250 or 50% (whichever is less), deductible does not apply	\$250 or 50% (whichever is less), deductible applies
Tier 6: High-cost specialty	15%, deductible does not apply	15%, deductible applies

Important notes:

- All medications covered by SCP are subject to the Pharmacy and Therapeutics Committee and are approved to be on the formulary list of covered drugs. Reference the SCP formulary for more specific medication coverage information.

Tier 1 — Preventive offers select preventive drugs.

Tier 2 — Low-cost therapeutic offers select therapeutic drugs at a low cost.

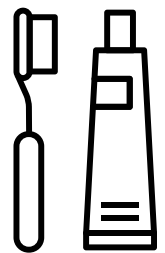
Tier 3 — Preferred provides the same high quality medicinal and therapeutic benefits without the high cost (mostly generics, some brand name drugs).

Tier 4 – High-cost preferred consists of more expensive prescription drugs that provide high quality, effective benefits to Samaritan Choice Plans’ members and are less costly than other alternative drugs not included on the preferred drug list (both brand name and generic drugs).

Tier 5 – Non-preferred are drugs that are non-preferred by the Plan (mostly brand name, some generic drugs). You may choose to receive non-preferred drugs rather than the therapeutic equivalent, which may be on a lower cost sharing tier. If your drug is categorized as a Tier 5 drug on the formulary and does not have an equivalent preferred drug available, you may request a tier exception for your drug to be paid at Tier 4.

Tier 6 – High-cost specialty includes high cost brand and generic specialty drugs, which may require special handling and/or close monitoring. You may be charged a high-cost specialty coinsurance if the drug is received in another setting (for example, infusion).

Note: If a generic drug is released for a brand name drug, the plan automatically adds the generic equivalent to the formulary and removes the brand name drug. Drugs on the formulary are subject to change throughout the year, upon review by the SCP Pharmacy and Therapeutics Committee.



Dental coverage

Access to dental care is an essential part of the SHS benefits program as proper dental care improves your overall health. SHS employees have access to **Willamette Dental**, an exclusive provider plan through Willamette Dental Insurance, Inc., or **Delta Dental**, a fee-for-service plan through Moda Health. Careful review of the two different networks should be considered especially for remote workers or for employees with dependents living away from home.

Your dental choice is for you and all eligible/covered dependents. The following chart highlights the differences of these two plans.

Dental plan options (effective Jan. 1, 2023)		
	Willamette Dental (WD)	Delta Dental (ODS)
Annual deductible	None	\$75 (none for Class 1 Services)
Choice of providers	All services provided by WD	Delta Dental (ODS) Premier or PPO
Annual maximum benefit	No maximum benefit*	\$2,000 per covered individual
Office visit copayment	\$20 general/\$30 specialist (per visit)	Not applicable
Service provided	Member responsibility (you pay)	
Periodic (routine) exams	\$0 ¹	\$0 ²
Prophylaxis (cleaning)	\$0 ¹	\$0 ²
Fillings	\$15 ¹	20%, deductible applies ²
X-rays	\$0 ¹	\$0 ²
Crowns	\$100 ¹	50%, deductible applies ²
Bridges (per tooth)	\$100 ¹	50%, deductible applies ²
Periodontal treatment	\$0 charting/evaluation ¹	20%, deductible applies ²
Nitrous oxide	\$40 ¹	Service not covered
Dentures	\$175 ¹	50%, deductible applies ²
Implants	\$1,500 maximum benefit per calendar year — limited to one per year	50%, deductible applies ²

Dental plan options (effective Jan. 1, 2023)		
	Willamette Dental (WD)	Delta Dental (ODS)
Service provided	Member responsibility (you pay)	
Surgical extraction - Simple extraction - Complex extraction	\$15 ¹ \$75 ¹	20%, deductible applies ² 20%, deductible applies ²
Root planing	\$65 per quadrant ¹	20%, deductible applies ²
Root canal — anterior	\$50 ¹	20%, deductible applies ²
Root canal — bicuspid	\$75 ¹	20%, deductible applies ²
Root canal — molar	\$100 ¹	20%, deductible applies ²
Orthodontia	Fully covered after these co-payments: Pre-orthodontic service \$150 ^{**} ; comprehensive orthodontia \$2,200 ¹ <i>No age limit for orthodontia benefits</i>	50%, deductible applies ² <i>No age limit for orthodontia benefits</i>
Website	willamettedental.com	modahealth.com
Phone number for appointments	855-433-6825	Not applicable
Phone number for customer service	855-433-6825	888-217-2365
<p>[*]Benefits for implant surgery have a benefit maximum, if covered.</p> <p>^{**}Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.</p> <p>¹Copayment amount after office visit copayment.</p> <p>²Delta Dental (ODS) contracted dentists agree to write off any charges over and above negotiated fees. If you choose a non-contracted dentist (or you do not have access to one), reimbursement is based on the maximum plan allowance.</p>		

This is a summary of your benefits. Please refer to your insurance contract for a complete description including limitations and exclusions.

Delta Dental — Oral Health/Total Health program:

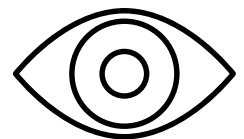
Studies have indicated a relationship between periodontal disease, bacteria in the mouth and various health problems. These problems can include pre-term, low birth weight babies and diabetes.

Enrollment in the Oral Health/Total Health program provides additional coverage for members during pregnancy or those with diabetes.

Enrolling in the Oral Health/Total Health program is easy. Diabetic members need to complete and return the Oral Health/Total Health enrollment form including substantiating data, while pregnant members may enroll with a call to Delta Dental Customer Service.

Vision benefits

You automatically receive vision benefits through Samaritan Choice Plans if you choose either of the dental plans. The plan pays for vision examinations and corrective lenses and frames when prescribed by a licensed ophthalmologist or licensed optometrist for you and your eligible dependents.



Service	Benefit — Preferred vision provider	Benefit — Non-preferred vision provider
Eye examination including refraction (one per calendar year)	100% after \$25 copay	70% after \$25 copay
Glasses and/or contacts	\$300 per calendar year	

Flexible Spending Account

Taking advantage of the Flexible Spending Account (FSA) program, administered by HSA Bank, is another great way to manage your health care and dependent day care costs. You can elect to participate in one of the health Flexible Spending Accounts and/or the dependent day care Flexible Spending Account, even if you have waived medical coverage, as long as you are classified as 0.5 FTE or greater.

There are three main elements to the FSA program:

- General-purpose health FSA — You can contribute a maximum of \$3,050 in 2023 to pay eligible health care expenses for you and/or your eligible dependents with pre-tax dollars.
- Limited-purpose health FSA — Available to employees who are enrolled in the Samaritan Choice HSA Eligible High-Deductible Plan. As an HSA account contributor, you may only use this plan to pay for eligible dental and vision expenses. The maximum contribution in 2023 is \$3,050.
- Dependent day care FSA — You can contribute a maximum of \$5,000 per family (\$2,500 if married filing separate income tax returns) each year to pay eligible day care/child care expenses with pre-tax dollars.

The program is designed to help save you money by allowing you to pay for predictable health and dependent day care expenses with tax-free dollars.

In addition to prescription medications and medical equipment, the following items are eligible for reimbursement under the general-purpose health FSA without a prescription:

- Bandages and wraps.
- Birth control.
- Braces and supports.
- Catheters.
- Contact lens supplies and solutions.
- Denture adhesives.
- Diagnostic tests and monitors.
- First-aid supplies.
- Insulin and diabetic supplies.
- Ostomy products.
- Reading glasses.
- Wheelchairs, walkers and canes.

The following are examples of other general-purpose health FSA eligible expenses:

- Deductible.
- Copays.
- Dental expenses (including orthodontia).
- Vision care.

For a comprehensive listing of eligible and non-eligible expenses, go to **hsabank.com**.

How the accounts work

If you decide to enroll in an account, here is how they work:

Your contributions are taken out of each paycheck before taxes in equal installments throughout the year and deposited into your account. **You must enroll in the Flexible Spending Accounts (health FSA and dependent day care FSA) each year during open enrollment in order to participate.**

It is important that you carefully estimate what your anticipated health care and/or dependent day care expenses will be between your benefits eligibility date and the end of the year. Refer to the general-purpose health FSA worksheet on pages 17 to 18 for assistance with this. Any unused money in your flexible spending accounts at year-end cannot be refunded to you due to IRS regulations. However, you are able to carry over up to \$610 of unused funds remaining in your health FSA at year-end if you are an eligible employee on the last day of the plan year. Although you can participate in a health FSA and a dependent day care FSA, you cannot transfer money between them.

You have until Dec. 31, 2023, to incur expenses for the plan year, and all claims for this period must be received by HSA Bank no later than March 31, 2024.

Dependent day care FSA

A dependent day care FSA helps you set aside and pay for dependent care expenses such as after-school care or adult day care for qualifying dependents through pre-tax payroll deductions. Dependent care expenses must be for the purpose of allowing you and your spouse, if married, to work. A qualifying dependent is a tax dependent who is under the age of 13 or any other tax dependent, such as a spouse or elderly parent, who is incapable of self-care and has the same principle residence as you.

When you have an eligible dependent day care expense, you can pay your care provider directly with your Health Benefits debit card, or pay out-of-pocket and submit claims to HSA Bank for reimbursement. When submitting a claim, scan and upload your receipt(s) with HSA Bank's mobile app or your computer. Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent to you. You can check balances and account information via HSA Bank's member website or your mobile device 24 hours a day, seven days a week.

Please note that dependent day care FSAs are not for medical expenses. Dependent medical expenses must be paid from a health FSA.

Health FSA

Using a health FSA is a great way to stretch your benefit dollars. You contribute before-tax dollars to an FSA and are reimbursed for eligible out-of-pocket medical expenses for you and your eligible dependents. That means you can enjoy tax savings and increased take-home pay.

When you have a qualified expense, you can pay your medical provider directly with your Health Benefits debit card, or pay out-of-pocket and submit claims to HSA Bank for reimbursement. When submitting a claim, scan and upload your receipt(s) with HSA Bank's mobile app or your computer. Once your claim is approved based on eligibility and availability of funds, reimbursement will be sent to you. You can check balances and account information via HSA Bank's member website or your mobile device 24 hours a day, seven days a week.

Health Benefits debit card

You will receive a Health Benefits debit card to access your FSA account(s). The debit card will allow you to pay providers directly from your account. When you go to your day care provider, the doctor, pharmacy or other health care provider, simply pay your portion of the bill with the debit card and the funds will be taken directly from your FSA account.

While the card is very convenient, there may still be documentation required by IRS regulations. After using your card, you may receive a letter or email from HSA Bank, asking you to provide the same type of documentation that is required when filing a claim for reimbursement. The main benefit to using the card is that you will not have to wait for reimbursement because you are accessing your account immediately. Please note that you are not required to use the debit card to access the funds in your account. You may still opt to pay out-of-pocket at the time of service and file claims for reimbursement.

You will have up to 150 days after the end of the plan year, or until the account is closed to submit any requested documentation for your Health Benefits debit card. If eligible documentation is not received, you may be taxed for the unsubstantiated charge(s) at the end of the year.

Domestic partners

Federal law only recognizes a domestic partner as a dependent if the domestic partner meets the IRS definition of dependent. If the employee claims the domestic partner as a dependent on his/her tax return or the employee consults with a tax preparer and confirms that his/her domestic partner meets the IRS definition of a dependent, then the claims for the domestic partner would be eligible for the health FSA.

Health FSA worksheet

Use the following worksheet to help determine your health FSA contribution amount. It may be helpful to review receipts from last year for health care expenses you paid out-of-pocket. Using these receipts and the worksheet, estimate the amount you want to elect. Only budget for those expenses eligible for reimbursement through the

health FSA. Remember, eligible expenses include those for you, your spouse and your eligible dependents. You, your spouse and/or eligible dependents need not be covered on the insurance plan in order to benefit from this account.

The yearly limit for contributions to the health FSA is currently \$3,050. Funds in excess of \$610 not used by Dec. 31, 2023, are forfeited. You have until March 31, 2024, to file claims for expenses incurred by Dec. 31, 2023.

If you are enrolled in the Samaritan Choice HSA Eligible High-Deductible Plan, you may only participate in the limited-purpose health FSA that allows for reimbursement of dental and vision expenses. When completing the worksheet, you only want to estimate for the dental and vision sections.

The total should give you a good idea of the amount to place in your health FSA. Consider any other factors that will affect your out-of-pocket health care costs during the upcoming plan year and adjust the amount if necessary.

Deductibles	
Medical and dental	\$
Copayments	
The amount not paid by your health/dental/vision plan coverage	\$
Amounts paid over plan limits	
Over reasonable and customary allowance	\$
Expenses <u>NOT</u> covered in full by your insurance plan	
Prescription drugs	\$
Vision care	\$
Dental/Orthodontic care	\$
Treatments/Therapies	\$
Fees/Services	\$
Medical equipment	\$
Assistance for the disabled	\$
Out-of-pocket health care expenses	
	\$

Note: You do not need to complete and return this form. This is only a tool to help you determine how much to contribute, if any.

For an expanded list of covered and non-covered expenses, visit [hsabank.com](https://www.hsabank.com).

Life insurance

You have several options to help protect your family’s future financial security.

Employee basic life and accidental death & dismemberment (AD&D) insurance

Samaritan Health Services automatically provides basic life insurance equal to one times your base annual earnings, up to \$100,000¹, at no cost to you. Basic AD&D coverage is also provided, in the amount of two times your base annual earnings, up to \$50,000¹. You also receive \$2,000 of life insurance coverage for each of your eligible dependents (spouse or domestic partner and children).

Because SHS pays the full cost of this benefit for you, there are no enrollment requirements, but all employees should designate their beneficiaries in the PeopleSoft system. You may change your beneficiary designation through PeopleSoft self-service at any time.

¹ Employees of Good Samaritan Regional Medical Center hired before Jan. 1, 2002, have a grandfathered basic life and AD&D schedule. Please see your Human Resources department if you have any questions about your basic life insurance coverage.

Optional life/AD&D insurance for employees

Monthly cost = \$0.34 per \$1,000 of coverage

Optional life/AD&D insurance for employees

You may choose to purchase optional life/AD&D insurance equal to one times your annual salary, up to \$50,000. You pay 100% of the cost of coverage under this plan. Evidence of insurability is required if you apply for coverage more than 30 days after your initial eligibility date.

To calculate the per-pay-period costs for optional life/AD&D insurance, use the following formula:

1. Determine amount of life insurance desired (1x annual salary rounded to the next higher \$1,000 to a \$50,000 maximum).
2. Divide the amount of life insurance by \$1,000.
3. Multiply \$0.34 times the end result of #2.
4. For bi-weekly cost multiply #3 by 0.4615.

Example: Employee chooses optional life/AD&D insurance with salary of \$39,870

\$39,870 rounded to the next higher \$1,000 = \$40,000

$\$40,000 / \$1,000 = 40$

$\$0.34 \times 40 = \13.60

$\$13.60 \times 0.4615 = \6.28 per pay period

Voluntary life insurance for employees and dependents

You can further increase life insurance protection by purchasing voluntary coverage for yourself and your spouse/domestic partner in \$10,000 increments up to \$500,000. You must enroll in the voluntary plan for your spouse/domestic partner to get coverage and a spouse/domestic partner's coverage cannot exceed the amount of your coverage. Eligible dependent children are covered for \$10,000. Children ages birth to 6 months are covered for \$1,000. Guaranteed coverage amounts are \$200,000 for the employee and \$30,000 for a spouse/domestic partner during your initial eligibility period and one-time Open Enrollment. These amounts reflect the coverage you can elect without answering any medical questions or taking a health exam. Evidence of insurability (EOI) is required for you and/or your spouse if you apply for coverage of more than \$200,000 for you or \$30,000 for your spouse. Duplicate coverage is not allowed under the plan so you may only enroll once. For example, if both you and your spouse work for SHS, you may not obtain double coverage by enrolling as both an employee and as a spouse. During 2023 annual enrollment, all eligible employees and spouses who are currently enrolled may increase coverage up to three units of \$10,000 (total of \$30,000) without EOI, subject to plan limits.

Voluntary life insurance for employees and dependents

Age	Monthly rate per \$10,000 of coverage
< 30	\$0.68
30 - 39	\$0.87
40 - 44	\$1.85
45 - 49	\$3.00
50 - 54	\$4.76
55 - 59	\$7.78
60 - 64	\$10.90
65 - 69	\$19.50
70+	Contact HRBenefitsTeam@samhealth.org

To calculate the per-pay-period costs for voluntary life insurance, use the following formula:

1. Determine amount of life insurance desired (\$10,000 to \$500,000 in \$10,000 increments).
2. Divide the amount of life insurance by \$10,000.
3. Find your monthly rate per \$10,000 of coverage according to your age.
4. Multiply the rate from #3 times the end result of #2.
5. For bi-weekly cost multiply #4 by 0.4615.

Example: Employee age 43 chooses \$250,000 voluntary life insurance

$\$250,000/\$10,000 = 25$

Rate per \$10,000 = \$1.85

$25 \times \$1.85 = \46.25 per month

$\$46.25 \times 0.4615 = \21.34 per bi-weekly pay period

Voluntary accidental death & dismemberment (AD&D) insurance for employees and dependents

You also may purchase voluntary AD&D coverage for you only or for you and your family to provide additional financial protection in the event of certain accidental injuries or accidental death. No evidence of insurability is required to enroll, and you can choose the amount of coverage you want in increments of \$25,000 up to \$300,000. If you elect to cover your family, your spouse’s/domestic partner’s benefit amount will be 40% of your benefit amount or 50% if you have no dependent children. Each of your covered children’s benefit amounts will be 10% of yours or 15% if you have no eligible spouse/domestic partner.

If within 365 days of a covered accident, bodily injuries result in:	Plan pays this % of benefit amount
Loss of life	100%
Total paralysis of both upper and lower limbs Loss of any 2: hand, foot, eyesight Loss of 1 hand or foot and sight in 1 eye Loss of speech and hearing in both ears	100%
Total paralysis of both upper or both lower limbs	75%
Loss of 1 hand or foot, or sight in 1 eye Loss of speech or loss of hearing in both ears Total paralysis of upper and lower limbs on one side of the body	50%
Loss of thumb and index finger of the same hand Loss of all four fingers of the same hand or loss of thumb and index finger of the same hand Total paralysis of one upper or lower limb	25%
Coma	1% per month for 11 months; 100% at 12 th month

Voluntary accidental death & dismemberment (AD&D) insurance
Monthly cost for employee only = \$0.02 per \$1,000 of coverage
Monthly cost for employee + family = \$0.036 per \$1,000 of coverage

To calculate the per-pay-period cost for voluntary accidental death & dismemberment insurance (AD&D), use the following formula:

1. Determine amount of AD&D coverage desired (\$25,000 to \$300,000 in \$25,000 increments).
2. Divide the amount of life insurance by \$1,000.
3. Multiply \$0.02 (employee only) or \$0.036 (employee + family) times the end result of #2.
4. For bi-weekly cost multiply #3 by 0.4615.

Example: Employee chooses \$200,000 voluntary AD&D employee + family

$$\$200,000/\$1,000 = 200$$

$$\$0.036 \times 200 = \$7.20$$

$$\$7.20 \times 0.4615 = \$3.32 \text{ per pay period}$$

Disability income protection

Samaritan Health Services recognizes the importance of your financial well-being in the event of a disability. For this reason, we make available this valuable protection should you experience a short- or long-term disability.

Voluntary short-term disability insurance

The voluntary short-term disability plan provides financial protection by paying a portion of your income while you are disabled. If you suffer a covered disability while insured by this plan, you will receive a portion of your income after approval of a qualified disability to help you maintain your normal lifestyle. The plan covers disabling injuries or illnesses sustained off the job. During your initial new hire eligibility period, you may elect any tier you are eligible for based on your weekly salary with no evidence of insurability (EOI) required. During 2023 annual enrollment, all eligible employees may elect their choice of tier without EOI.

Benefits begin after seven days of continuous disability caused by an accident or illness and may continue for up to 26 weeks. You have six plan options from which to choose:

Voluntary short-term disability insurance		
Plan option	Weekly benefit	Bi-weekly premium
Tier 1	Up to 60% of your weekly covered earnings to a maximum of \$350 per week	\$4.35
Tier 2	Up to 60% of your weekly covered earnings to a maximum of \$450 per week	\$7.53
Tier 3	Up to 60% of your weekly covered earnings to a maximum of \$550 per week	\$10.41
Tier 4	Up to 60% of your weekly covered earnings to a maximum of \$650 per week	\$13.38
Tier 5	Up to 60% of your weekly covered earnings to a maximum of \$750 per week	\$15.97
Tier 6	Up to 60% of your weekly covered earnings to a maximum of \$1,000 per week	\$19.32

Please note: Voluntary short-term disability pays the lesser of 60% of your weekly covered earnings OR the plan maximum. Disability benefits may be reduced by other deductible sources of income, including Social Security, state paid leave benefits, and certain retirement payments. Please refer to the table of examples below, which illustrate the recommended tier for various earning levels, or follow the steps outlined to calculate the correct tier for your specific situation.

Voluntary short-term disability insurance table of examples

Examples	Hourly pay	Weekly hours	Weekly earnings	60% of earnings	Recommendation	Weekly benefit
Employee A	\$15	36	\$540	\$324	Tier 1	\$324
Employee B	\$21	36	\$756	\$454	Tier 2	\$450
Employee C	\$23	40	\$920	\$552	Tier 3	\$550
Employee D	\$30	36	\$1,080	\$648	Tier 4	\$648
Employee E	\$32	40	\$1,280	\$768	Tier 5	\$750
Employee F	\$46	36	\$1,656	\$994	Tier 6	\$994

Calculation for voluntary short-term disability insurance table of examples:

1. Hourly pay x weekly hours = weekly earnings.
2. Weekly earnings (from step 1) x 0.6 = 60% of weekly earnings.
3. Select the tier that best matches 60% of your weekly earning (from step 2).

Long-term disability insurance

SHS provides long-term disability coverage at no cost to you. This plan pays 60% of your monthly earnings to a maximum benefit of \$5,000 per month with benefits beginning after 180 days of total disability for injury or sickness. Benefits may continue to your Social Security normal retirement age, depending upon your age at onset of disability. **Please note:** Disability benefits may be reduced by other deductible sources of income, including Social Security and certain retirement payments. Because this is a company-paid benefit, benefits will be considered taxable. There is no election for you to make during open enrollment or at time of hire, but it is important for you to understand how this valuable protection works.

Group long-term care insurance

SHS understands the important role long-term care insurance benefits play in helping an individual who is unable to live independently. For this reason, we make group long-term care insurance available to you. The plan provides a monthly benefit to help cover long-term care facility costs and offers several options to help meet your needs, including benefit durations of either three or six years, a choice between professional home and community care or total choice home care, and inflation protection. Benefits begin after satisfaction of a 90-day elimination period. Evidence of insurability is required if you apply for coverage more than 30 days after your initial eligibility date. Group long-term care insurance is also offered to your family members, including parents, parents-in-law, siblings, etc.

Go to unuminfo.com/Samaritan001 for more information or to apply.

Retirement plans

SHS currently sponsors two qualified, defined contribution retirement plans that provide a convenient way to save for retirement and can help you build a more secure financial future. Visit principal.com/welcome to create an account.

SHS 401(a) retirement plan

The SHS retirement plan is an account-based money purchase pension plan through Principal Financial Group. The plan is fully funded by SHS. Eligible employees are automatically enrolled at the beginning of the quarter following one year of service in which the employee has worked at least 1,000 hours.

SHS contributions, equivalent to 4% of eligible wage, are made on a quarterly basis for eligible employees who work at least 250 hours in the quarter or 1,000 hours in the calendar year. An additional 4% contribution is made for eligible earnings in excess of the social security wage base (\$160,200 in 2023) up to the IRS annual compensation limit (\$330,000 in 2023). You become 100% vested in your account after three years of service for contributions after Jan. 1, 2007.

SHS 403(b) tax-sheltered annuity plan

All SHS employees are immediately eligible to participate in the 403(b) tax-sheltered annuity plan through Principal Financial Group. You may elect to defer funds to the plan in whole percentage increments up to 85% of pay through payroll deduction on a pre-tax and/or post-tax (Roth) basis up to IRS contribution limits (\$22,500 in 2023 plus an additional \$7,500 for those age 50 or older). Contributions are credited to your account with Principal each pay period. You are 100% vested in your elective deferral contributions immediately.

Employees who do not make an election are automatically enrolled in the plan after 60 days of employment at a 2% of pay pre-tax deferral rate. In addition, for employees automatically enrolled, contributions will increase 1% annually each Jan. 1 until a 10% deferral rate is reached. At any time, employees may opt out of the automatic plan features by visiting principal.com and choosing to contribute a different percentage or electing not to defer.

You may also be eligible for employer matching contributions. Eligible employees participating in the plan begin receiving the match at the beginning of the quarter following one year of service in which the employee has worked at least 1,000 hours. You are 100% vested in SHS matching contributions after two years of service.

Note: Eligibility for the 401(a) plan and matching contributions in the 403(b) plan is dependent upon your location, department, longevity, employment status and collective bargaining unit contract. If you have questions regarding your retirement plan and contribution eligibility, please contact Human Resources.

Voluntary benefits overview

Critical illness insurance

If you or someone in your family suffers a serious disease, you can face immediate medical expenses and reduced income from being out of work. Health benefits will pay part of the medical bills and disability insurance coverage can help ensure a continuing income; however, many immediate expenses may not be covered. The specified critical illness policy through Cigna pays a lump-sum benefit, based on the type of diagnosis, up to 100% of the policy's face amount if you are diagnosed with a critical illness listed below. If you elected the Samaritan Choice HSA Eligible High-Deductible Plan, you may want to consider this coverage to provide protection against out-of-pocket expenses in the event of a critical illness, such as the following:

- Heart attack.
- Major organ transplant.
- End-stage renal (kidney) failure.
- Coronary artery bypass surgery.¹
- Amyotrophic lateral sclerosis (ALS).
- Stroke.
- Permanent paralysis.
- Cancer.
- Cancer in situ (cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues).¹

You may choose a face amount from \$5,000 to \$50,000 in \$5,000 increments. Applications made during the initial eligibility period upon hire have a guaranteed issue (GI) amount of \$30,000. Amounts over \$30,000 will require evidence of insurability (EOI). During annual enrollment for 2023, any additions or changes above the GI amount of \$30,000 will require EOI.

Critical illness dependent options

Specified critical illness for your spouse

If you elect coverage for yourself, you may also elect spouse coverage. Face amounts are available from \$5,000 to \$50,000 in \$5,000 increments. During your initial benefits eligibility period, amounts over \$15,000 will require EOI. During annual enrollment for 2023, any additions or changes above the GI amount of \$15,000 will require EOI.

Specified critical illness for your dependent children

If you elect coverage for yourself, you may also elect coverage for dependent children without EOI.

For eligible children, stepchildren and legally adopted children, covered conditions and payment percentages are the same as those for the employee. Face amounts of \$5,000 or \$10,000 are available.

Critical illness benefit	Cigna
Monthly rate comparison for non-tobacco user — employee only — \$10,000 benefit	
25 year old	\$5.94
35 year old	\$8.35
45 year old	\$15.03
55 year old	\$26.37
65 year old	\$40.14
Monthly rate comparison for tobacco user — employee only — \$10,000 benefit	
25 year old	\$8.82
35 year old	\$14.13
45 year old	\$27.00
55 year old	\$50.87
65 year old	\$73.17

Reduction of benefits

The face amounts for employee and spouse benefits reduce by 50% on the first policy anniversary after the insured's 75th birthday. Premiums for the policy will not be reduced. If partial benefits due to age for coronary artery bypass surgery or cancer in situ have been paid prior to the reduction of benefits, the new face amount will be calculated by applying the 50% to the face amount reduced by the prior payout.

¹ Lump-sum payment of the policy face amount is limited to 25% for coronary artery bypass surgery and cancer in situ.

Accidental injury insurance

Accidental injury insurance through Cigna provides a lump-sum benefit based on the type of off-the-job injury, covered incident sustained and treatment needed. If you elected the Samaritan Choice HSA Eligible High-Deductible Plan, you may want to consider this coverage to provide protection against out-of-pocket expenses in the event of an accident.

Examples of covered injuries and expenses include:

- Broken bones.
- Ruptured discs.
- Hospitalization.
- Eye injuries.
- Cuts.
- Emergency room treatment.
- Burns.
- Accidental death.
- Paralysis.
- Torn ligaments.
- Physical therapy.

Each event has a different payout associated with it. Additional information is available from HRBenefitsTeam@samhealth.org.

Accident insurance dependent options

There are four levels of coverage available for the accidental injury insurance plan:

Accidental injury benefit	Cigna
Monthly rates	Employee: \$13.90 Employee and spouse: \$20.30 Employee and children: \$21.62 Employee and family: \$28.25

Whole life insurance with advance benefit option rider (Unum)

Whole life insurance is voluntary, which means you choose whether or not to purchase coverage and buy only the amount of coverage that is right for your needs. You pay your premiums through convenient payroll deductions, so you don't have to worry about writing checks or mailing payments. And because you own the policy, it is portable if you leave.

Cash value accumulation

In addition to providing a guaranteed death benefit, whole life policies include a cash value component. The policy accumulates cash value, based on a non-forfeiture interest rate of 4.5% and the 2001 commissioners standard ordinary (CSO) mortality table. Under current law, taxes are deferred on these interest earnings. After sufficient cash value has accumulated, you may borrow from your policy.

No physical required

If you are actively at work, you can apply during open enrollment or during your initial benefits eligibility period. No physical exam is required.

Accidental death benefit rider

This rider, which is available at initial enrollment to employees and spouses ages 15 to 65, provides an additional death benefit equal to the face amount of the base policy, subject to a maximum of \$150,000 (employee) and \$75,000 (spouse). This benefit is payable when the covered individual dies before age 70 as a result of an accident, as defined in the rider.

Waiver of premium provision

This feature pays your policy's premium after you have been totally disabled for six months. It is available only for employees ages 15 to 55. This provision covers disabilities that begin prior to age 65.

Twenty-year term rider

Available only to employees between 15 and 60 years of age, this rider equals 50% of your whole life policy face amount and the duration of the rider is 20 years. If you purchased Waiver of Premium on your base policy, you must also purchase it for the 20-year term rider.

Family coverage options

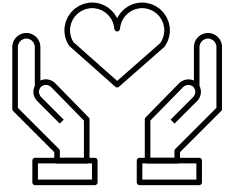
The following coverage options are available if you choose to purchase whole life insurance. You select who will receive coverage and how much coverage is necessary for your personal situation.

- Spouse coverage: Whole life coverage is available for your spouse based on a qualifying health questionnaire. However, no physical exams are required, and spouse coverage is available even if you don't apply for coverage yourself. A few additional health questions may be asked based on the level of coverage requested.
- Children's coverage: You may apply for a whole life policy for your children, stepchildren, legally adopted children and grandchildren, ages 14 days through 26 years. It is an affordable, easy way to start an individual policy for a child.
- Children's term rider: If an eligible employee or spouse purchases whole life insurance, this rider is available to his/her children, stepchildren and legally adopted children for one affordable premium. Children must be between the ages of 14 days through 24 years, and eligible employees must be under age 65 to apply. As children reach age 25, they are guaranteed the right to purchase up to five times the amount of their rider coverage in life insurance, regardless of their health or occupation at the time they convert.
- Information: unum.com/employees/benefits/life-insurance/Whole-life-insurance.
- To enroll: plane.biz/Logons/SamaritanHealthServices01012023AnnualRe-Enrollment/default.htm.

Other valuable benefits

Samaritan Health Services offers an excellent benefits package to help protect employees' physical and mental well-being, as well as their financial security now and in the future. Following is information for you on these other important benefits.

Employee Assistance Program



Calapooia Employee Assistance

Samaritan Health Services provides an Employee Assistance Program (EAP) through locally-based Calapooia Employee Assistance to all employees regardless of benefits eligibility to help them and their families with various issues. There is no cost to employees for this program. All employees and covered dependents are eligible for up to five free counseling sessions per year, per person, per problem-area. Short-term counseling, assessment and outside referrals are available. Some of the more common issues addressed by the program include:

- Family, marital or relationship concerns.
- Emotional and personal crises such as anxiety or depression.
- Substance abuse problems.
- Career adjustment.

Employees may request confidential counseling services 24 hours a day, seven days a week by calling **541-967-8345**.

New York Life Group Benefit Solutions (NYL GBS) Employee Assistance and Wellness Support

The Employee Assistance and Wellness Support, offered by NYL GBS through ComPsych, is available beginning January 1, 2023, 24 hours a day, seven days a week and includes:

- Assistance for employees and their immediate household family members.
- Up to three in-person counseling sessions.
- Critical incidence support for employees.
- Additional resources include wellness articles, podcasts, videos, and much more.

Access confidential assistance by calling **800-344-9752** or by going to **guidanceresources.com** - Web ID: NYLGBS.

New York Life Group Benefit Solutions (NYL GBS) Secure Travel Assistance Program



As part of the coverage provided to us by NYL GBS, benefits eligible employees who travel more than 100 miles from home have additional benefits. This program includes:

- Worldwide medical and dental referrals and treatment monitoring.
- Assistance in facilitation of hospital payments.
- Assistance in coordination of medication, vaccine and blood transfers.
- Coordination for medical evacuation and repatriation services.
- Emergency travel arrangements.
- Assistance in the replacement of lost or stolen travel documents.
- Legal referrals.
- Translation services.
- Pre-trip planning assistance.

Additional information is available year round, 24 hours a day, seven days a week by calling **888-226-4567** (U.S. and Canada) or **202-331-7635**. Please indicate that you are a member of the Cigna Secure Travel program and Group #57.

New York Life Group Benefit Solutions Financial, Legal and Estate Support Services

Working with ComPsych, the NYL GBS offers Financial, Legal and Estate Support including:

- Professional services that include unlimited financial support on a broad range of issues like debt management, family budgeting, estate planning, law and tax consultations and much more.
- Identity-theft support with legal specialists and fraud-resolution services.
- Access to interactive online tools and calculators.

Access confidential assistance by calling **800-344-9752** or by going to **guidanceresources.com** – Web ID: NYLGBS.

Discounts from vendor partners

Additional offers available to SHS employees are listed on the SHS Insider under the Employees menu option.

Paid time off (PTO)

PTO encompasses vacation, holiday and sick time. PTO benefits accrue from your date of hire and are available to use immediately. This plan enables employees to plan time to meet their own personal needs outside of work and the staffing needs of the health care system and its departments.

Cafeteria and pharmacy discounts

Show your Samaritan Health Services badge to receive discounts on food purchases at Samaritan cafeterias and cafés and on non-prescription retail purchases at Samaritan pharmacies.

Money Management International

Money Management International (MMI) is available to help employees review and organize their family's finances. MMI will work with you to design a workable budget and develop an action plan to help you take control of your financial situation. MMI offers webinars, online resources and one-on-one virtual counseling sessions on a variety of topics, including home buyer education and building savings. Watch your email for webinars or presentations. Access online financial education resources at **samhealth.mmiuniversity.org**.

Educational reimbursement assistance

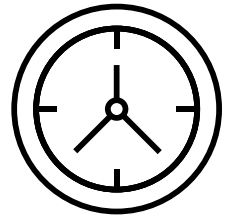
Upon successful completion of pre-approved course work at an accredited college, SHS will reimburse eligible employees a portion of the cost of tuition and required course fees. Employees must satisfactorily complete 18 months of service, including one year of employment in a 0.5 to 1.0 FTE position, immediately preceding the starting date of the course. Additionally, employees are required to complete two years of service following the receipt of tuition reimbursement monies. For more information, including current reimbursement rates and limits, refer to the Tuition Reimbursement Policy on the SHS Policies and Procedures site.

Northwestern Mutual / The Drago Financial Group

The Drago Financial Group, a premier wealth management firm serving SHS' tri-county area, is dedicated to serving the needs of SHS employees related to financial planning and education. All employees are eligible for a no-cost, no-obligation personalized financial plan and access to valuable financial guidance through confidential individual meetings with an advisor. To schedule a financial plan introduction please send an email to **Dragoofinancial@nm.com**. The Drago Financial Group also hosts in-person and virtual educational events specifically for SHS employees covering topics such as managing student debt, strategies for providing financial security, protection against the unexpected, strategies to accumulate and preserve wealth, and more. Watch your email for announcements and the calendar of events on the SHS Insider for a schedule of upcoming educational events.

Air ambulance coverage

Electing a Samaritan Choice medical plan provides you with some air ambulance coverage; however, you will still be responsible for paying up to 20% of air ambulance charges. This gap in coverage may result in thousands of dollars in out-of-pocket costs. SHS offers affordable air ambulance memberships through AirMedCare network at discounted rates that provide you with full coverage in the event that you or your household members utilize air ambulance services through an AirMedCare network provider. In addition, AirMedCare offers a Fly-U-Home benefit that may provide air medical transportation should you become hospitalized as an inpatient more than 150 nautical miles from home. Annual membership rates during open enrollment for 2023 are \$45 for AirMedCare and \$110 for Fly-U-Home. Starting January 2023, AirMedCare Network rates will be increasing. Enrolling during 2023 Open Enrollment with a multi-year option will lock in current discounted rates for years to come. AirMedCare currently has eight locations in Central, Eastern and Southern Oregon, and more than 320 additional locations across 38 states. Note that this coverage only applies if you are flown by an AirMedCare provider. For those electing coverage during open enrollment, the full membership amount(s) will be withheld from the last paycheck of the previous year so that the benefit is available as of Jan. 1. Enrollment is available through AirMedCare's website at airmedcarenetwork.com/businessplanregistration — for AirMedCare use coupon code: 7164AMCN and for Fly-U-Home, use coupon code: 12824FUH.



¹ For employees hired after the open enrollment period, a hard copy enrollment form is required and the premium will be pro-rated based on the remaining months in the calendar year.

Life Flight is not offering an employee discount for the 2023 plan year, however, it is strongly encouraged that you elect their membership by going to their website at lifeflight.org. Life Flight's current base locations include the SHS service area and Washington state.

Important contact information

Benefit/Company	Telephone	Websites for reference
Medical/vision/pharmacy plan options Samaritan Choice Plans	541-768-4550 800-832-4580	choice.samhealthplans.org
Dental plans Willamette Dental Delta Dental	855-433-6825 888-217-2365	willamettedental.com modahealth.com
Flexible Spending Accounts HSA Bank	844-650-8936	hsabank.com
Health Savings Account HSA Bank	800-357-6246	hsabank.com
Supplemental accidental injury insurance Specified critical illness insurance Cigna	Initiate claim/Claim status 800-754-3207	CignaSupplementalHealthPlans.com
Term life/AD&D insurance New York Life Group Benefit Solutions	Initiate claim/Claim status 800-362-4462	nyl.com/customer-forms
Short-term disability insurance Long-term disability insurance New York Life Group Benefit Solutions	800-362-4462	nyl.com/customer-forms
SHS retirement plan Principal Financial Group	800-547-7754	principal.com
Tax-sheltered annuity plan Principal Financial Group	800-547-7754	principal.com
Employee Assistance Program (EAP) Calapooia Employee Assistance ComPsych	541-967-8345 800-344-9752	N/A guidanceresources.com
Budgeting, financial and credit counseling Money Management International	888-862-1956	moneymanagement.org
Financial planning and education Northwestern Mutual/The Drago Financial Group	541-757-8500	dragoofinancial.com
SHS well-being SHS Employee Wellness SamFit	541-812-3305 Corvallis: 541-768-5850 Newport: 541-574-7300 Lebanon: 541-451-6990	employeewellness@samhealth.org SHS Insider Intranet info@samfit.org
Group long-term care insurance Unum	800-227-4165	unuminfo.com/samaritan001
Whole life insurance Unum	800-577-5475	unum.com/employees/benefits/ life-insurance/whole-life-insurance
Air ambulance AirMedCare	541-707-7000 541-241-4772	Crystal Martinez Jeff Martinez

Notes:

MISSION

BUILDING HEALTHIER
COMMUNITIES **TOGETHER.**

VISION

SERVING
COMMUNITIES
WITH **PRIDE.**



VALUES

PASSION. RESPECT.
INTEGRITY. DEDICATION.
EXCELLENCE.



Samaritan
Health Services