



**Bates County
Memorial Hospital**

EMPLOYEE BENEFITS MANUAL

Choosing the
right plan is a very
personal thing.

Use this book to find one
that's

- Right for your lifestyle
- Right for your needs
- Right for your peace of mind

**Eligibility waiting period: first day of the month
following 60 days of employment:**

- Medical Insurance
- Dental Insurance
- Vision Care
- Employee Assistance Program
- Life Insurance
- Long/Short Term Disability
- Retirement
- Credit Union
- Flexible Spending Account (FSA)

Mission, Vision and Values

Our Mission

To continuously
improve the
health of the
people of our
community

Our Vision

To be the provider
of choice for quality
patient-centered
care and health
services in the
community

Our Values

Compassion

Show sincere care and
kindness for those we serve

Accountability

Take responsibility for our
actions

Respect

Treat everyone with dignity

Excellence

Achieve excellence through
innovation, teamwork and
doing our best

Smile

Always be friendly

Critical Success Factors

People

Maintain high quality workforce

Service

Improve Customer Service

Quality

Improve prevention and health
education services and improve
health outcomes

Financial

Produce financial resources
required to support the mission
and values

Growth

Expand access to health services



BCMH

Bates County Memorial Hospital

The Heart Of Community Healthcare

(660) 200-7000

Employee Benefit Summary

EFFECTIVE 1/1/2022

P.O. Box 370
Butler, MO 64730
www.bcmhospital.com

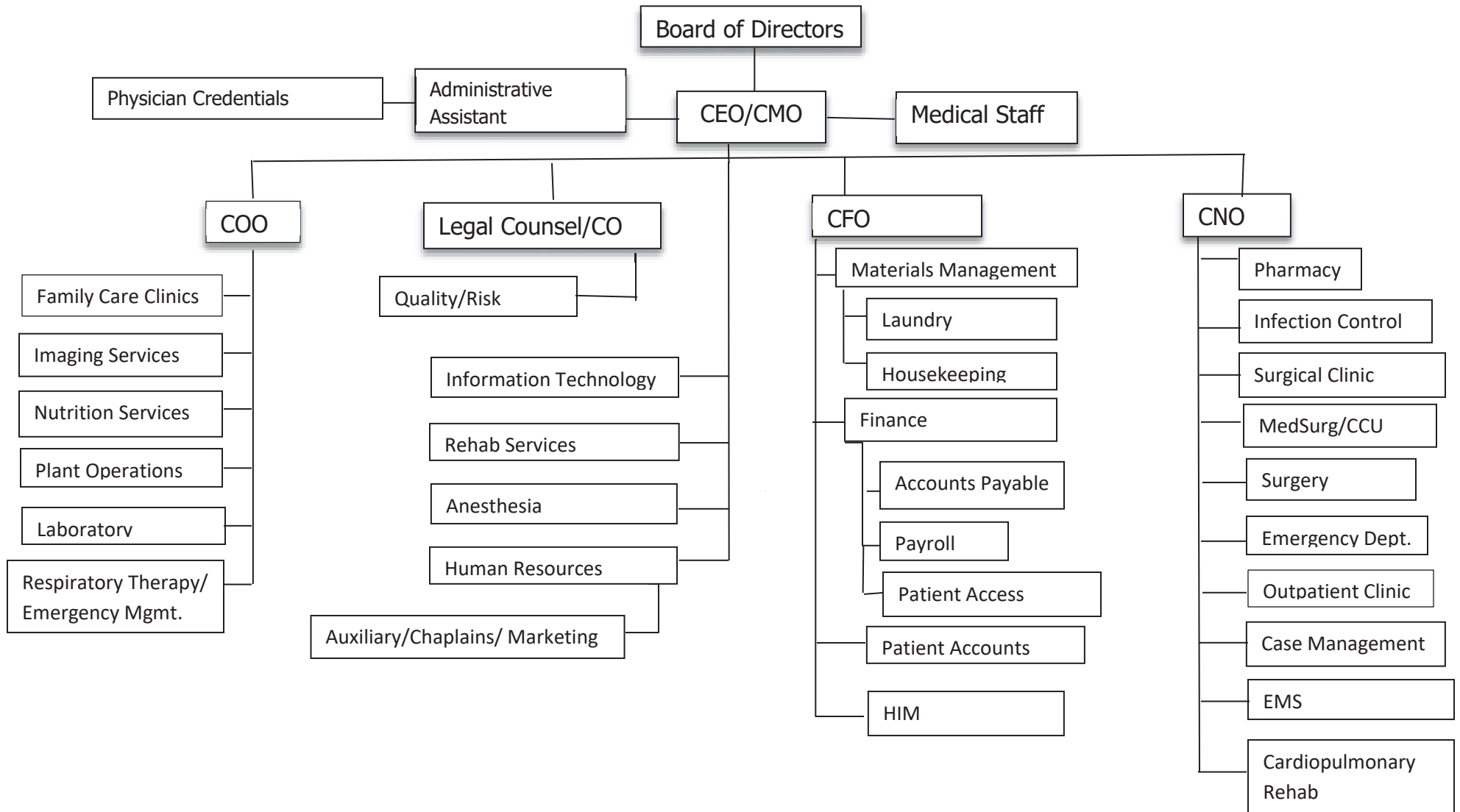
BENEFIT	WHO PAYS	WHO IS ELIGIBLE	WHEN ELIGIBLE	WHAT YOU RECEIVE
EMPLOYEE HEALTH INSURANCE	Employee pays each pay period. Premium deducted on a pre-tax basis.	Employees regularly scheduled min. of 30 hrs. per week	1 st of month after completing 60 days of FT employment.	Choice of low, middle, high deductible plan; no deductible at BCMH or Clinics and claims paid at 90%; Aetna In-Network 80%; out-of-network 50%.
DEPENDENT HEALTH INSURANCE	Employee pays each pay period. Premium deducted on a pre-tax basis.	Employees regularly scheduled min. of 30 hrs. per week	1 st of month after completing 60 days of FT employment.	Choice of low, middle, high deductible plan; no deductible at BCMH or Clinics and claims paid at 90%; Aetna In-Network 80%; out-of-network 50%.
EMPLOYEE and DEPENDENT DENTAL INSURANCE	Employee pays each pay period. Premium deducted on a pre-tax basis.	Employees regularly scheduled min. of 30 hrs. per week	1 st of month after completing 60 days of FT employment.	Dental insurance for employee and /or dependents; do not have to have health insurance to be eligible.
LIFE INSURANCE	BCMh pays for life coverage.	Employees regularly scheduled min. of 68 hrs per pay period	1 st of month after completing 60 days of FT employment.	Life insurance benefits for employees.
VOLUNTARY LIFE INSURANCE	Employee pays.	Employees regularly scheduled min. of 68 hrs. per pay period	1 st of month after completing 60 days of FT employment.	Additional life insurance coverage for employee, spouse and children.
LONG-TERM DISABILITY	Hospital	First of month following two years FT employment	After declared disabled for three months.	% of gross wages as long as disabled, or until age maximum age allowed.
ROTH AFTER TAX VOLUNTARY RETIREMENT	Employee	FT/PT Employees	Upon employment	Voluntary after-tax, payroll deduction, retirement benefits
RETIREMENT PROFIT SHARING PLAN	Hospital matches dollar-for-dollar up to 5% gross earnings with IRS limits applied.	FT employees—must work minimum of 1500 hours a year for eligibility	After one year of FT employment. 100% vested after five years of service.	Retirement income
SHORT-TERM DISABILITY INSURANCE	Employee Voluntary benefit based on age and earnings	Employees regularly scheduled min. of 68 hrs. per pay period		Percentage of bi-weekly earnings when off due to illness/accident up to 11 weeks.

BENEFIT	WHO PAYS	WHO IS ELIGIBLE	WHEN ELIGIBLE	WHAT YOU RECEIVE
VOLUNTARY PRE-TAX 403(b) RETIREMENT	Employee	FT and PT employees	Upon employment	Voluntary pre-tax payroll deduction retirement benefits.
VOLUNTARY 457 PRE-TAX and ROTH RETIREMENT	Employee	FT employees	Upon employment	Voluntary pre-tax payroll and after-tax deduction; not eligible for hospital match
SHIFT DIFFERENTIAL	7% Evening 15% Night	All employees working evening and/or night shift.	Upon employment	Additional percentage added to base wage depending on shift employee scheduled to work.
PAID HOURS OFF	Hospital	FT and PT employees.	After completion of 90 days of employment	Paid time off from work. Max. accrual of 480 hours.
HOLIDAY PAY	Hospital	Employees scheduled to work designated holidays.	Upon employment	Pay at rate of time and one-half for working designated holidays.
FAMILY/MEDICAL LEAVE OF ABSENCE	Off work employee will use accrued Paid Hours Off, then without pay.	FT employees who have worked minimum of 1,250 hours during previous 12-month period.	After 12 months of employment.	Maximum 12 weeks off within "rolling 12-month period" method.
PRESCRIPTION DRUGS	Employee	FT and PT employees	After 60 days of employment.	Eligible to get Prescriptions filled through hospital Pharmacy at a discounted price.
HOSPITAL/CLINIC EMPLOYEE DISCOUNT	Hospital	FT and PT employees	After completing 60 days of employment	50% discount on final hospital bill including deductible, if paid within 30 days of bill date, other options available
CREDIT UNION	Employee	FT and PT employees	Upon employment	Savings accounts, checking, Christmas Club, loans, through payroll deduction.

BENEFIT	WHO PAYS	WHO IS ELIGIBLE	WHEN ELIGIBLE	WHAT YOU RECEIVE
EDUCATION REIMBURSEMENT	Hospital \$20,000 total max	Education reimbursement available to eligible applicants.	Education reimbursement available to eligible applicants.	Reimburses employee for education expenses depending on education plan selected.
PAYROLL DEDUCTIONS	Employee	FT and PT employees	Upon employment	Non-exempt employees may have funds deducted from their paycheck for BCMH Auxiliary purchases, payment of hospital bills, prescriptions, etc.
FEXIBLE SPENDING ACCOUNT	Employee	Full Time Employees	1st of month after completeing 60 days of employment	Maximum \$2700.00 Pre-tax dollars for Medical Expenses. Pay through payroll deduction.
529 COLLEGE SAVINGS	Employee	All Full Time Employees	Upon Employment	Education Funds & Tax Savings.
WORKER'S COMPENSATION	Hospital	All employees	Upon employment	Insurance to provide benefits for job related injuries.
EMPLOYEE ASSISTANCE PROGRAM	Hospital	FT employee, spouse, & dependents	After completion of 90 days of employment	Professional services for legal, financial, family resource, personal, stress, relationships, etc.
BEREAVEMENT LEAVE	Hospital	FT and PT employees	After completion of 90 days of employment	FT-max 3 days for designated relationships. PT-1 day for funeral if scheduled to work
VISION CARE INSURANCE	Employee	Employees regularly scheduled min. of 68 hrs. per pay period	1st of month following 60 days of employment	Vision care coverage with VSP. Spouse & Dependent coverage available.

BATES COUNTY MEMORIAL HOSPITAL

2020 ORGANIZATIONAL CHART



BATES COUNTY MEMORIAL HOSPITAL

DEPARTMENT DIRECTORS/MANAGERS/SUPERVISORS

DEPARTMENT	JOB TITLE	NAME	EXTENSION
ADMINISTRATION	Chief Executive Officer	Greg Weaver	7105
AMBULANCE	Ambulance Supervisor	Russ Whisenand, EMT-P	7107
CARDIO-PULMONARY REHAB	RN Supervisor	Jacque Waite, RN	7129
FINANCE	Chief Financial Officer	Terri Floyd	7101
FINANCE	Director of Finance	Jenny Wainscott	7002
EMERGENCY MANAGEMENT	Emergency Preparedness Coord	Mike Behringer	7541
EMERGENCY DEPARTMENT	RN Supervisor	Troy Trumbore, RN	7119
FAMILY CARE CLINICS	RN Supervisor	Nancy Gardner, RN	7562
HEALTH INFORMATION MGMT	Director of Health Information Mgmt	Doncella Liggins	7028
HUMAN RESOURCES	Director of Human Resources	Adrienne Burkholder	7044
INFECTION CONTROL	RN Infection Control Coordinator	Carmen Matter, RN	7048
INFORMATION SYSTEMS	Director of Information Systems	Daniel Cook	7118
LABORATORY	Director of Laboratory	Joani Boleyn	7040
LEGAL COUNSEL/COMPLIANCE	Attorney/Chief Compliance Officer	Anne Wehage-Zickwolf, JD, RN	7122
NURSING	Chief Nursing Officer	Becky Tarver, RN	7008
NURSING	RN Nurse Manager	Jennifer Klinksick, RN	7222
NUTRITION SERVICES	Nutrition Services Manager	Susan Baptista	7005
OUTPATIENT CLINIC	RN Supervisor	Ann Donnohue, RN	7784
PATIENT ACCESS	Patient Access Supervisor	Stacy Cantrell	7069
PATIENT ACCOUNTS	Director of Patient Accouns	Shauna Dukes	7108
PHARMACY	Director of Pharmacy	Lauren Casey	7034
MAINTENANCE	Director of Plant Operations	Rob Clover	7068
PURCHASING/ENVIRONMENTAL SERVICES	Director of Purchasing/EVS	Arnie Bentley	7039
RADIOLOGY - IMAGING SERVICES	Director of Imaging Services	Chris Pope	7110
REHAB (PT-OT-Speech)	Director of Rehab Services	Scott Ridings, PT	7080
RESPIRATORY CARE	Director of Respiratory Care	Mike Behringer, RRT	7541
SURGERY	RN Supervisor	Kristie McKee, RN	7035
SURGICAL CLINIC	RN Supervisor	Carol Stroud, RN	7659
VOLUNTEERS/CHAPLAINS	Director of Human Resources	Adrienne Burkholder	7044



ADP / PAYROLL



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045

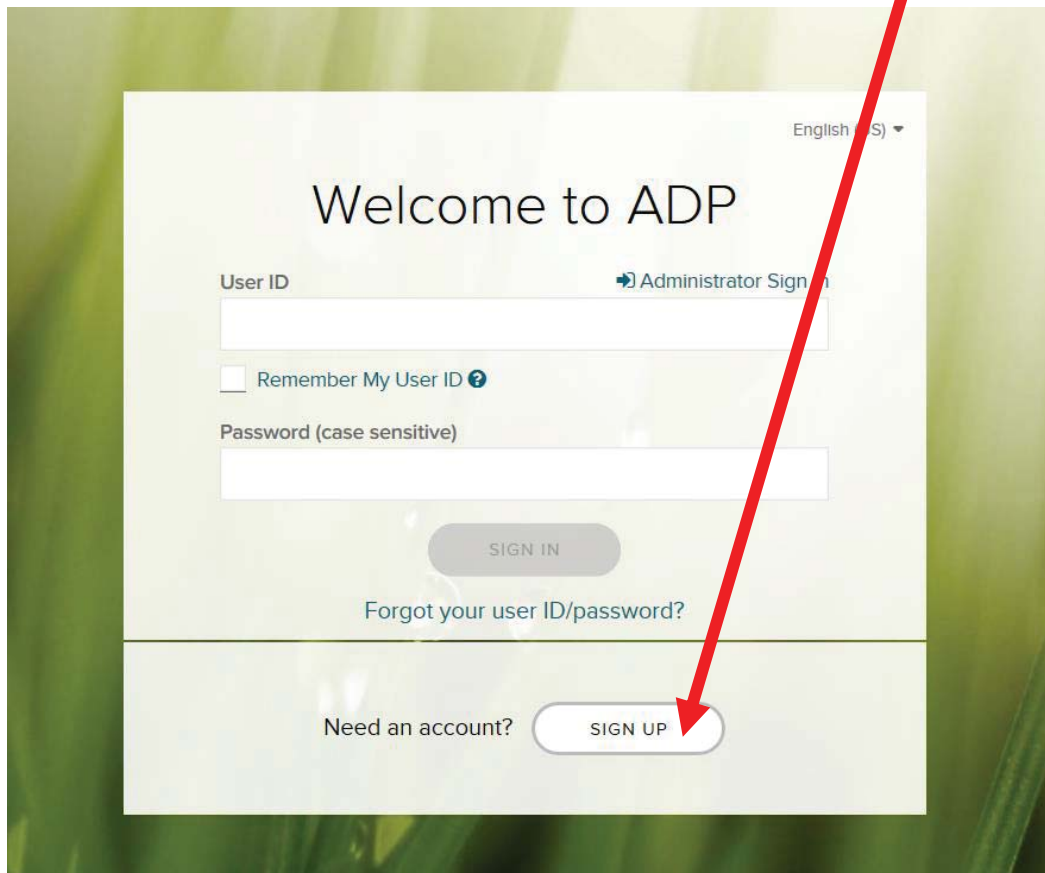
BEFORE YOU CAN TIME IN/OUT ON ADP, YOU MUST COMPLETE ONE-TIME REGISTRATION

Register on a computer – not a time station. Please allow at least 15 minutes to register the first time.

Have paper and pen available to write your password and security questions for your confidential records.

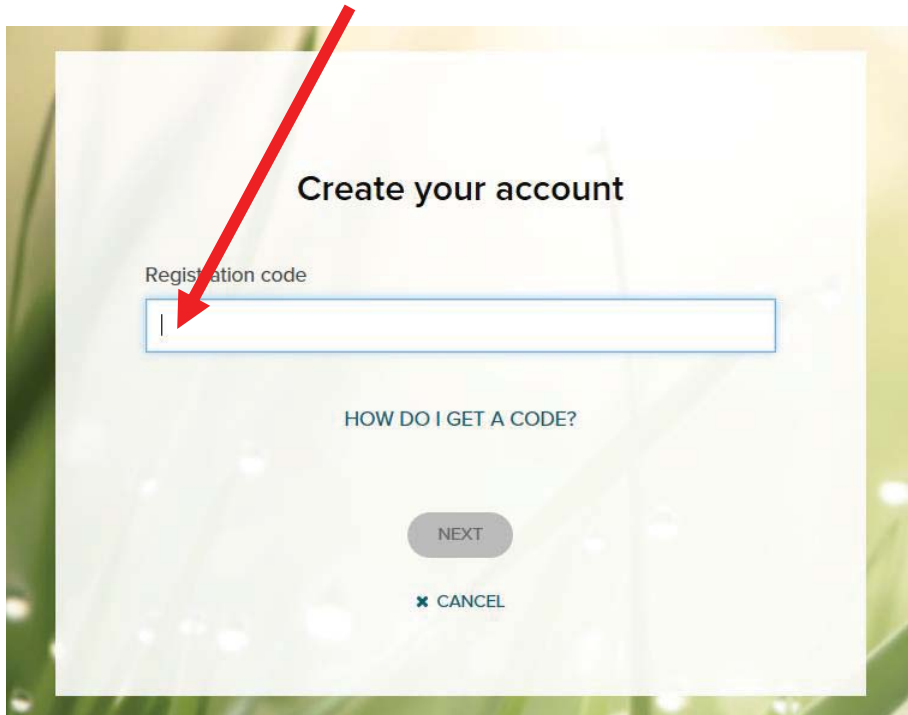
ACCESS THE “ADP” tab on eConnect (located after the RESOURCES tab

From there click on “Need an account? SIGN UP”



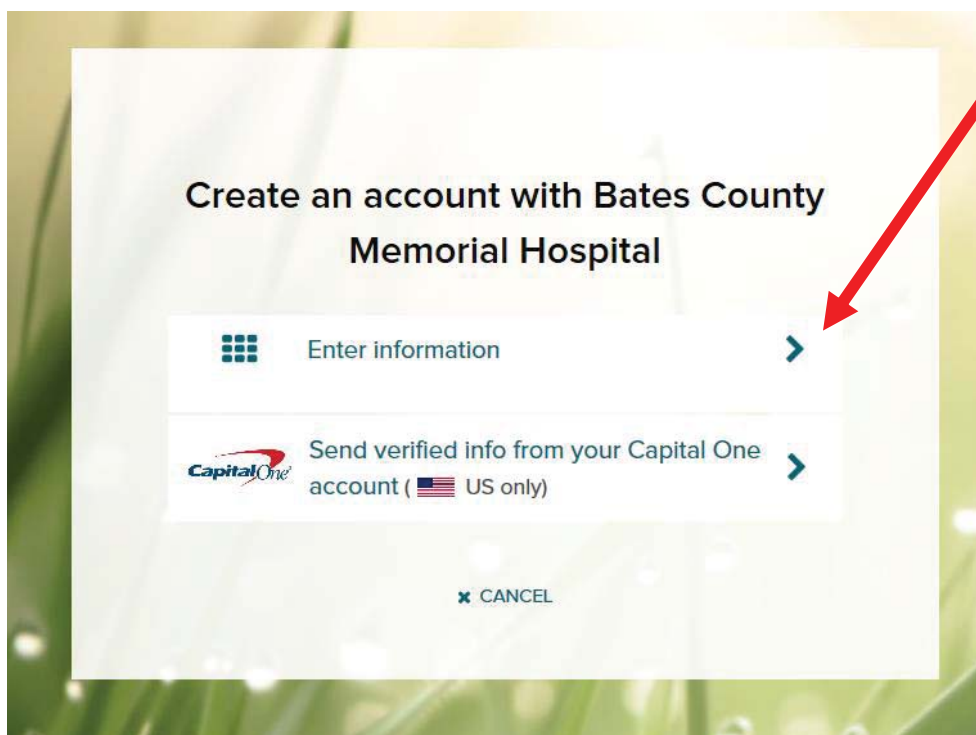
The screenshot shows the ADP login interface. At the top right, there is a language dropdown menu set to "English (US)". The main heading is "Welcome to ADP". Below this, there is a "User ID" field with a "Administrator Sign In" link to its right. A "Remember My User ID" checkbox is located below the User ID field. The "Password (case sensitive)" field is below the checkbox. A "SIGN IN" button is positioned below the password field. Below the "SIGN IN" button is a link that says "Forgot your user ID/password?". At the bottom of the form, there is a "Need an account?" label followed by a "SIGN UP" button. A red arrow points from the text above to the "SIGN UP" button.

On the next screen, type the unique Registration Code assigned to you during orientation.



The screenshot shows a mobile app interface for creating an account. The title is "Create your account". Below it is a text input field labeled "Registration code". A red arrow points to the input field. Below the input field is the text "HOW DO I GET A CODE?". At the bottom are two buttons: "NEXT" and "X CANCEL".

Select **Enter Information** when prompted to select.



The screenshot shows a mobile app interface for creating an account with Bates County Memorial Hospital. The title is "Create an account with Bates County Memorial Hospital". Below it are two options, each with a right arrow: "Enter information" (with a grid icon) and "Send verified info from your Capital One account (US only)" (with the Capital One logo). A red arrow points to the "Enter information" option. At the bottom is a button labeled "X CANCEL".

When you are on the screen to identify YOURSELF:

The screenshot shows the ADP 'Identify yourself' screen. At the top, the ADP logo is on the left, and a green box with the text 'COMPLETE ALL INFORMATION' is on the right. Below the logo, the title 'Identify yourself' is followed by a help icon. The form contains several fields with red arrows pointing to them and callout boxes:

- First name***: A text input field. A red arrow points to it from a callout box labeled 'Type First Name'.
- Last name***: A text input field. A red arrow points to it from a callout box labeled 'Type Last Name'.
- Last 4 Digits of SSN, EIN, or ITIN***: A text input field. A red arrow points to it from a callout box labeled 'Type last 4 digits of SSN'.
- Birth month, day, and year***: Three dropdown menus labeled 'Month', 'Day', and 'Year'. A red arrow points to them from a callout box labeled 'Type complete birthdate using drop down options'.
- I'm not a robot**: A checkbox with a reCAPTCHA logo. A red arrow points to it from a callout box labeled 'Click and follow instructions'.

1. It will ask you for your email. Type your **PERSONAL EMAIL** address.
2. You will be asked to answer questions that are public record.
3. You will then be asked to put in your username:
Username needs to be: **first initial, last name @BCMh**
For example: **sclaus@BCMh**
4. **PASSWORD** – Needs to be something you will remember and keep secure. This gives you access to your earnings statement.
5. **SECURITY QUESTIONS** – Answer and keep confidential.

YOU ARE RESPONSIBLE FOR YOUR PASSWORD PROTECTION –

IF YOU FORGET YOUR PASSWORD –

- You will have to click ***forgot password***.
- A ***temporary password*** will be sent to your hospital email.
- You will be prompted to answer ***security questions***.
- You will type in your new temporary password, then change your password.

**KEEP YOUR PASSWORD AND SECURITY QUESTIONS SOMEWHERE
CONFIDENTIAL...AND IN A LOCATION IN CASE YOU FORGET
THEM.**

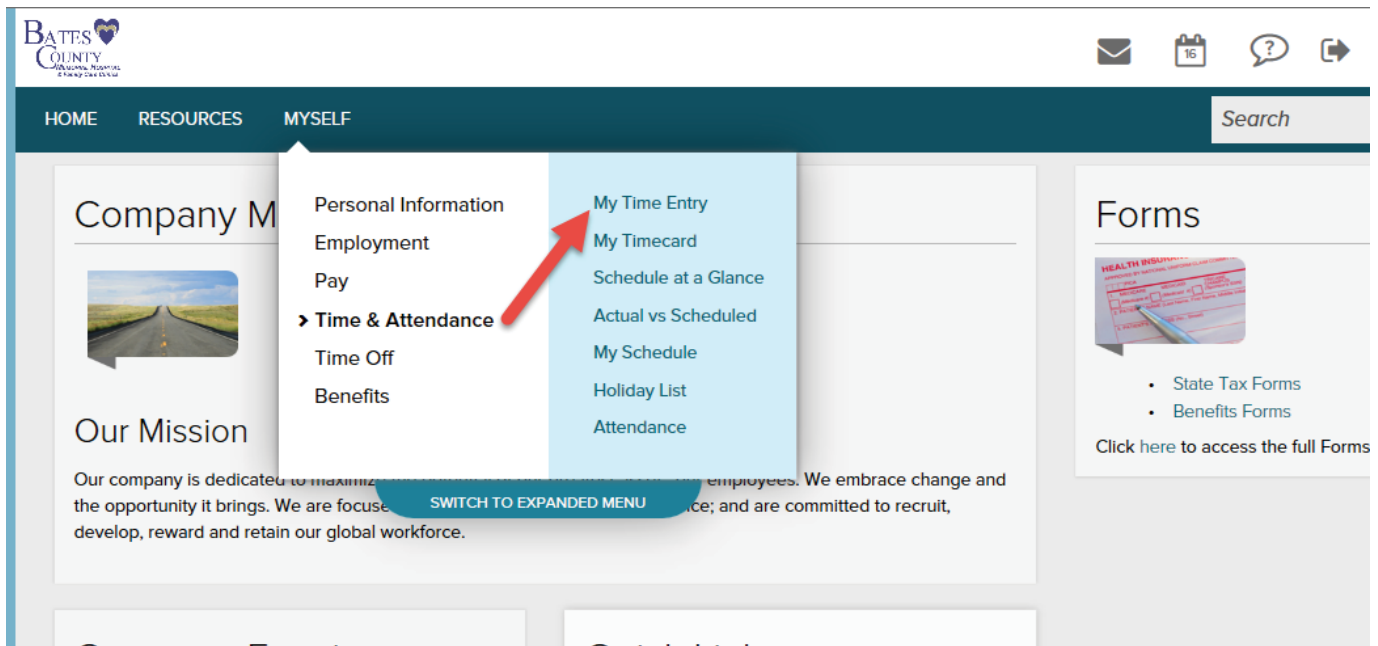
HOW TO TIME IN/OUT ON ADP

The image shows the ADP 'Welcome to ADP' login page. It features a 'User Login' section with fields for 'User ID' and 'Password', and a 'LOG IN' button. To the right, there is an 'Admin Login' link, a 'First Time User?' section with a 'REGISTER HERE' button, and a 'Help Getting Started' link. A language dropdown menu is set to 'English (US)'. A link for 'Forgot Your User ID/Password?' is located below the password field. Three red arrows with text boxes provide instructions: one points to the 'User ID' field with the text 'First initial, last name @ BCMH. For example: sclaus@BCMh'; another points to the 'Password' field with the text 'TYPE THE PASSWORD YOU CREATED'; and a third points to the 'LOG IN' button with the text 'THEN CLICK "/>

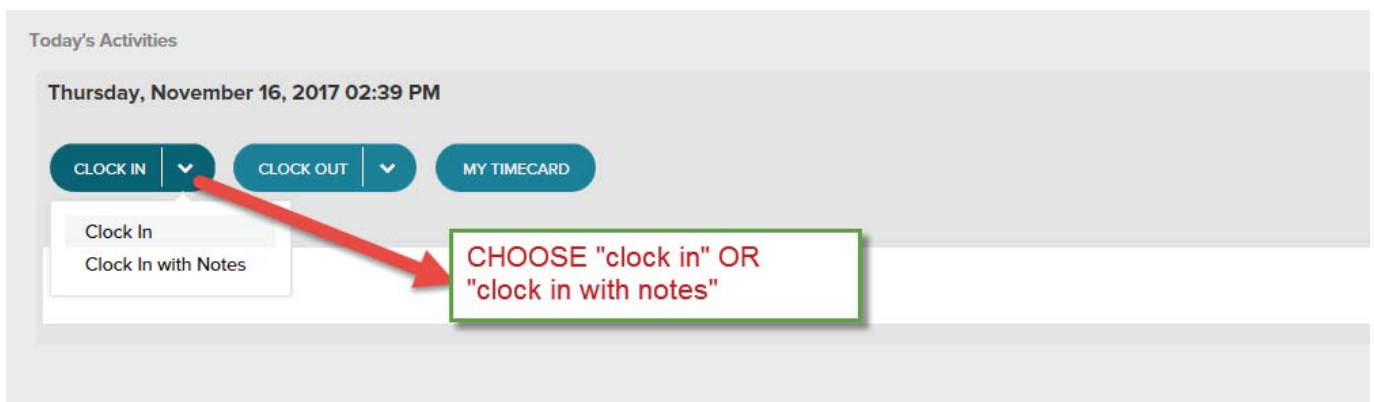
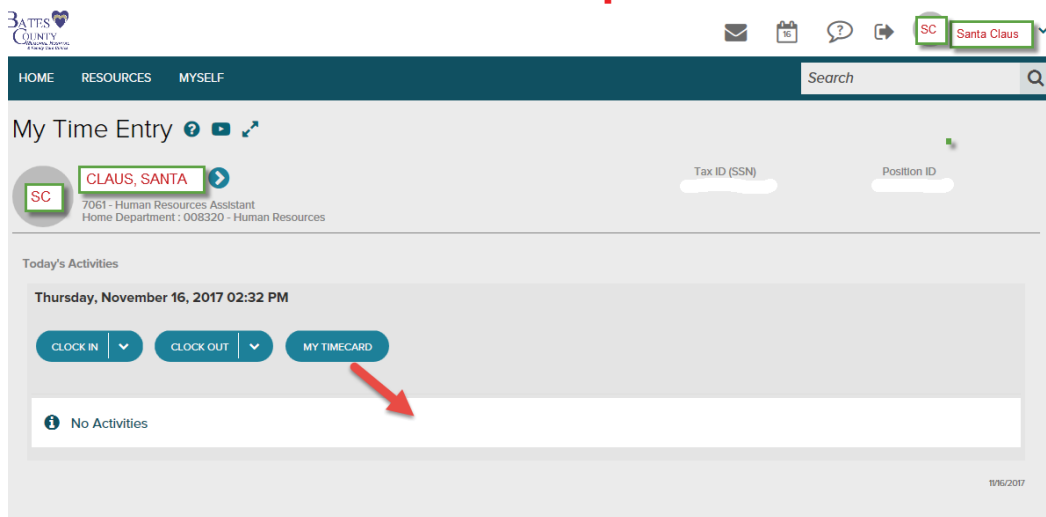
2. CLICK "MYSELF"

The image shows the Bates County website. The top navigation bar includes 'HOME', 'RESOURCES', and 'MYSELF'. A red arrow points from the 'MYSELF' link to a green-bordered box containing the text 'CLICK "/>

3. CLICK “TIME & ATTENDANCE” and “MY TIME ENTRY”



4. CLICK “clock in” OR CLICK drop down arrow and choose....



5. CLICK "My Timecard" to view your time card.

BATES COUNTY
Missouri, Kansas, Nebraska
It's all in the heart

HOME RESOURCES MYSELF Search

My Time Entry ? [video icon] [share icon]

SC **CLAUS, SANTA** →
7061 - Human Resources Assistant
Home Department : 008320 - Human Resources

Tax ID (SSN) Position ID

Today's Activities

Thursday, November 16, 2017 02:32 PM

CLOCK IN | CLOCK OUT | **MY TIMECARD**

CLICK TO VIEW TIME CARD

No Activities

11/16/2017

6. Below is what the time card looks like. You can select the range of dates at the top of the time card and select FIND.

Range of Dates 11/15/2017 11/28/2017 Q FIND APPROVE TIMECARD

WEEK 1		IN - OUT	PAY CODE	HOURS	DEPARTMENT	DAILY TOTALS	REGULAR	OVERTIME
Wed	11/15			0:00	008320	0:00	0:00	0:00
Thu	11/16	02:39 PM		0:00	008320	0:00	0:00	0:00
Fri	11/17					0:00	0:00	0:00
Sat	11/18					0:00	0:00	0:00
Sun	11/19					0:00	0:00	0:00
Mon	11/20					0:00	0:00	0:00
Tue	11/21			0:00	008320	0:00	0:00	0:00
WEEK 1 TOTALS						0:00	0:00	0:00
WEEK 2		IN - OUT	PAY CODE	HOURS	DEPARTMENT	DAILY TOTALS	REGULAR	OVERTIME
Wed	11/22			0:00	008320	0:00	0:00	0:00

Notes
CLAUS
SANTA
Note: This is a Test

click the blue box to see notes

HOW TO REQUEST PAID HOURS OFF

TO REQUEST PAID HOURS OFF, FOLLOW INSTRUCTIONS BELOW. YOUR PHO BALANCE WILL NOT SHOW UNTIL AFTER THE FIRST PAY PERIOD.

The image shows a multi-step process for requesting paid hours off. It includes a navigation menu, a calendar view, and a detailed request form with annotations.

Navigation Menu:

- RESOURCES
- MYSELF
- MY TEAM
- PEOPLE
- PROCESS
- REPORTS
- SETTINGS

Request Time Off Sub-menu:

- Personal Information
- Employment
- Pay
- Time & Attendance
- Time Off**
- Benefits

Time Off Sub-menu Options:

- Request Time Off
- Time Off Balances
- List Of Requests
- Request Carryover

Request Time Off Page:

Select the request dates on the calendar and click the button below.

REQUEST TIME OFF

Balances As Of: 12/27/2017

Time Off Policy: PHO Balance: -8.00

Go to Time Off Balances to see balance details.

My Calendar - December 2017

Sunday	Monday	Tuesday	Wednesday	Thursday
26	27	28 Pay Schedule	29	30
3	4	5	6	7
10	11	12	13	14

Request Time Off Form:

1 Enter a Date Range

Start Day: * mm/dd/yyyy To End Day: * mm/dd/yyyy

2 Enter Request Details

DATE TIME OFF POLICY * AMOUNT * START TIME *

There are currently no records. Select the start and end dates.

Total:

Comments:

Please respond by: mm/dd/yyyy

click SUBMIT

CANCEL SUBMIT

HOW TO CHECK PHO BALANCE

Go to e-Connect and click on
ADP

BCMh e-CONNECT

ATHENA EDUCATION / CARE LEARNING FORMS RESOURCES **ADP** VITAL SIGNS WEBMAIL DEPARTMENTS

THINGS
- click date for details
May 2018
Today

u	We	Th	Fr	Sa
2	3	4	5	
9	10	11	12	
16	17	18	19	
23	24	25	26	
30	31	1	2	
6	7	8	9	

EVENTS & REMINDERS
• No Current Events or Reminders

AccuWeather.com
Butler, MO
Currently: 73°F Cloudy
Hourly Info | 15 Days | Videos
RealFeel®: 72°F
Winds: S at 16 mph

Your Extended Forecast
Today: 77°/69° Mostly cloudy and mild
Tomorrow: 82°/68° A severe thunderstorm

DAILY MENU
Daily Menu
LUNCH: Stuffed Green Pepper, Romano Fish, French Fries, Seasoned Broccoli, Buttered Green Beans, Soup of the Day HEALTHY CHOICE: Romano Fish, Seasoned Broccoli, Cinnamon Applesauce
Tue, May 1, 2018 11:30am - 1:00pm

Type in User ID
and Password
then LOG IN

English (US) ▼

Welcome to ADP

User Login [Admin Login](#)

User ID

Password

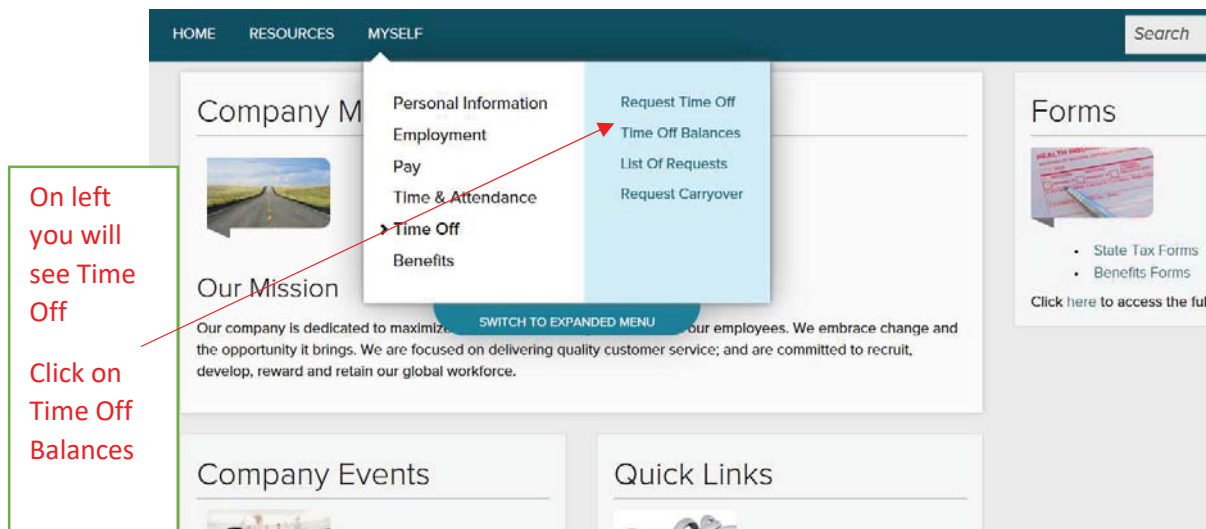
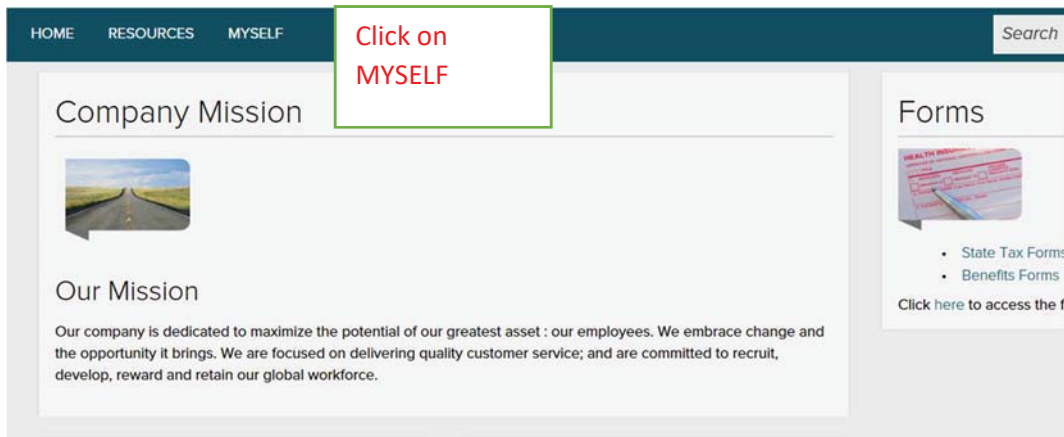
[Forgot Your User ID/Password?](#)

LOG IN

First Time User?

[REGISTER HERE](#)

[Help Getting Started](#)



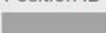
HOME RESOURCES MYSELF ★

Time Off Balances ? ↗

Add to Favs

 **DOE, JOHN** 

Tax ID (SSN) XXX-XX-

Position ID 

i Pending Requests are not included in balances below.
Scheduled and Future Earned amounts only show values that impact the Balances as of date. Click the policy name for details.

Balances As of: 04/16/2020  

TIME OFF P...	CARRYOVER	+	EARNED/AD...	+	FUTURE EA...	-	TAKEN	-	SCHEDULED	=	BALANCE
PHO New	-		327.83 hours		-		131.50 hours		-		196.33 hours

THIS IS A CUMULATIVE TOTAL, WILL INCREASE AS YOU TAKE MORE PHO'S DURING THE YEAR

Current PHO Balance

DOE, JOHN

Tax ID (SSN)
XXX-XX-XXXX

Position ID
RLYOC-XXXX

Information icon Pending Requests are not included in balances below.
Scheduled and Future Earned amounts only show values that impact the Balances as of date. Click the policy name for details.

Balances As of:
04/20/2020

TIME OFF POLICY	CARRYOVER	+ EARNED/ADJUST...	+ FUTURE EARNED	- TAKEN	- SCHEDULED	= BALANCE
PHO New	-	327.83 hours	-	131.50 hours	-	196.33 hours

Click on PHO New

BACK
Time Off Balance Details For DOE, JOHN

Time off Policy
PHO New

Summary Transactions

Balances As of:
04/20/2020

+

0.00 hours

Carryover

Time Off carried over from the previous accrual period

+

41.92 hours

Earned

Time Off earned in the current accrual period through the Balance As Of date

+

285.91 hours

Adjusted

Time Off adjustments made in the current accrual period through the Balance As Of date

-

131.50 hours

Taken

Time Off taken in the current accrual period before the Balance As Of date

CLICK TO SEE THE DETAIL

CLICK ON TO SEE DETAIL

BACK
Time Off Balance Details For DOE, JOHN

Time off Policy
PHO New

Summary Transactions

Transaction Type : Summed Taken... Date Range 02/05/2020 to 04/20/2020
Last Earned Date : 03/31/2020

SHOWS DATE PHO TAKEN AND AMOUNT TAKEN

TRANSACTION DATE	TRANSACTION TYPE	AMOUNT	COMMENTS
03/23/2020	Taken	-8.00 Hours	
03/20/2020	Taken	-8.00 Hours	
03/19/2020	Taken	-8.00 Hours	
03/18/2020	Taken	-8.00 Hours	

70

Pending Schedule

Balances As of 04/20/2020

TIME OFF POLICY

PHO New

BACK

Time Off Balance Details For

DOE, JOHN

Time off Policy

PHO New

Summary

Transactions

>

Transaction Type : Banked...

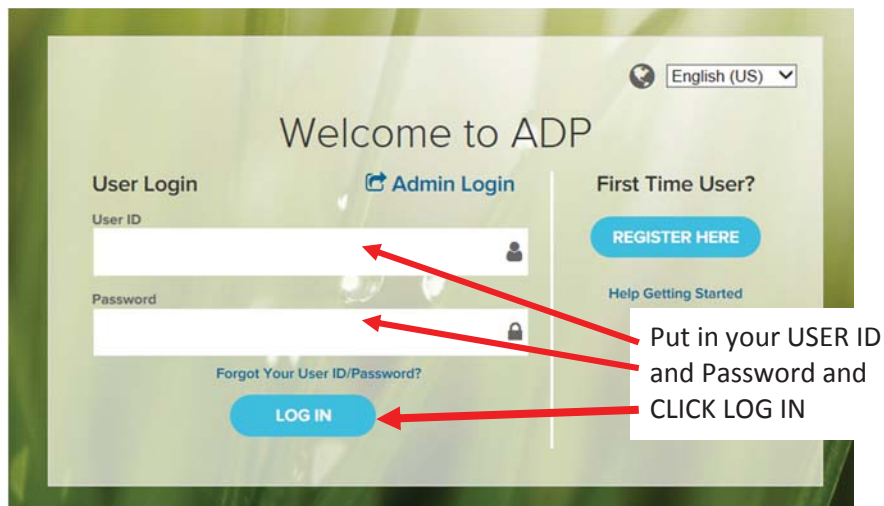
SHOWS AMOUNT OF PHO'S EARNED EACH PAY PERIOD

Date Range 02/05/2020 to 04/20/2020

Last Earned Date : 03/31/2020

TRANSACTION DATE	TRANSACTION TYPE	AMOUNT	COMMENTS
03/31/2020	Earned	10.48 Hours	
03/17/2020	Earned	10.48 Hours	

HOW TO FIND AND PRINT YOUR EARNINGS STATEMENT ON ADP





HOME RESOURCES MYSELF

Click on MYSELF

Company Mission

Our Mission

Our company is dedicated to maximize the potential of our greatest asset : our employees. We embrace change and the opportunity it brings. We are focused on delivering quality customer service; and are committed to recruit, develop, reward and retain our global workforce.



HOME RESOURCES MYSELF

Company M

Our Mission

Our company is dedicated to maximize the potential of our greatest asset : our employees. We embrace change and the opportunity it brings. We are focused on delivering quality customer service; and are committed to recruit, develop, reward and retain our global workforce.

SWITCH TO EXPANDED MENU

Personal Information
Employment
Pay
Time & Attendance
Time Off
Benefits

Personal Accrued Time
Annual Statements
Calculators
Direct Deposits
Tax Withholdings
Pay Statements
Pay Statements

Click on Pay



HOME RESOURCES MYSELF

Search

Pay Statements

JD Doe, Jane

Tax ID (SSN) xxx-xx-0000

Position ID AAA000000

Restart Paper Select Notification Options

View your available pay statements. Click the check image to display the information on the back of the check. Click Show Check to view the individual pay statement. You can view your pay statements as check images (default) or in a table format. Click View as Check Images or View as Table. To view any available adjustments, click Pay Adjustments, then click a pay date to view adjustment details. A pay date may contain one or more adjustments.

☒ Pay Statements ☐ Pay Adjustments

Click on VIEW AS TABLE

VIEW AS TABLE





JANE DOE

HOMERESOURCESMYSELF

Search

Doe, Jane

Tax ID (SSN)
xxx-xx-0000

Position ID
AAA000000

[Restart Paper](#) [Select Notification Options](#)

View your available pay statements. Click the check image to display the information on the back of the check. Click Show Check to view the individual pay statement. You can view your pay statements as check images (default) or in a table format. Click View as Check Images or View as Table. To view any available adjustments, click Pay Adjustments, then click a pay date to view adjustment details. A pay date may contain one or more adjustments.

☒ Pay Statements ☐ Pay Adjustments

VIEW AS CHECK IMAGES (PAY STATEMENTS ONLY)

PAY DATE	CHECK NUMBER	GROSS PAY	NET PAY 1	NET PAY 2	NET PAY 3
01/05/2018	000000000000	1000.00	200.00	100.00	0.00

Click on Date
of Pay Day

CO. FILE DEPT. CLOCK VOHR NO. 020
RLY

BATES COUNTY MEMORIAL HOSPITAL
PO BOX 370
BUTLER, MO 64730

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 6
MO: 2

Earnings Statement



Period Beginning: 12/23/2017
Period Ending: 12/26/2017
Pay Date: 01/05/2018

00000000040

NAME AND ADDRESS

Earnings	rate	hours	this period	year to date
Regular	12.9300	48.75	630.34	630.34
Holiday1	19.3951	12.25	237.59	237.59
Paid Hours Off	12.9300	11.00	142.23	142.23
Gross Pay			\$1,010.16	1,010.16

Other Benefits and Information	this period	total to date
Retirmnt Match	50.51	50.51

Deductions	Statutory		
	Social Security Tax	-53.85	53.85
	Medicare Tax	-12.59	12.59
	MO State Income Tax	-18.00	18.00

Other		
Dental Ins	-7.77*	7.77
Heath Insurance	-133.80*	133.80
Life Insurance	-6.05	6.05
Lincoln 403B	-50.51*	50.51
Pharmacy Ded	-5.00	5.00
Vision Insure	-3.86	3.86

Net Pay	\$718.73
Checking 1	-718.73
Net Check	\$0.00

DOLLAR AMOUNT PUT IN
RETIREMENT MATCH PAID BY
HOSPITAL

DEPOSITED INTO BANK ACCOUNT

* Excluded from federal taxable wages
Your federal taxable wages this period are \$918.08

BATES COUNTY MEMORIAL HOSPITAL
PO BOX 370
BUTLER, MO 64730

Advice number:
Pay date: 01/05/2018

Deposited to the account of
EMPLOYEE NAME
account number
transit ABA
amount
\$718.73



CO. FILE DEPT. CLOCK VCHR. NO. 020
RLY

BATES COUNTY MEMORIAL HOSPITAL
PO BOX 370
BUTLER, MO 64730

Earnings Statement



Period Beginning: 12/23/2017
Period Ending: 12/26/2017
Pay Date: 01/05/2018

00000000040

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 6
MO: 2

NAME AND ADDRESS

Earnings	rate	hours	this period	year to date
Regular	12.9300	48.75	630.34	630.34
Holiday1	19.3951	12.25	237.59	237.59
Paid Hours Off	12.9300	11.00	142.23	142.23
Gross Pay			\$1,010.16	1,010.16

Other Benefits and Information	this period	total to date
Retirmnt Match	50.51	50.51

DOLLAR AMOUNT PUT IN
RETIREMENT MATCH PAID BY
HOSPITAL

Deductions	Statutory	
Social Security Tax	-53.85	53.85
Medicare Tax	-12.59	12.59
MO State Income Tax	-18.00	18.00
Other		
Dental Ins	-7.77*	7.77
Heath Insurance	-133.80*	133.80
Life Insurance	-6.05	6.05
Lincoln 403B	-50.51*	50.51
Pharmacy Ded	-5.00	5.00
Vision Insure	-3.86	3.86
Net Pay	\$718.73	
Checking 1	-718.73	
Net Check	\$0.00	

DEPOSITED INTO BANK ACCOUNT

* Excluded from federal taxable wages

Your federal taxable wages this period are \$818.08

©2006 ADP, LLC

BATES COUNTY MEMORIAL HOSPITAL
PO BOX 370
BUTLER, MO 64730

Advice number:
Pay date: 01/05/2018

Deposited to the account of

EMPLOYEE NAME

account number	transit	ABA	amount
XXXXXXX) ACCT NO	XXXX	XXXX	\$718.73

HOW TO MAKE A NOTE ON TIME CARD

Go to e-Connect
and click on ADP

The screenshot shows the top section of the BCMH e-CONNECT website. At the top is the BCMH e-CONNECT logo. Below it is a blue navigation bar with the following links: ATHENA, EDUCATION / CARE LEARNING, FORMS, RESOURCES, ADP (highlighted with a red arrow), VITAL SIGNS, WEBMAIL, and DEPARTMENTS. Below the navigation bar are three main content areas: TINGS (with a calendar for May 2018), EVENTS & REMINDERS (with a note 'No Current Events or Reminders'), and DAILY MENU (with a list of food items including Stuffed Green Pepper, Romano Fish, French Fries, etc.).

Type in User
ID and
Password

Then LOG IN

The screenshot shows the ADP login page. It has a green background with a blurred image of a plant. The page is titled 'Welcome to ADP'. There are two main sections: 'User Login' and 'First Time User?'. The 'User Login' section has fields for 'User ID' and 'Password', a 'Forgot Your User ID/Password?' link, and a 'LOG IN' button. The 'First Time User?' section has a 'REGISTER HERE' button and a 'Help Getting Started' link. There is also an 'Admin Login' link and a language dropdown menu set to 'English (US)'.



The screenshot shows the Bates County Hospital & Family Care Center website. The top navigation bar has links for HOME, RESOURCES, and MYSELF (highlighted with a red arrow). A green box with the text 'Click on MYSELF' points to the MYSELF link. Below the navigation bar is the 'Company Mission' section, which includes a photo of a road and the text 'Our Mission'. The mission statement reads: 'Our company is dedicated to maximize the potential of our greatest asset : our employees. We embrace change and the opportunity it brings. We are focused on delivering quality customer service; and are committed to recruit, develop, reward and retain our global workforce.'

BATES COUNTY
Affordable Housing & Family Care Clinics

HOME RESOURCES MYSELF

Time Off Balance

Pending and Scheduled requests

Balances listed below are calculated as of 4/18/2018

TIME OFF POLICY

PHO

- Personal Information
- Employment
- Pay
- Time & Attendance
 - Time Off
 - Benefits

- My Time Entry
- My Timecard**
- Actual vs Scheduled
- My Schedule
- Holiday List
- Attendance

SWITCH TO EXPANDED MENU

On left side of drop down box you will see Time & Attendance and on right side you will see My Timecard

Click on My Timecard

Find date on time card that you want to leave your supervisor a note on.

Click on left side you will see

Click on box and drop down will let you choose to Add Note

HOME RESOURCES MYSELF

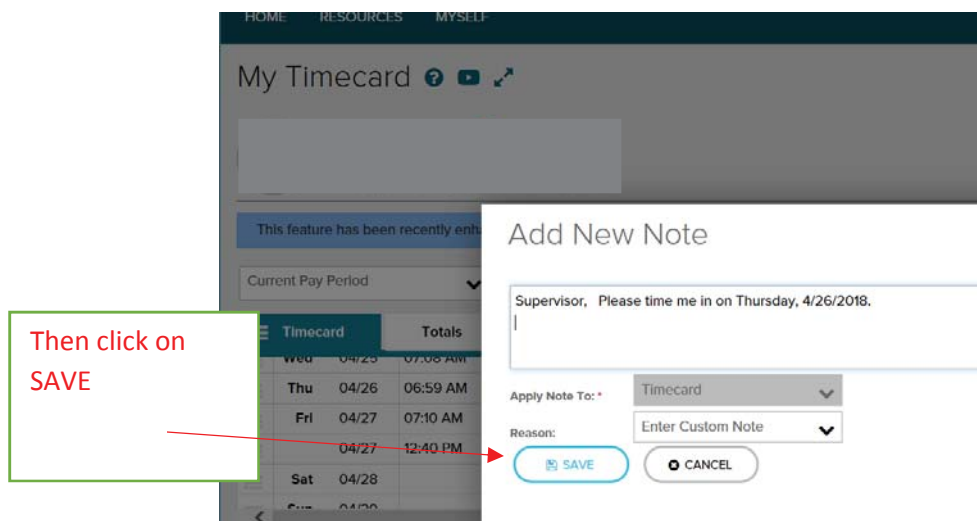
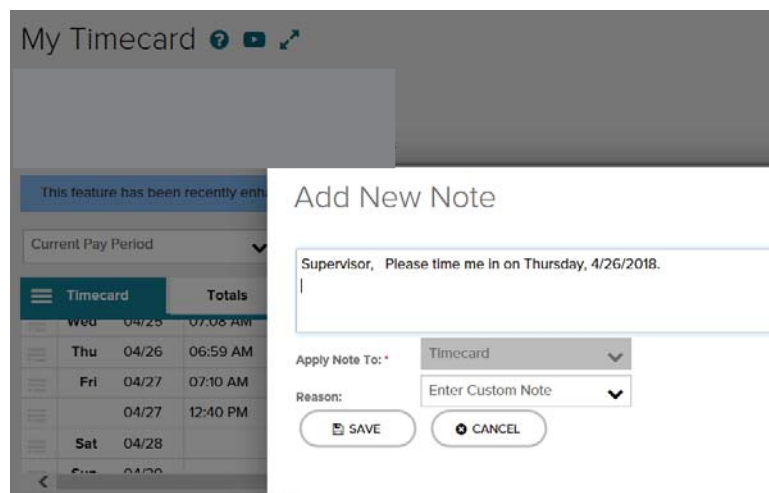
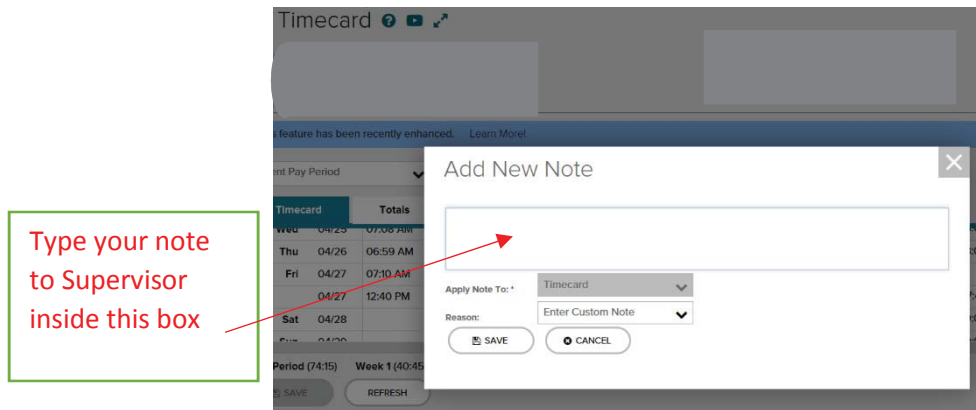
My Timecard

This feature has been recently enhanced. [Learn More!](#)

Current Pay Period: 4/18/2018 - 5/1/2018 [FIND](#)

		Totals	Schedule	Time Off Balances
		07:08 AM - 03:10 PM		8:00 008320
		07:59 AM - 03:04 PM		8:00 008320
Fri	04/27	07:10 AM - 12:07 PM		4:45 008320
	04/27	12:40 PM - 03:41 PM		3:00 008320
Sat	04/28	-		0:00 008320
Sun	04/29	-		0:00 008320

Pay Period (74:15) Week 1 (40:45) Week 2 (33:30)



BATES COUNTY MEMORIAL HOSPITAL			
2022 PAY DATES			
<u>Pay Period</u>	<u>Pay Period Start Date</u>	<u>Pay Period End Date</u>	<u>Pay Date</u>
2201	Wednesday, December 22, 2021	Tuesday, January 4, 2022	Friday, January 14, 2021
2202	Wednesday, January 5, 2022	Tuesday, January 18, 2022	Friday, January 28, 2022
2203	Wednesday, January 19, 2022	Tuesday, February 1, 2022	Friday, February 11, 2022
2204	Wednesday, February 2, 2022	Tuesday, February 15, 2022	Friday, February 25, 2022
2205	Wednesday, February 16, 2022	Tuesday, March 1, 2022	Friday, March 11, 2022
2206	Wednesday, March 2, 2022	Tuesday, March 15, 2022	Friday, March 25, 2022
2207	Wednesday, March 16, 2022	Tuesday, March 29, 2022	Friday, April 8, 2022
2208	Wednesday, March 30, 2022	Tuesday, April 12, 2022	Friday, April 22, 2022
2209	Wednesday, April 13, 2022	Tuesday, April 26, 2022	Friday, May 6, 2022
2210	Wednesday, April 27, 2022	Tuesday, May 10, 2022	Friday, May 20, 2022
2211	Wednesday, May 11, 2022	Tuesday, May 24, 2022	Friday, June 3, 2022
2212	Wednesday, May 25, 2022	Tuesday, June 7, 2022	Friday, June 17, 2022
2213	Wednesday, June 8, 2022	Tuesday, June 21, 2022	Friday, July 1, 2022
2214	Wednesday, June 22, 2022	Tuesday, July 5, 2022	Friday, July 15, 2022
2215	Wednesday, July 6, 2022	Tuesday, July 19, 2022	Friday, July 29, 2022
2216	Wednesday, July 20, 2022	Tuesday, August 2, 2022	Friday, August 12, 2022
2217	Wednesday, August 3, 2022	Tuesday, August 16, 2022	Friday, August 26, 2022
2218	Wednesday, August 17, 2022	Tuesday, August 30, 2022	Friday, September 9, 2022
2219	Wednesday, August 31, 2022	Tuesday, September 13, 2022	Friday, September 23, 2022
2220	Wednesday, September 14, 2022	Tuesday, September 27, 2022	Friday, October 7, 2022
2221	Wednesday, September 28, 2022	Tuesday, October 11, 2022	Friday, October 21, 2022
2222	Wednesday, October 12, 2022	Tuesday, October 25, 2022	Friday, November 4, 2022
2223	Wednesday, October 26, 2022	Tuesday, November 8, 2022	Friday, November 18, 2022
2224	Wednesday, November 9, 2022	Tuesday, November 22, 2022	Friday, December 2, 2022
2225	Wednesday, November 23, 2022	Tuesday, December 6, 2022	Friday, December 16, 2022
2226	Wednesday, December 7, 2022	Tuesday, December 20, 2022	Friday, December 30, 2022



MEDICAL



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045

Bates County Memorial Hospital

2022 Health Insurance Benefit Options

BENEFITS

Full-Time Definition
Eligibility for Health Plan

LOW DEDUCTIBLE

30 hours / week
30 hours / week

MIDDLE DEDUCTIBLE

30 hours / week
30 hours / week

HIGH DEDUCTIBLE

30 hours / week
30 hours / week

DEDUCTIBLES

Deductible at BCMH

Deductible IN NETWORK

*AETNA

Deductible OUT-OF-NETWORK

Individual/Family

\$0

\$1,000 / \$2,000

\$1,500 / \$3,000

Individual/Family

\$0

\$1,500 / \$3,000

\$2,000 / \$4,000

Individual/Family

\$0

\$2,000 / \$4,000

\$3,000 / \$6,000

COINSURANCE

Coinsurance at BCMH

Coinsurance IN-NETWORK

Coinsurance OUT-OF-NETWORK

90%

80% after deductible

50% after deductible

90%

80% after deductible

50% after deductible

90%

80% after deductible

50% after deductible

OUT-OF-POCKET MAXIMUMS (INCLUDES DEDUCTIBLE)

OOP Maximum at BCMH

OOP Maximum IN-NETWORK

OOP Maximum OUT-OF-NETWORK

\$1,500 / \$3,000

\$3,000 / \$6,000

\$6,000 / \$12,000

\$2,400 / \$4,800

\$4,500 / \$9,000

\$8,000 / \$16,000

\$3,000 / \$6,000

\$6,000 / \$12,000

\$12,000 / \$24,000

PREVENTIVE CARE: INCLUDES:

WELL CHILD CARE
ANNUAL WELL WOMAN EXAM
IMMUNIZATIONS/VACCINATIONS
MAMMOGRAM
ROUTINE ANNUAL PHYSICAL
PROSTATE EXAMS
COLONOSCOPY

At BCMH

IN-NETWORK

OUT-OF-NETWORK

100%

100%

No Coverage

100%

100%

No Coverage

100%

100%

No Coverage

PRESCRIPTION COVERAGE

ELIXIR

ELIXIR

ELIXIR

Bates County Memorial Hospital
2022 Health / Dental / Vision Insurance Premiums

Employee Contributions Per Pay Period

NO DEDUCTIBLE FOR HOSPITAL/FCC CLINIC CLAIMS (domestic claims)

AETNA NETWORK

FAMILY DEDUCTIBLE and OUT-OF-NETWORK DEDUCTIBLE increases based on coverage

	2022 HEALTH PLAN	2022 DENTAL PLAN	2022 VISION	2022 MONTHLY COBRA HEALTH	2022 MONTHLY COBRA DENTAL	2022 MONTHLY COBRA VISION
\$1,000 IN-NETWORK DEDUCTIBLE						
Employee	\$ 117.96	\$ 4.20	\$ 4.00	\$ 1,475.77	\$ 43.99	\$ 8.77
Employee + Spouse	\$ 271.21	\$ 10.50	\$ 6.35	\$ 3,027.57	\$ 89.32	\$ 14.05
Employee + Children	\$ 235.93	\$ 8.93	\$ 6.50	\$ 2,620.09	\$ 77.34	\$ 14.33
Family	\$ 385.87	\$ 14.96	\$ 10.50	\$ 4,376.76	\$ 132.41	\$ 23.11
\$1,500 IN-NETWORK DEDUCTIBLE						
Employee	\$ 97.02			\$ 1,374.48		
Employee + Spouse	\$ 218.08			\$ 2,799.62		
Employee + Children	\$ 192.94			\$ 2,417.46		
Family	\$ 310.91			\$ 4,045.21		
\$2,000 IN-NETWORK DEDUCTIBLE						
Employee	\$ 84.89			\$ 1,288.01		
Employee + Spouse	\$ 190.73			\$ 2,623.52		
Employee + Children	\$ 154.35			\$ 2,265.37		
Family	\$ 270.11			\$ 3,886.95		



2022 Election to Participate

For Bates County Memorial Hospital Section 125 – Health/Dental Insurance Effective Plan Year January 1, 2022

Employee Name: _____

As an eligible employee in the above plan, I acknowledge that I have received the Summary Plan Description for the Health/Dental Plan. I have read the Summary Plan Description and understand the benefits available to me as well as the rights and obligations which I have under the plan.

In accordance with my rights under the Plan, I have elected health/dental benefits. The Employer and I agree that my cash compensation will be redirected pre-tax by the insurance premium for each pay period and plan year (or during such portion of the year as remains after the date of this agreement). On the appropriate benefit enrollment form(s), I have enrolled for Health and Dental Coverage.

I understand that:

- In lieu of specific dollar amounts, I hereby elect insurance coverage and authorize pre-tax salary redirections in the amounts of current premiums being charged.
- If my required contributions to pay premiums for the elected benefits are increased or decreased while this agreement remains in effect, my compensation redirection will automatically be adjusted to reflect that increase or decrease.
- I cannot change or revoke any of my elections or this compensation redirection agreement at any time during the Plan Year unless I have a "change in status" and the election change is consistent with the "change in status," this means: marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, change in my or my spouse's employment status from full-time to part-time or from part-time to full-time, my spouse or I taking an unpaid leave of absence, a substantial change in my family's health coverage due to a change in my spouse's employer-sponsored health coverage, or such other events as the Plan Administrator determines will permit a change or revocation of an election.
- The Plan Administrator may redirect or cancel my compensation redirection or otherwise modify this agreement in order to satisfy certain provisions of the Internal Revenue Code.
- The redirection in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefit programs maintained by Bates County Memorial Hospital.
- Prior to the first day of each Plan Year I will be offered the opportunity to change my benefit elections for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having not elected to continue my benefit elections for the new Plan Year.
- Upon retirement, my Social Security benefits may be slightly reduced due to the reduction of my taxable income.

This Agreement is subject to the terms of the Employer's Health/Dental Section 125 Plan, as amended from time to time in effect, shall be governed by and construed in accordance with applicable laws, shall take effect as a sealed instrument under applicable laws, and revokes any prior election and compensation redirection agreement relating to such Plan.

By _____
Employee's Signature

Date

Bates County Memorial Hospital

2022 HEALTH INSURANCE ELECTION

I understand that by completing this form I am electing a deductible level and coverage status for HEALTH insurance through the hospital's group plan. I understand my coverage status (i.e., Employee, Employee/Spouse, Employee/Children, or Family) remains in effect until make a change during Open Enrollment or within 30 days of a qualifying event.

EFFECTIVE DATE: _____

Check One:

- ☐ EMPLOYEE
- ☐ EMPLOYEE + SPOUSE
- ☐ EMPLOYEE + CHILDREN
- ☐ FAMILY

Check One:

HEALTH INSURANCE

- ☐ **LOW DEDUCTIBLE PLAN**
\$0 (BCMH/CLINICS)
\$1,000 / \$2,000 (IN-Network – AETNA)
\$1,500 / \$3,000 (OUT-of-Network)

- ☐ **MEDIUM DEDUCTIBLE PLAN**
\$0 (BCMH/CLINICS)
\$1,500 / \$3,000 (IN-Network - AETNA)
\$2,000/ \$4,000 (OUT-of-Network)

- ☐ **HIGH DEDUCTIBLE PLAN**
\$0 (BCMH/CLINICS)
\$2,000/ \$4,000 (IN-Network – AETNA)
\$3,000/ \$6,000 (OUT-of-Network)

- ☐ **DECLINE COVERAGE** - I HEREBY DECLINE THE OPPORTUNITY TO OBTAIN HEALTH INSURANCE THROUGH BATES COUNTY MEMORIAL HOSPITAL.

Bi-Weekly Premium

\$117.96 Employee Only
\$271.21 Employee/Spouse
\$235.93 Employee/Children
\$385.87 Family

\$ 97.02 Employee Only
\$218.08 Employee/Spouse
\$192.94 Employee/Children
\$310.91 Family

\$ 84.89 Employee Only
\$190.73 Employee/Spouse
\$154.35 Employee/Children
\$270.11 Family

I hereby acknowledge I have been informed of the options available to me for health insurance coverage for myself, spouse, and my dependents through Bates County Memorial Hospital. I understand should there be a qualifying event during the year, I may be eligible to apply for health insurance through the BCMH group plan or change my coverage within 30 days of the qualifying event, by completing enrollment forms and providing documentation of loss of coverage. Submit all documents to the Director of Human Resources.

Employee Printed Name

SSN

Date

Employee Signature





HEALTH/DENTAL ENROLLMENT / CHANGE FORM BATES COUNTY MEMORIAL HOSPITAL

EFFECTIVE DATE

ENROLLMENT ☐ NEW ENROLLMENT ☐ WAIVER ☐ RE-ENROLLMENT		STATUS CHANGE / CHANGE OF COVERAGE ☐ NAME CHANGE ☐ ADDITION OF DEPENDENTS ☐ TERMINATION OF DEPENDENTS ☐ COVERAGE CHANGE ☐ TERMINATION OF EMPLOYEE & DEPENDENT COVERAGE ☐ CHANGE OF PRIMARY CARE PHYSICIAN DESIGNATION ☐ OTHER _____									
SOCIAL SECURITY NUMBER		HOME PHONE NUMBER		WORK PHONE NUMBER		DATE OF HIRE		MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED		MEDICAL PLAN: ☐ LOW OPTION ☐ MIDDLE OPTION ☐ HIGH OPTION	
EMPLOYEE NAME (FIRST, MI, LAST)		EMPLOYEE ADDRESS STREET		CITY		STATE		ZIP		TYPE OF COVERAGE: ☐ SINGLE ☐ EE+SP ☐ EE+CHILD (REN) ☐ FAMILY	
RELATIONSHIP	NAME (LAST, FIRST, MI)		DATE OF BIRTH	SFX	SOCIAL SECURITY NUMBER		MEDICAL INSURANCE SELECTION		SPECIAL STATUS		
SELF							☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
	COMPLETE INFORMATION IN THIS SECTION FOR WHOMEVER YOU WANT ON HEALTH INSURANCE				ALSO PROVIDE COPIES OF SOCIAL SECURITY CARDS		☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
							☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
							☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
							☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
							☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
							☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
							☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
							☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
DENTAL INSURANCE SELECTION			DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER		TYPE OF COVERAGE: ☐ SINGLE ☐ EE+SP ☐ EE+CHILD (REN) ☐ FAMILY				
SELF	COMPLETE INFORMATION IN THIS SECTION FOR WHOMEVER YOU WANT ON DENTAL INSURANCE						☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE		
					☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE				
					☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE				
					☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE				
					☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE				

					☐ DENTAL COVERAGE	☐ STUDENT ☐ DISABLED ☐ MEDICARE
--	--	--	--	--	--	--



EFFECTIVE DATE

OTHER INSURANCE COVERAGE / MEDICARE Are you, your spouse or dependent children eligible and/or enrolled in another medical plan(s)?

☐ Yes ☐ No If yes, indicate other health plan.

NAME OF INSURED WITH OTHER COVERAGE (LAST, FIRST, MI)	SOC SEC NO	DATE OF BIRTH	OTHER INSURANCE CARRIER / PLAN ADDRESS	EFFECTIVE DATE	EXPIRATION DATE

EMPLOYER NAME	WHO IS COVERED? CHECK ALL THAT APPLY ☐ INSURED ☐ SPOUSE ☐ CHILDREN	COVERAGE INCLUDES: HEALTH ☐ YES ☐ NO DENTAL ☐ YES ☐ NO VISION ☐ YES ☐ NO
---------------	--	---

MEDICARE EMPLOYEE: ☐ MEDICARE A ☐ MEDICARE B	MEDICARE DEPENDENT: ☐ MEDICARE A ☐ MEDICARE B
--	---

COVERAGE / CHANGE OF COVERAGE / AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby request coverage and authorize deductions, if any, from my pay for my portion of the cost of the benefits to which I may be entitled under this plan. I understand that it is my responsibility to report to the plan any changes in eligibility of my dependents or myself. I hereby authorize any provider of health care services, claim administrators, insurers, reinsurers, and others who have a legitimate need for such information for the purpose of review, investigation, or evaluation of a claim, to supply each other with information about my health status and health care services provided to me. I agree that a photographic copy of this authorization is as valid as the original.

EMPLOYEE SIGNATURE

DATE



A Member's Guide To Registering on myTrustmarkBenefits.com

Health Benefits

Trustmark
benefits beyond benefits

To register as a member on myTrustmarkBenefits.com for the first time, you will need to follow these steps:

Step One: Create an Account

Go to **myTrustmarkBenefits.com** and select the **Create Your Account** button under the Participant section. Each plan member will need to create their own account.

The screenshot shows the Trustmark Health Benefits website. At the top is the Trustmark logo with the tagline 'benefits beyond benefits'. Below the logo is a dark blue header with 'Trustmark Health Benefits'. The main content area is divided into two columns. The left column is titled 'Log in' and contains fields for 'Username' and 'Password', with links for 'Forgot your password?' and 'Forgot your username?'. The right column is titled 'Register' and contains four sections: 'Participant' (Find a doctor, check claim status, manage your health and more.), 'Broker' (Keep tabs on your clients' plan and access reports.), 'Employer/Client' (Manage employee coverage and eligibility, view claims and view reports.), and 'Provider' (Check the status of your patients' claims and confirm their eligibility history.). Each section has a 'CREATE YOUR ACCOUNT' button. A large red arrow points from the 'Log in' section to the 'Participant' 'CREATE YOUR ACCOUNT' button. At the bottom, there is a 'Find a Doctor' section with logos for Aetna, Cigna, MultiPlan, and a cross logo. To the right of this section are links for 'Customer Service', 'Registration Guide', 'Trustmark Health Benefits Information', 'Privacy Statement', 'System Requirements', 'Trustmark-IL.com', and '800.832.3332'. The footer contains copyright information for 2019 and a statement that self-funded plans are administered by Trustmark Health Benefits, Inc.

Note: If at any time, you forget your username or password, you can select the appropriate link under the login button on the home page, and then follow the prompts.

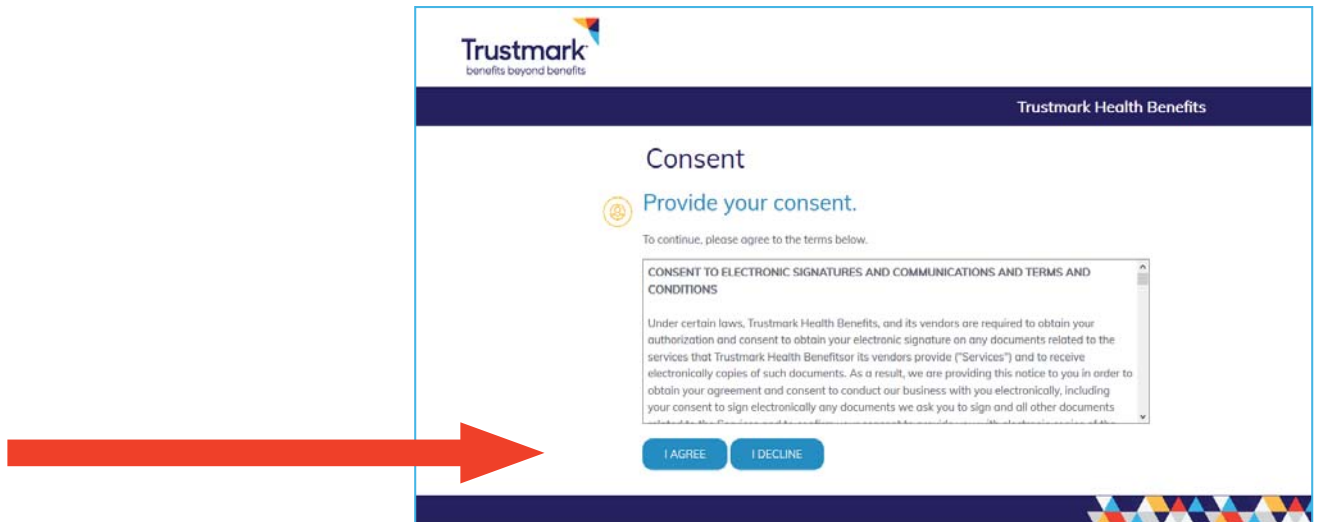
Step Two: Activation

- Enter the required fields with information from your ID card.
- Click **Next**.

The screenshot shows the Trustmark Health Benefits activation page. At the top is the Trustmark logo with the tagline 'benefits beyond benefits'. Below the logo is a dark blue header with 'Trustmark Health Benefits'. The main content area is titled 'Activation' and 'Let's get started!'. Below this is a note: 'To keep this simple, all of the fields below are required.' There are five input fields: 'Your Member ID or SSN' (with a question mark icon), 'Your Last Name' (with 'Sample' as placeholder text), 'Your ZIP/Postal Code' (with '12345' as placeholder text), and 'Your Date of Birth' (with '01/01/1970' as placeholder text). A 'NEXT' button is at the bottom. To the right of the input fields is a graphic of a Trustmark ID card. The ID card has a 'Client Logo' section with 'Client Logo', 'Group #', and 'Member ID' fields. It also has a 'Medical Plan' section with 'Dependent Coverage: No', 'Network Logo', and 'Rx Logo' fields. A red arrow points from the left to the 'Your Member ID or SSN' field, and another red arrow points from the left to the 'NEXT' button.

Step Three: Provide Your Consent

Click "I agree" to accept the consent to electronic signatures and communications and terms and conditions.



The screenshot shows the 'Consent' page of the Trustmark Health Benefits portal. At the top, the Trustmark logo and 'benefits beyond benefits' tagline are on the left, and 'Trustmark Health Benefits' is on the right. The main heading is 'Consent', followed by a sub-heading 'Provide your consent.' and a small icon. Below this, a text prompt says 'To continue, please agree to the terms below.' A scrollable box contains the 'CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS'. At the bottom of the page, there are two buttons: 'I AGREE' and 'I DECLINE'. A large red arrow points from the left towards the 'I AGREE' button.

Trustmark
benefits beyond benefits

Trustmark Health Benefits

Consent

Provide your consent.

To continue, please agree to the terms below.

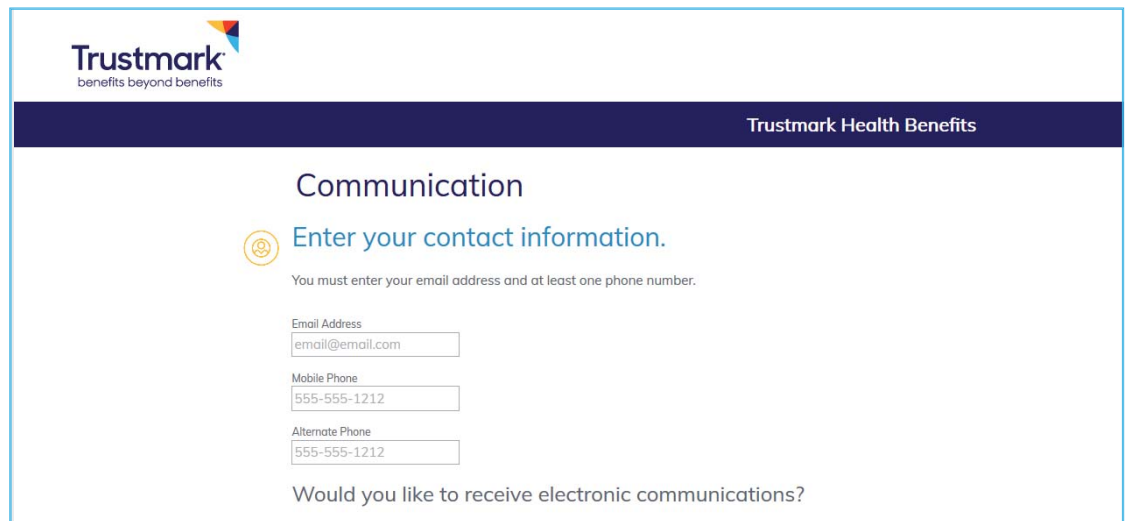
CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS

Under certain laws, Trustmark Health Benefits, and its vendors are required to obtain your authorization and consent to obtain your electronic signature on any documents related to the services that Trustmark Health Benefits or its vendors provide ("Services") and to receive electronically copies of such documents. As a result, we are providing this notice to you in order to obtain your agreement and consent to conduct our business with you electronically, including your consent to sign electronically any documents we ask you to sign and all other documents

I AGREE I DECLINE

Step Four: Contact Information

Enter your contact information in the fields below. You must enter your email address and at least one phone number.



The screenshot shows the 'Communication' page of the Trustmark Health Benefits portal. At the top, the Trustmark logo and 'benefits beyond benefits' tagline are on the left, and 'Trustmark Health Benefits' is on the right. The main heading is 'Communication', followed by a sub-heading 'Enter your contact information.' and a small icon. Below this, a text prompt says 'You must enter your email address and at least one phone number.' There are three input fields: 'Email Address' (with placeholder 'email@email.com'), 'Mobile Phone' (with placeholder '555-555-1212'), and 'Alternate Phone' (with placeholder '555-555-1212'). At the bottom, there is a question: 'Would you like to receive electronic communications?'.

Trustmark
benefits beyond benefits

Trustmark Health Benefits

Communication

Enter your contact information.

You must enter your email address and at least one phone number.

Email Address
email@email.com

Mobile Phone
555-555-1212

Alternate Phone
555-555-1212

Would you like to receive electronic communications?



Step Five: Verification

- Click "Start" next to the communication method you would like to verify and a code will be sent to the email address or mobile phone number you provided.
- Enter the verification code in the indicated field.
- Click "Next" to continue

Trustmark
benefits beyond benefits

Trustmark Health Benefits

Verification

We will need to verify your information before continuing.

Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Email Address **START!**

Mobile Phone **START!**

Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Please enter the verification code that has been sent to your Mobile Phone in the field below.

Email Address **START**

Mobile Phone **START**

Verification Code **VERIFY**

Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

✓ Your code is correct! Click 'Next' below to continue.

Email Address

Mobile Phone

NEXT

Step Six: Personalization

Create your profile by choosing a user name and password. Answer three security questions and click "Next."

Trustmark
benefits beyond benefits

Trustmark Health Benefits

Personalization

Create your profile.

User Name

Password (At least 8 characters) ?

Re-enter Password

Confirm password

Let's keep this secure — answer these 3 security questions.

Remember your answers as you will use these questions in the future if you forget your password!

Select a security question Enter your answer

Select a security question Enter your answer

Select a security question Enter your answer

NEXT

Expect **more.**
Benefit more.

Once you're registered on this site, please be sure to bookmark it as a favorite, and return directly to myTrustmarkBenefits.com for all future visits.

Access Your ID Card Online

Did you know that you don't need your physical ID card to use your health benefits?

You can access your Trustmark ID card anytime, from anywhere (including your doctor's office) via:



myTrustmarkBenefits.com portal

or



myTrustmarkBenefits mobile app

You Don't Have to Wait

You don't have to wait for your Trustmark ID card to arrive in the mail. You can easily access your card digitally in seconds following the steps below.

Using myTrustmarkBenefits.com Portal

► Step 1:

Go to **myTrustmarkBenefits.com** and log in. If you've never used the portal before, you will have to complete a quick one-time registration process.

Log in here

Register here

The screenshot shows the Trustmark Health Benefits portal. On the left is a 'Log in' section with fields for 'Username' and 'Password', a 'SUBMIT' button, and links for 'Forgot your password?' and 'Forgot your username?'. On the right is a 'Register' section with three options: 'Participant' (Find a doctor, check claim status, manage your health and more.), 'Employer/Client' (Manage employee coverage and eligibility, view claims and view reports.), and 'Broker' (Keep tabs on your clients' plan and access reports.). Each option has a 'CREATE YOUR ACCOUNT' button. A red box highlights the 'Log in' section, and another red box highlights the 'Register' section. A red dotted arrow points from the 'Log in here' text to the 'Log in' section, and another red dotted arrow points from the 'Register here' text to the 'Register' section.

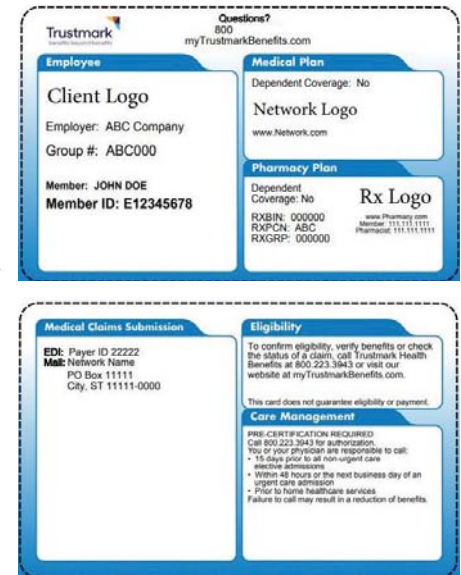
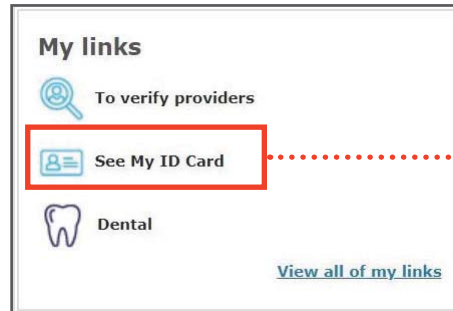
Continued on page 2 ►

Using myTrustmarkBenefits.com Portal (continued)

► Step 2:

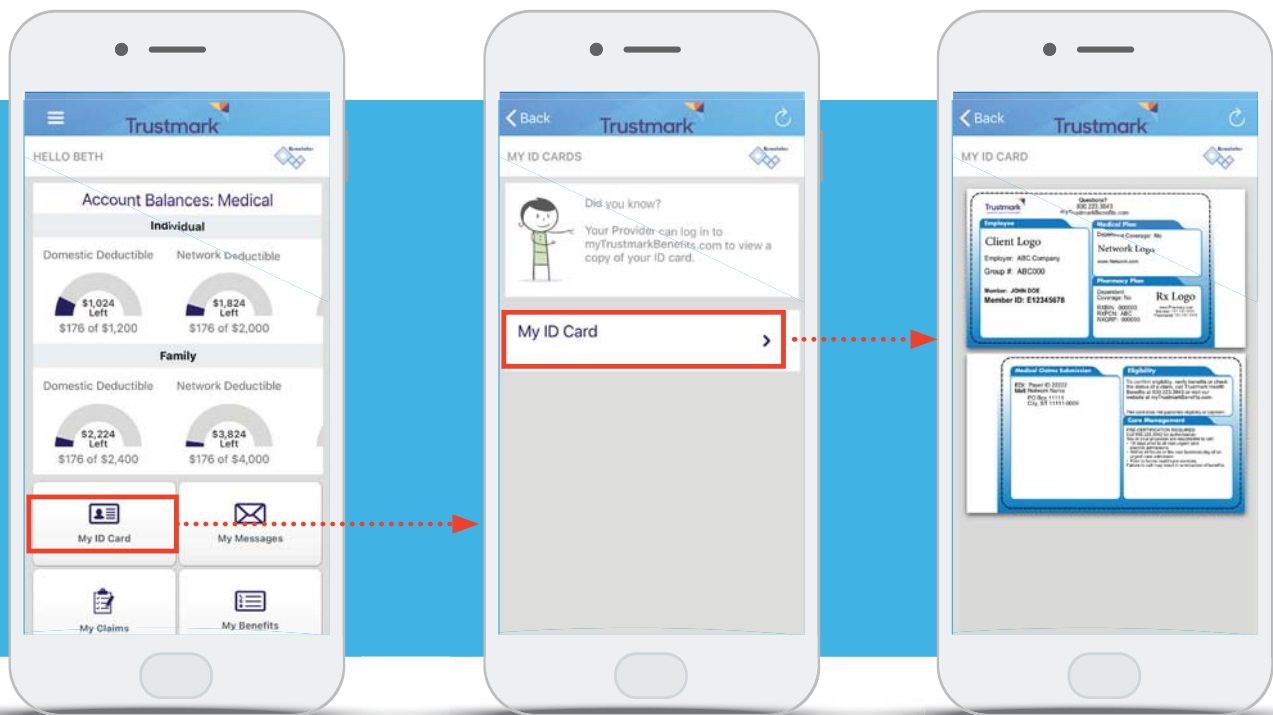
Go to the **My Links** section of your home page. Click the See My ID Card link.

NOTE: The links in your **My Links** section and the details on your ID card will vary depending on your specific plan benefits.



Using myTrustmarkBenefitsMobile App

You can also access your ID card via our mobile app, **myTrustmarkBenefits Mobile**, available for free download from the Apple App Store or Google Play.



Expect **more.**
Benefit more.

If you have any questions, just call the number at the top of your current ID card or send us a message via **myTrustmarkBenefits.com**.

Self-funded plans are administered by Trustmark Health Benefits, Inc.

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800.832.3332 • TrustmarkHB.com

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Trustmark
benefits beyond benefits

R450-2455hb (11-20)



More Connected from Anywhere

You still need to connect with your health benefits while you're on the go. Our mobile app lets you stay in control from anywhere.



See the status of your deductible and out-of-pocket maximum



Access important benefits information



Show your ID card to providers



Connect with customer service by phone



View and filter claims for quick reference



Ask questions and receive answers from customer service through our message center



View each family member's information and benefits



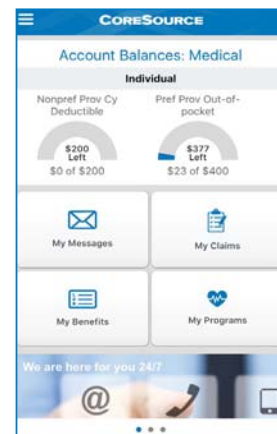
Find a doctor



Easily access member-specific services in your benefit plan through the My Programs section



Filter claims by family member name and type



*Mobile app will become myTrustmarkBenefits Mobile as of 1/1/20.

Expect **more.**
Benefit more.

Download our mobile app for free from the Apple App Store or Google Play. Just search myCoreSource Mobile*.



FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

Accountholder Profile Information

Last Name, First Name, MI, (Please Print)		Bates County Memorial Hospital Employer	Social Security Number or Employee ID
Street Address		City, State, ZIP	Date of Birth (mm/dd/yyyy)
Email Address		Cell Phone Number	Home Phone Number
Gender: ☐ Male ☐ Female		Marital Status: ☐ Married ☐ Single	
Payroll Frequency: ☐ Monthly ☐ Bi-Weekly (24) ☐ Weekly			
Hire Date (mm/dd/yyyy) Hours Worked per Week		☐ Semi-Monthly ☒ Bi-Weekly (26) ☐ Other	

FSA Election

Please choose one of the following enrollment options.

- ☐ I am enrolling in an FSA through my employer. I authorize my employer to deduct my FSA contributions from my pay and forward them to my FSA. (Please complete the section immediately below)
- ☐ I understand the benefits offered under the pre-tax spending program (FSA), however, I choose not to enroll in the program for this plan year. (Please sign and return)

Note: Your employer may also make a contribution to your FSA that will apply to your maximum contribution allowed. You are solely responsible for determining whether contributions to an FSA exceed the maximum annual contribution limitation.

Plan Type	Amount per Pay Period	# of Payroll Deductions	Annual Election
Premium Only Plan	_____ X _____	=	_____
Medical FSA	_____ X _____	=	_____
Limited FSA	_____ X _____	=	_____

Plan Type	Amount per Pay Period	# of Payroll Deductions	Annual Election
Dependent Care FSA	_____ X _____	=	_____
Transit Plan	_____ X _____	=	_____
Parking Plan	_____ X _____	=	_____

Check with your employer as to the availability of the Surency Flex products listed

* If there is a discrepancy between the "amount per pay period" and the "annual election" amount, the "amount per pay period" will be used to enter election amounts**

Reimbursement Method (choose only one method)

Please select your primary method of reimbursement from your FSA.

- ☐ Direct Deposit – You will need to provide your bank account information in the Direct Deposit Setup section.
- ☐ Check – All reimbursements will be paid by sending you a check. If choosing this option, skip the Direct Deposit Setup section.

Note: Surency will not issue a reimbursement check until the sum of your claims reaches \$25.

866-818-8805 Surency.com

Direct Deposit Setup

Complete this if you chose Direct Deposit as your FSA Reimbursement Method above.

Bank Name

Account Type: ☐ Checking ☐ Savings

Bank Address

City, State, ZIP

Routing Number

Account Number

Authorization

I authorize the direct deposit of funds reimbursed from my pre-tax accounts into the bank account specified above. My administrator will continue to use this as my "Account of Record" until notified, in writing, to discontinue use of the account. I understand that direct deposit will continue automatically into each new Plan Year unless I notify my administrator, in writing, of a change. I authorize my bank account to be debited for any reimbursements sent in error or claims denied after reimbursement. I certify that the benefits card will only be used for eligible medical expenses, as defined in Code §213(d) of the Internal Revenue Code and that I will not seek reimbursement from any other source for the expenses paid for with the benefits card. I certify that I have read, and understand, the information on this Authorization Form.

By signing I certify that I understand the benefits available to me as well as the other rights and obligations that I have under the Plan. I understand this agreement revokes any prior election under this plan and that during the plan year this agreement is irrevocable and cannot be changed except under special circumstances as outlined in the Summary Plan Description. I understand that, except for certain family situations as defined by the SPD, my participation in this Plan is for the entire Plan Year. I understand this redirection may have minimal effect on my Social Security Benefits. I understand that amounts redirected into this account may not be used in any other benefit plan, refunded or carried over to the following year. Prior to the beginning of each Plan Year I will be given an opportunity to change the amount of my election or revoke my participation if I do not submit a new election. This agreement is subject to the terms and conditions of my Plan Administrator.

Employee Effective Date (mm/dd/yyyy)

Employer Signature

Date (mm/dd/yyyy)

Employee Signature

Date (mm/dd/yyyy)

UNDERSTANDING YOUR SURENCY FLEX ACCOUNT



FLEXIBLE SPENDING ACCOUNTS

It sure is easy.

Welcome to Surency, here is some information to help you use your Flexible Spending Account (FSA).

Have questions? Contact our Customer Service department at 866-818-8805.

Click on the icons below to learn more:



What is a Health Care Flexible Spending Account (FSA)?



How do I access my account funds?



What is a Dependent Care Flexible Spending Account?



Download the Surency Flex mobile app to manage your account from your phone.



What are eligible expenses for my Health Care FSA?



Manage your benefits at Surency.com using your Member Account.



How much should I elect for my Health Care FSA next year?

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WHAT IS A HEALTH CARE FLEXIBLE SPENDING ACCOUNT?



SET ASIDE MONEY FOR FUTURE HEALTH CARE EXPENSES

It sure is easy.

PAY LESS IN TAXES

- Putting money into a Health Care Flexible Spending Account (FSA) **before** you pay taxes on it saves you money by lowering your amount of taxable income. The result? **You pay less in taxes each year.**

TAKE CONTROL OF YOUR HEALTH CARE COSTS

- **Use money in your Health Care FSA to pay for out-of-pocket medical expenses**, such as eyeglasses, contacts, copays, deductibles, prescription medicines and routine exams.
- The entire amount you set aside is available to use on the first day of your plan year.

INCREASE YOUR TAKE-HOME PAY	WITH FSA	WITHOUT FSA
Annual Income:	\$30,000	\$30,000
Pre-Tax FSA Contributions:	\$2,400	\$0
Taxable Income:	\$27,600	\$30,000
Taxes (assumes 30% tax bracket):	\$8,280	\$9,000
Take-Home Pay:	\$19,320	\$21,000
Out-of-Pocket Health Care Expenses:	\$0	\$2,400
Spendable Income:	\$19,320	\$18,600
Savings Each Year:	\$720	\$0

Savings amount in the example are provided by Surency for illustrative purposes only. You may save more or less based on your own tax situation. Some states do not recognize these tax exclusions for this program. No part of this document is tax, financial or legal advice. You should consult your own legal and tax advisors regarding your personal situation and whether this is the right program for you.



When you use the **Surency Flex Benefits Card** to pay for qualified expenses, the amount is deducted from your account - **no need to file claims!**



You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.

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WHAT IS A DEPENDENT CARE FSA?



**SET ASIDE MONEY TO COVER
CHILD CARE EXPENSES, PRE-TAX!**

It sure is easy.

PAY LESS IN TAXES

- Putting money into a Dependent Care Flexible Spending Account (DC FSA) **before** you pay taxes on it saves you money by lowering your amount of taxable income. The result? **You pay less in taxes each year.**

TAKE CONTROL OF YOUR DEPENDENT CARE COSTS

- Use money in your Dependent Care FSA to pay for **day care, general purpose day camps or after school programs while you are at work** for your dependents who are under 13 years old.
- Pay for adult day care services for **dependent adults** who are unable to care for themselves. *(Must live with you for more than half of the year.)*

INCREASE YOUR TAKE-HOME PAY	WITH DC FSA	WITHOUT DC FSA
Annual Income:	\$40,000	\$40,000
Pre-Tax Contributions:	\$5,000	\$0
Taxable Income:	\$35,000	\$40,000
Taxes (assumes 30% tax bracket):	\$10,500	\$12,000
Take-Home Pay:	\$24,500	\$28,000
Out-of-Pocket Dependent Care Expenses:	\$0	\$5,000
Spendable Income:	\$24,500	\$23,000
Savings Each Year:	\$1,500	\$0

Savings amount in the example are provided by Surency for illustrative purposes only. You may save more or less based on your own tax situation. Some states do not recognize these tax exclusions for this program. No part of this document is tax, financial or legal advice. You should consult your own legal and tax advisors regarding your personal situation and whether this is the right program for you.

We make it easy for you to get reimbursed!

Use the Surency Flex mobile app to file claims and take pictures of your receipts, or complete **one form for the entire year** if your dependent care expenses are for the same amount, from the same provider, and for the same length of time. Go to **Surency.com** to download the Dependent Care Reimbursement Form.



You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.

Refer to the back of this page for plan rules and regulations.

DEPENDENT CARE FSA PLAN RULES & REGULATIONS



**SET ASIDE MONEY TO COVER
CHILD CARE EXPENSES, PRE-TAX!**

It sure is easy.

RULES & REGULATIONS

- A Dependent Care FSA can help you save money. If both you and your spouse work, or you are a single parent, a Dependent Care FSA may be right for you. However, if you have a stay-at-home spouse, you should not enroll in a Dependent Care FSA.

MAXIMUM CONTRIBUTION

- \$5,000 for married couples filing joint federal taxes or single persons filing as head of household.
- \$2,500 for married couples filing separate federal taxes.
- If you are single or a married couple filing separately and your earned income is less than \$5,000, then you may not contribute more than your earned income.

ELIGIBLE EXPENSES

- Use the funds in your Dependent Care FSA to pay for qualified child care expenses for dependents under the age of 13. Some examples include day care and general purpose day camps.
- You may also use the funds for adult day care services if you have an older dependent who lives with you at least 8 hours each day and requires daily care services. Adult day care services are qualified expenses if you work and your spouse is working, looking for work, is a full-time student, or is physically or mentally incapable of self-care.
- Dependent care services must have been "incurred", or fully provided and completed, for the service period before you can be reimbursed for your dependent care expenses. This is important to remember because most providers require prepayment of dependent care services at the beginning of the service period before they provide dependent care services. In order to follow IRS requirements, you may only be reimbursed at the end of the service period even if you prepaid the provider for dependent care services.
- *Ineligible expenses* include, but are not limited to, overnight camps, care provided by your dependent, spouse or child under the age of 19, and care provided while you are not at work.
- In order for your child care expenses to qualify, you must maintain the residence that you live in for more than half of the year with the qualified child or dependent.

TAX CREDITS

- Before you enroll, you should evaluate the tax advantages, as well as the impact on your tax liability and your ability to take advantage of the Dependent Care Tax Credit.

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ELIGIBLE MEDICAL EXPENSES



WHAT CAN I SPEND MY DOLLARS ON?

It sure is easy.

Use money set aside in your account for eligible medical expenses incurred by you, your spouse or your children. Remember to keep your receipts in case it is needed to verify the medical expense. Use the lists below for reference, but keep in mind these lists do not include all eligible/ineligible expenses.

Visit **FSAStore.com/Surency** to access the largest selection of FSA-eligible expenses online and use your Surency Flex Benefits Card to purchase items!



Questions? Call **866-818-8805** or visit **Surency.com** to view a complete list of eligible expenses.

ELIGIBLE EXPENSES

Adult Diapers	Dental Treatment	Immunizations	Psychiatric/Psychologist Care
Ambulance	Denture Adhesives & Repair	Infertility Treatments	Smoking Deterrents
Athletic Care (ACE Bandages, Braces, etc.)	Denture Pain Relief & Cleansers	Insulin	(Nicorette, etc.)
Blood Pressure Monitors	Diabetes Testing, Diabetes Supplies	Nasal Sprays, Drops & Inhalers*	Special Education Costs*
Catheters	Doctor's Office Visits	Oral Treatments (Orajel, Mouth Sore Treatment, etc.)*	Splints & Casts
Cholesterol Testing	Eyeglasses (Prescription & Reading)	Orthodontia	Thermometers
Chiropractic Manipulations	First Aid Supplies*	Orthopedic Supports	Therapeutic Shoe Insoles*
Contact Lenses, Solutions & Cleaners	Glucosamine and/or Chondroitin	Ovulation Kits	Transplants
Contraceptives	Hearing Aids (& Batteries)	Pap Smears	Vision Exams
Corn & Callus Treatments (Foot Care)*	Hospital Services	Physical Therapy	Wart Removers*
Crutches	Hot/Cold Therapy Packs	Prescription Drugs	Wheel Chairs
		Prenatal Care (Vitamins)	X-ray Fees

*requires a letter of necessity or valid prescription

ELIGIBLE EXPENSES THAT REQUIRE A PRESCRIPTION

These over-the-counter medications require a doctor's prescription to be purchased with account dollars.

Acid Controllers	Cough, Cold & Flu Medications	Respiratory Treatments & Vapor Products
Allergy & Sinus Medications	Digestive Aids	Rogain
Antibiotic Products (Neosporin, etc.)	Feminine Anti-Fungal & Anti-Itch	Sleep Aids & Sedatives
Anti-Gas Treatments	Hemorrhoidal Preparations	Stomach Remedies (Mylanta, Tums, etc.)
Anti-Itch & Insect Bite Treatments	Laxatives	
Baby Rash Ointments/Creams	Motion Sickness Treatments	
Cold Sore Remedies	Pain Relievers (Aspirin, Tylenol, Advil)	

INELIGIBLE EXPENSES

Burial Expenses	Funeral Expenses	Nutritional Supplements	Vitamins (Over-the-Counter)
Cosmetic Procedures	Health Club Fees	Piercings	Vacations
Dance Lessons	Household Help	Sunglasses (non-prescription)	Warranties (for Eyeglasses or Hearing Aids)
Diapers	Illegal Treatments	Swimming Lessons	Weight Loss Programs (unless prescribed)
Exercise Equipment (unless prescribed)	Insurance Premiums	Tanning	
Facelifts	Items Covered by Insurance	Teeth Whitening or Bleaching	
Fitness Programs	Marriage Counseling	Toiletries (Toothbrush, Toothpaste, etc.)	
	Maternity Clothes		

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ACCESSING YOUR ACCOUNT FUNDS



USING YOUR SURENCY FLEX ACCOUNT HAS NEVER BEEN EASIER

It sure is easy.

Your **Surency Flex Benefits Card** is a special-purpose Visa® Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your Surency Flex accounts. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



HOW TO USE YOUR BENEFITS CARD

1. Have the cashier ring up all of your items together.
2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. *Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.*
3. All eligible expenses will be paid for from your account and deducted from your total.
4. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
5. Keep your receipts in the event that further validation is needed.

DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your account. There are three ways to submit a claim:

- | | | |
|--|--|---|
| 1. SURENCY FLEX APP
Download the Surency Flex mobile app and submit the claim by taking a photo of your receipt. | 2. MEMBER ACCOUNT AT SURENCY.COM
Log into your Member Account at Surency.com to upload your receipt. | 3. PAPER CLAIM FORM
Visit Surency.com to download a paper claim form. Complete and return to Surency. |
|--|--|---|

WANT TO GET PAID BACK AUTOMATICALLY?

Sign up for Direct Deposit and after you submit a claim, Surency will automatically deposit those dollars back into your bank account. There are two ways to set up Direct Deposit:

- | | |
|---|---|
| 1. MEMBER ACCOUNT AT SURENCY.COM
Log into your Member Account at Surency.com to input bank information. | 2. PAPER DIRECT DEPOSIT FORM
Visit Surency.com to download a Direct Deposit form. Complete and return to Surency. |
|---|---|

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BENEFITS OF THE SURENCY FLEX MOBILE APP



ACCESS YOUR ACCOUNT FROM ANYWHERE

It sure is easy.

ACCESS THE INFORMATION YOU NEED:

- Check your Health Care Flexible Spending Account (FSA) and Dependent Care Flexible Spending Account (DC FSA) balances.
- View account activity.
- Access FSASore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.



TAKE ACTION:

- Submit claims for Health Care FSAs and Dependent Care FSA expenses.
- Snap a photo of receipts within the app to submit with new or existing claims.
- Access account funds to pay yourself back or to pay your doctor.
- Report a Surency Flex Benefits Card as lost or stolen.



NEED HELP LOGGING IN?

Contact us for any questions you may have when logging in for the first time. Give us a call at 866-818-8805 or email Customer Service at flex@surency.com.

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BENEFITS OF THE SURENCY FLEX MEMBER ACCOUNT

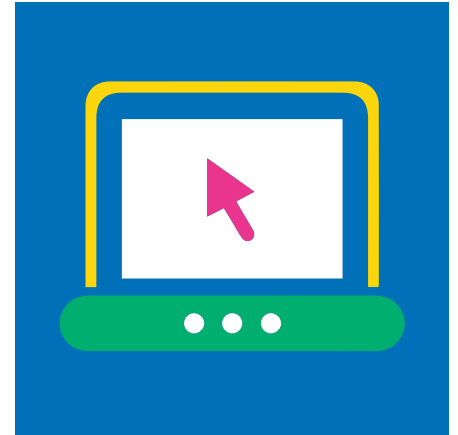


MANAGE YOUR BENEFITS ONLINE AT SURENCY.COM

It sure is easy.

ACCESS THE INFORMATION YOU NEED:

- Check balances on your Health Care Flexible Spending Account (FSA), Dependent Care Flexible Spending Account (DC FSA), Health Reimbursement Arrangement (HRA), Health Savings Account (HSA) and Commuter Benefit account.
- View account activity, payment history and tax statements.
- Access FSAStore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.
- Access forms.



TAKE ACTION:

- Submit claims for Health Care FSAs, Dependent Care FSAs, HRAs and Commuter Benefit expenses.
- Add a dependent or spouse.
- Add or update a bank account to receive direct deposit reimbursements.
- Request HSA distributions, make HSA contributions and set HSA investment sweeps.
- Access account funds to pay yourself back or to pay your doctor.
- Report a Surency Flex Benefits Card as lost or stolen.



You can also manage your benefits through the **Surency Flex mobile app**. Easily access your account from anywhere, and snap photos of your receipts to submit with new or existing claims. Go to [Surency.com](https://www.surency.com) to learn more.

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ELECTION WORKSHEET

HOW MUCH SHOULD I CONTRIBUTE?



Use this worksheet to help estimate your annual Health Care FSA election*:

Medical Expenses not Covered by Insurance	Current Year's Out-of-Pocket Expenses (\$)	Next Year's Estimated Out-of-Pocket Expenses (\$)
Annual Physical/Routine Exam		
Copays/Coinsurance		
Deductibles		
Diabetic Supplies		
Immunizations (flu shots, etc.)		
Laboratory Fees		
Maternity Expenses		
Over-the-Counter Drugs		
Prescription Drugs		
Psychiatric/Psychologist Fees		
Other:		
Dental Expenses not Covered by Insurance		
Check Ups/Cleanings		
Copays/Coinsurance		
Crowns/Bridges/Dentures		
Deductibles		
Fillings		
Oral Surgery		
Orthodontia (braces)		
Root Canals		
Other:		
Vision Expenses not Covered by Insurance		
Contact Lenses		
Contact Cleaners/Solutions		
Copays/Coinsurance		
Corrective Eye Surgery		
Deductibles		
Eye Exams		
Eyeglasses		
Other:		
Total Out-of-Pocket Expenses:	\$ 0.00	\$ 0.00

When deciding how much to set aside for next year's medical expenses, think about the following:

- Does anyone in your family have any medical, dental or vision expenses that will not be covered by insurance?
- Does anyone in your family need prescription eyeglasses, contact lenses and contact solutions or cleaners?
- Is anyone in your family currently in orthodontics (braces) or do you expect anyone to begin treatment in the next year?
- Does anyone in your family have an ongoing illness that requires frequent doctor visits and/or medication?

**Election amount may not exceed your plan's cap or the maximum contribution amount allowed by the IRS, whichever is less.*

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Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Director at Bates County Memorial Hospital, 615 W. Nursery Street, Butler, MO 64730.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Human Resources Director
Bates County Memorial Hospital
615 W. Nursery Street
P.O. Box 370
Butler, MO 64720
660-200-7044



DENTAL



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045

Bates County Memorial Hospital
2022 Health / Dental / Vision Insurance Premiums

Employee Contributions Per Pay Period

NO DEDUCTIBLE FOR HOSPITAL/FCC CLINIC CLAIMS (domestic claims)

AETNA NETWORK

FAMILY DEDUCTIBLE and OUT-OF-NETWORK DEDUCTIBLE increases based on coverage

	2022 HEALTH PLAN	2022 DENTAL PLAN	2022 VISION	2022 MONTHLY COBRA HEALTH	2022 MONTHLY COBRA DENTAL	2022 MONTHLY COBRA VISION
\$1,000 IN-NETWORK DEDUCTIBLE						
Employee	\$ 117.96	\$ 4.20	\$ 4.00	\$ 1,475.77	\$ 43.99	\$ 8.77
Employee + Spouse	\$ 271.21	\$ 10.50	\$ 6.35	\$ 3,027.57	\$ 89.32	\$ 14.05
Employee + Children	\$ 235.93	\$ 8.93	\$ 6.50	\$ 2,620.09	\$ 77.34	\$ 14.33
Family	\$ 385.87	\$ 14.96	\$ 10.50	\$ 4,376.76	\$ 132.41	\$ 23.11
\$1,500 IN-NETWORK DEDUCTIBLE						
Employee	\$ 97.02			\$ 1,374.48		
Employee + Spouse	\$ 218.08			\$ 2,799.62		
Employee + Children	\$ 192.94			\$ 2,417.46		
Family	\$ 310.91			\$ 4,045.21		
\$2,000 IN-NETWORK DEDUCTIBLE						
Employee	\$ 84.89			\$ 1,288.01		
Employee + Spouse	\$ 190.73			\$ 2,623.52		
Employee + Children	\$ 154.35			\$ 2,265.37		
Family	\$ 270.11			\$ 3,886.95		

BATES COUNTY MEMORIAL HOSPITAL

2022 DENTAL INSURANCE

I understand that by completing this form I am electing coverage for DENTAL insurance through the hospital's group plan. I understand my coverage status (i.e., Employee, Employee/Spouse, Employee/Children, or Family) remains in effect until I am able to make a change during open enrollment or have a qualifying event.

EFFECTIVE DATE: _____

Check One:

BI-WEEKLY PREMIUM

- | | | |
|--------------------------|---|---------|
| ☐ | EMPLOYEE | \$4.20 |
| ☐ | EMPLOYEE + SPOUSE | \$10.50 |
| ☐ | EMPLOYEE + CHILDREN | \$ 8.93 |
| ☐ | FAMILY | \$14.96 |
| ☐ | DECLINE COVERAGE - I HEREBY DECLINE THE OPPORTUNITY TO OBTAIN DENTAL INSURANCE THROUGH BATES COUNTY MEMORIAL HOSPITAL. | |

I hereby acknowledge I have been informed of the options available to me for dental insurance coverage for myself, spouse and my dependents through Bates County Memorial Hospital. I understand should there be a qualifying event during the year, I may be eligible to apply for dental insurance or change my coverage at that time through the hospital's group plan by contacting the Human Resources Director.

Employee Printed Name

SSN

Date

Employee Signature





HEALTH/DENTAL ENROLLMENT / CHANGE FORM BATES COUNTY MEMORIAL HOSPITAL

EFFECTIVE DATE

ENROLLMENT ☐ NEW ENROLLMENT ☐ WAIVER ☐ RE-ENROLLMENT		STATUS CHANGE / CHANGE OF COVERAGE ☐ NAME CHANGE ☐ ADDITION OF DEPENDENTS ☐ TERMINATION OF DEPENDENTS ☐ COVERAGE CHANGE ☐ TERMINATION OF EMPLOYEE & DEPENDENT COVERAGE ☐ CHANGE OF PRIMARY CARE PHYSICIAN DESIGNATION ☐ OTHER _____										
SOCIAL SECURITY NUMBER		HOME PHONE NUMBER		WORK PHONE NUMBER		DATE OF HIRE		MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED		MEDICAL PLAN: ☐ LOW OPTION ☐ MIDDLE OPTION ☐ HIGH OPTION		
EMPLOYEE NAME (FIRST, MI, LAST)		EMPLOYEE ADDRESS STREET			CITY		STATE		ZIP		TYPE OF COVERAGE: ☐ SINGLE ☐ EE+SP ☐ EE+CHILD (REN) ☐ FAMILY	
RELATIONSHIP	NAME (LAST, FIRST, MI)			DATE OF BIRTH	SFX	SOCIAL SECURITY NUMBER			MEDICAL INSURANCE SELECTION		SPECIAL STATUS	
SELF									☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
	COMPLETE INFORMATION IN THIS SECTION FOR WHOMEVER YOU WANT ON HEALTH INSURANCE					ALSO PROVIDE COPIES OF SOCIAL SECURITY CARDS			☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
									☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
									☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
									☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
									☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
									☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
									☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
									☐ MEDICAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
DENTAL INSURANCE SELECTION				DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER			TYPE OF COVERAGE: ☐ SINGLE ☐ EE+SP ☐ EE+CHILD (REN) ☐ FAMILY			
SELF									☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
	COMPLETE INFORMATION IN THIS SECTION FOR WHOMEVER YOU WANT ON DENTAL INSURANCE								☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE	
						☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE				
						☐ DENTAL COVERAGE		☐ STUDENT ☐ DISABLED ☐ MEDICARE				
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					☐ DENTAL COVERAGE	☐ STUDENT ☐ DISABLED ☐ MEDICARE
--	--	--	--	--	--	--



EFFECTIVE DATE

OTHER INSURANCE COVERAGE / MEDICARE Are you, your spouse or dependent children eligible and/or enrolled in another medical plan(s)?

☐ Yes ☐ No If yes, indicate other health plan.

NAME OF INSURED WITH OTHER COVERAGE (LAST, FIRST, MI)	SOC SEC NO	DATE OF BIRTH	OTHER INSURANCE CARRIER / PLAN ADDRESS	EFFECTIVE DATE	EXPIRATION DATE

EMPLOYER NAME	WHO IS COVERED? CHECK ALL THAT APPLY ☐ INSURED ☐ SPOUSE ☐ CHILDREN	COVERAGE INCLUDES: HEALTH ☐ YES ☐ NO DENTAL ☐ YES ☐ NO VISION ☐ YES ☐ NO
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MEDICARE EMPLOYEE: ☐ MEDICARE A ☐ MEDICARE B	MEDICARE DEPENDENT: ☐ MEDICARE A ☐ MEDICARE B
--	---

COVERAGE / CHANGE OF COVERAGE / AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby request coverage and authorize deductions, if any, from my pay for my portion of the cost of the benefits to which I may be entitled under this plan. I understand that it is my responsibility to report to the plan any changes in eligibility of my dependents or myself. I hereby authorize any provider of health care services, claim administrators, insurers, reinsurers, and others who have a legitimate need for such information for the purpose of review, investigation, or evaluation of a claim, to supply each other with information about my health status and health care services provided to me. I agree that a photographic copy of this authorization is as valid as the original.

EMPLOYEE SIGNATURE

DATE



VISION



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045

Bates County Memorial Hospital
2022 Health / Dental / Vision Insurance Premiums

Employee Contributions Per Pay Period

NO DEDUCTIBLE FOR HOSPITAL/FCC CLINIC CLAIMS (domestic claims)

AETNA NETWORK

FAMILY DEDUCTIBLE and OUT-OF-NETWORK DEDUCTIBLE increases based on coverage

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Employee	\$ 97.02			\$ 1,374.48		
Employee + Spouse	\$ 218.08			\$ 2,799.62		
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Employee + Spouse	\$ 190.73			\$ 2,623.52		
Employee + Children	\$ 154.35			\$ 2,265.37		
Family	\$ 270.11			\$ 3,886.95		

SAMPLE



2022 ENROLLMENT FORM

Name of Group: BATES COUNTY MEMORIAL HOSPITAL

Employee Name: _____
First Name M.I. Last Name

Employee Social Security Number: _____

Employee Date of Birth: _____

Type of coverage selected:



____ Employee only

____ Employee plus one dependent

____ Employee plus children

____ Employee plus family

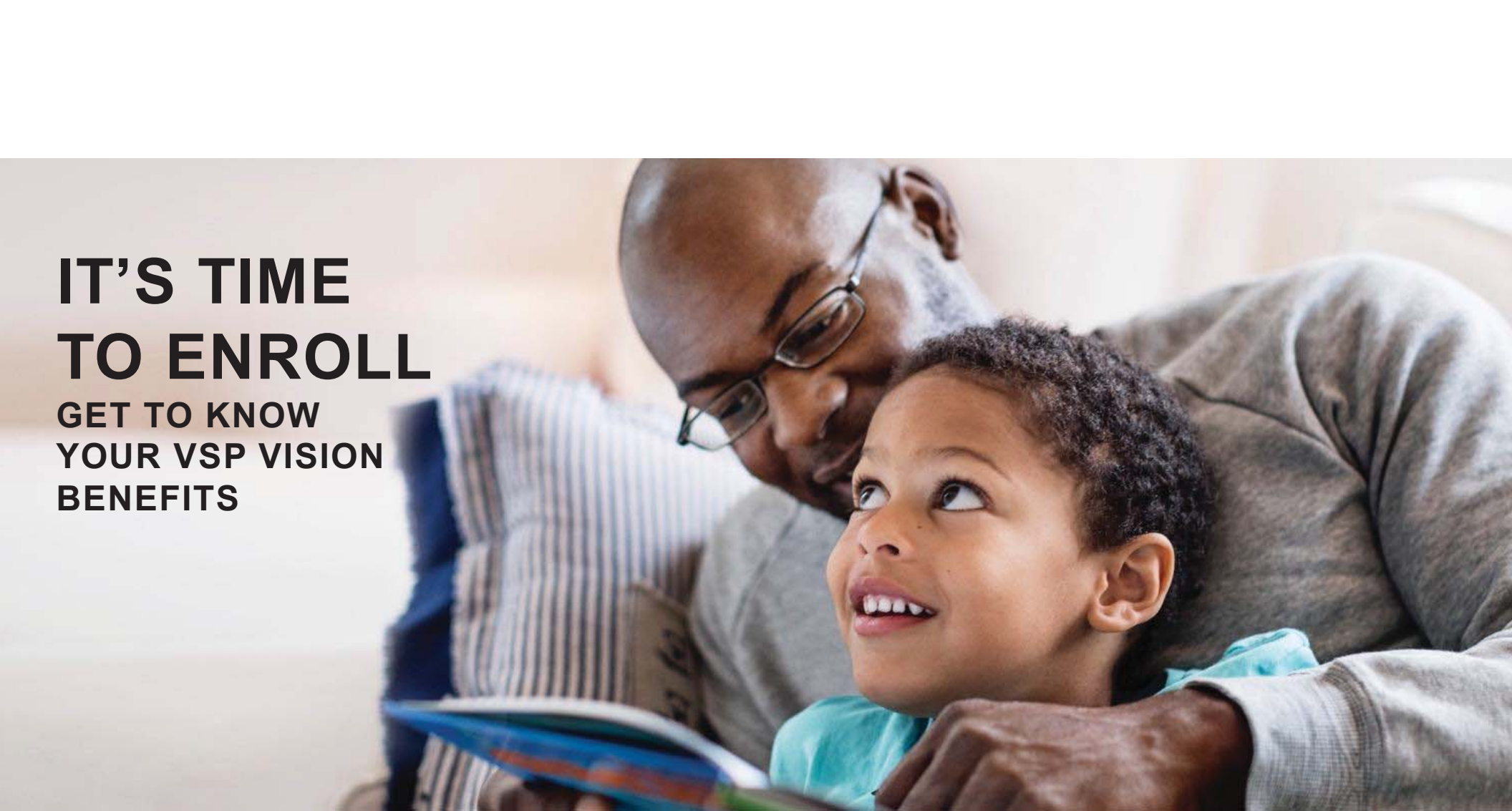
____ Waive Coverage

Employee Signature

Date

Effective Date: _____

Eligibility begins the first of the month following 60 days of full-time employment or open enrollment. Please return this form to Human Resources.

A photograph of a man with glasses and a young child looking at a book together. The man is leaning over the child, and they are both smiling. The child is looking up at the man.

IT'S TIME TO ENROLL

**GET TO KNOW
YOUR VSP VISION
BENEFITS**

**Bates County Memorial Hospital
Effective January 1, 2022**



PROPRIETARY AND CONFIDENTIAL | 1

SEE WELL. BE WELL.™



CARE

As a health-focused company, your well-being is at the core of everything we do. Eye care is essential to your overall health.



SAVINGS

With VSP®, your family can rely on additional savings and offers to get the care you need at low out-of-pocket costs.



ACCESS

From private practice doctors to retail chain locations, VSP is here to help you with safe, convenient access to local eye doctors.

EYE CARE IS ESSENTIAL.

Even if you have 20/20 vision, it's important for you to get an eye exam every year. Why? Well, an eye exam is about more than just seeing clearly.

DID YOU KNOW?

Eye exams provide an unobstructed view of the blood vessels and can help detect early signs of serious eye and health conditions like glaucoma, diabetes, high cholesterol, and high blood pressure.

- Nearly **88 million** US adults are living with **prediabetes** and **85%** don't know they have it. Early signs can be detected with an eye exam and regular eye exams can reduce the risk of diabetes related vision loss **by 95%**¹



VSP PRIMARY EYECARE PLANSM

Get the medical eye care you need, while avoiding trips to the emergency room.

HERE'S WHAT'S COVERED.

- Treatment for dry eye, pink eye, eye injury, and foreign body removal
- Tests to diagnose sudden vision changes
- Fully covered retinal screening for members with diabetes who do not have diabetic eye disease
- Exams and services to diagnose and monitor glaucoma and cataracts



SAVE ON THE EYEWEAR YOU NEED

- 75% of adults use some sort of vision correction
- About 64% of them wear eyeglasses
- 11% wear contact lenses, either exclusively, or with glasses
- Over half of all women and about 42% of men wear glasses¹

As a VSP member through Bates County Memorial Hospital, you'll save an average of \$502 on the eye care and eyewear you need to keep yourself healthy and see your best.

SAVINGS NEVER LOOKED SO GOOD

Here's an example of your potential savings as an individual when you receive an eye exam and get new prescription glasses. **Families save even more!**

	Without VSP	With VSP Coverage
Eye Exam	\$184	\$10
Frame	\$130	\$25
Bifocal Lenses	\$158	\$150
Custom Progressive Lenses	\$255	\$85
Anti-glare Coating	\$148	\$103
Member-only Annual Contribution	N/A	\$373
Total	\$875	

YOUR AVERAGE ANNUAL
SAVINGS WITH VSP

\$502

Comparison based on national averages for eye exams and most commonly purchased brands.

PROPRIETARY AND CONFIDENTIAL | 6



FAMILIES SAVE EVEN MORE.

Member	Choice	Savings
VSP Member	Prescription Glasses	\$328
Spouse	Prescription Glasses	\$467
1 st Child	Prescription Glasses	\$549
2 nd Child	Contact Lenses	\$215

TOTAL POTENTIAL SAVINGS: \$1,559

YOUR VSP PLAN AT A GLANCE

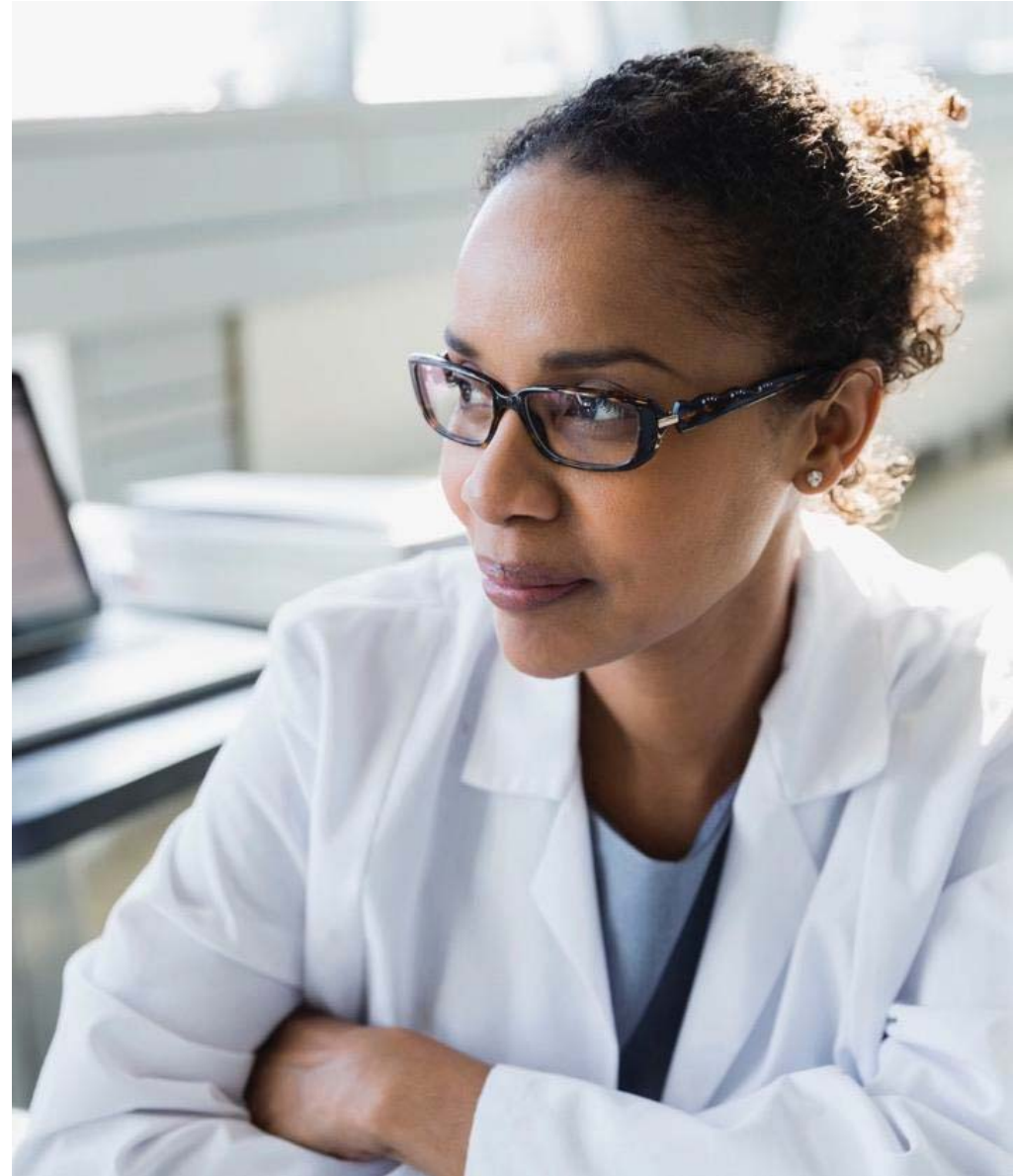
	VSP Choice Plan
Exam	• WellVision Exam® covered every calendar year after \$10 copay
Frame Allowance	\$130 Frame allowance every other calendar year for a frame of your choice
Lenses	• Single vision, lined bifocal or lined trifocal lenses for adults after \$25 copay for glasses • Impact-resistant lenses for children covered after copay for glasses • Every calendar year
Lens Enhancements	• Standard Progressive lenses are covered in full • 30% savings on lens enhancements—scratch-resistant, UV, anti-glare coatings
Contact Lens Allowance (in lieu of glasses)	\$130 allowance for contacts lenses and copay up to \$60 for contacts lens exam (fitting and evaluation)
Primary Eyecare Program	Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.
Your Monthly Contribution	\$8.60 Member Only, \$13.77 Member + 1, \$14.05 Member + children, \$22.66 Member + Family

RETINAL IMAGING

The digital imaging system takes a picture of the inside of your eye *and* helps your VSP network doctor detect and manage eye and health conditions.

Finding retinal disorders early is critical in helping to prevent serious disease progression and even vision loss.

- Members have a \$39 copay for retinal screening each year.
- Members with diabetes receive a fully covered retinal screening each year.



CONVENIENT ACCESS TO DOCTORS

GET THE CARE YOU DESERVE.

It's about choice. On average, there are five VSP network doctors within six miles. So, no matter where you live, you have convenient access to a network eye doctor who can give your eyes the care and attention you deserve.

Maximize your benefits at a Premier Program location (at no extra cost) now including **thousands of private practice doctors**—and new this year—over **700 Visionworks** retail locations nationwide.

- Exclusive bonus offers and savings
- A wide selection of featured frame brands
- Advanced eye exam technology, like retinal imaging



Visionworks

EXCLUSIVE MEMBER EXTRAS

GET THE SAVINGS YOU NEED.

With **Exclusive Member Extras**, savings never looked so good. VSP puts members first by providing you with exclusive special offers from leading industry brands, totaling access to more than **\$3,000 in savings**. Discover great deals on glasses, sunglasses, contact lenses, and more.



Enjoy an Extra \$20 on Featured Frame Brands.



Save up to 40% on popular lens enhancements.

*Offers vary based on benefit plan. Brands subject to change.



EYECONIC.COM

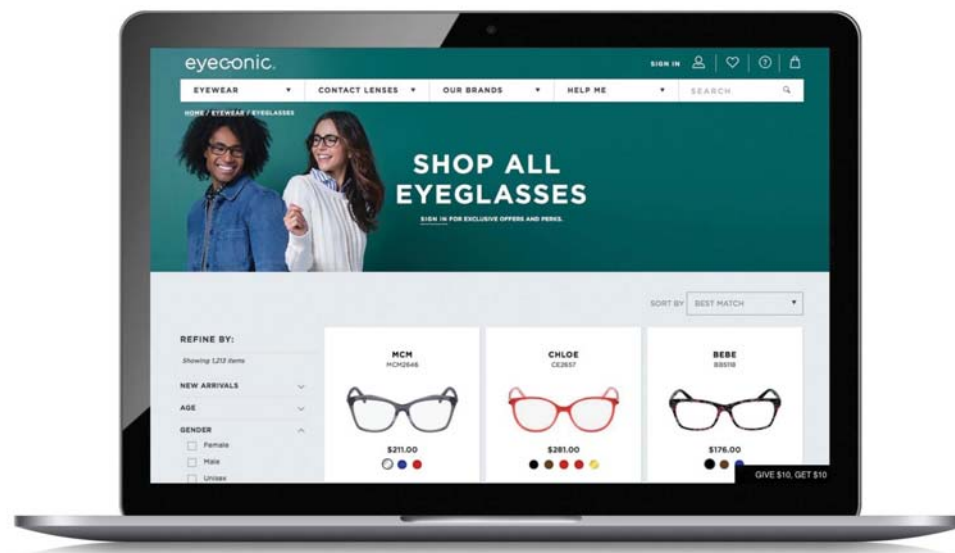
VSP members can shop online and in-network for contacts and eyewear using their VSP insurance.

Personalized: As a VSP-owned company, Eyeconic.com seamlessly connects VSP vision benefits to your account.

Simple: Save time and money on quality eyewear with a few easy clicks.

1. Connect your vision insurance.
2. Select your product.
3. Upload your prescription or provide your doctor's contact information and we'll take care of the rest.

Choice: Eyeconic offers a variety of well-known brands and contact lenses. Choose from over 50 eyewear brands and over 1,600 styles.



SAVINGS ON HEARING AIDS

Like vision loss, hearing loss can have a huge impact on your quality of life. As a VSP member, you can access great saving on hearing aids.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members. You can **save up to 60%** on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp.

TruHearing™





USING YOUR BENEFIT IS EASY.

Once you're enrolled...

- Create an account at **vsp.com** and review your personalized benefit information.
- Find a VSP in-network doctor by visiting **vsp.com** or calling **800.877.7195**.
- At your appointment, simply tell them you have VSP. No ID card needed—and we'll take care of the rest! There are no claim forms to fill out when you see a VSP network doctor.

ENROLL TODAY!

**VSP helps you see well and be well with
the coverage and quality care you deserve.**

**Questions? Contact us.
Call 800.877.7195 or visit [VSP.com](https://www.vsp.com)**

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SAVINGS NEVER LOOKED SO GOOD

Get access to more than \$3,000 in savings with Exclusive Member Extras from VSP and industry-leading brands.



DISCOVER EXCLUSIVE MEMBER EXTRAS

Special offers are available at all VSP® network doctor locations! This interactive flier allows you to click on any offer shown below and find out more details.

GLASSES AND SUNGLASSES

**EXTRA
\$20
TO SPEND**

Get more value with an **Extra \$20** to spend on select featured frame brands by bebe, CALVIN KLEIN, and many others.¹³

**EXTRA
\$40
TO SPEND**

Extra \$40 to spend on select frame brands.¹³

**UP TO
40% OFF
LENS ENHANCEMENTS**

Upgrade your lenses and save up to 40% off lens enhancements such as anti-glare coatings and light-reactive lenses.²³

eyeconic

Savings on Eyeconic® when you shop for glasses, sunglasses, and contacts with your VSP benefits.



Save an average of \$325 on Nike prescription sunglasses.

sunsync

Save up to 40%* on SunSync® Light-Reactive Lenses.

techshield

Save up to 40% on all TechShield® Anti-Reflective Coatings.



Try Unity® single vision or progressive lenses risk-free with The Unity Promise.



Try ZEISS SmartLife Lenses Risk-Free for six months.



BONUS OFFERS

Maximize your savings with bonus offers only available at Premier Program locations.

EYEWEAR PROTECTION

Get a one year worry-free warranty on featured frame brands.

BAUSCH+LOMB

See better. Live better.

Save up to \$210 on an annual supply of contact lenses.

GLASSES REBATE

Get up to a \$100 rebate on the perfect pair of glasses.*

SPECIAL OFFERS ARE AVAILABLE AT ALL VSP NETWORK DOCTOR LOCATIONS!

Improve your health and increase your savings.

CONTACTS

BAUSCH + LOMB

See better. Live better.

Receive savings of up to \$200 in mail-in rebates when you purchase an annual supply of participating Bausch + Lomb contact lenses from your VSP network doctor.



Save up to \$220 when purchasing an annual supply of Unity BioSync® contact lenses.



CooperVision®
Live Brightly.

Save via mail-in rebates when you purchase your annual supply of eligible CooperVision contact lenses from your VSP network doctor.

LASIK



20% off Custom LASIK and Custom PRK.



Get \$1,000 off LASIK at TLC Nationwide Locations.

HEARING AIDS



- Save up to 60% on top of the line hearing aids
- Get batteries for less than \$2.50 a month and free delivery
- Free online hearing screening*

HEALTH AND ENTERTAINMENT

DIABETES RESOURCES

Find resources to help prevent or delay Type 2 Diabetes like lifestyle coaching, diabetes educational materials, and more.



Receive free access to a variety of everyday savings like family entertainment, health and wellness, cash rewards, travel, and more.*

FINANCING



Get instant, in-office application for promotional financing available on eye care and eyewear.

View all Exclusive Member Extras at vsp.com/offers

Offers subject to change without notice. Some members may not be eligible for all offers. Visit vsp.com/offers for terms and conditions on specific offers.

*Perfect Pair glasses rebate expires 6/30/2021, rebate offer terms and conditions apply and are subject to change. Rebate offer good from February 1, 2021 through June 30, 2021, and redeemed by July 31, 2021. The Sponsor/Offeror of this rebate is Plexus Optix, Inc. All third-party marks, product names, logos, and brands are the property of their respective owners. Use of these marks, names, logos and/or brands does not imply endorsement.

1. Brands and promotions are subject to change. 2. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. 3. Available to VSP members with applicable plan benefits. 4. Some members may not be eligible for this program; visit vsp.com/simplevalues for terms and conditions. 5. VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly. TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

Information Classification: Restricted

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Classification: Public

FRAMES TO MATCH YOUR STYLE AND BUDGET



Frames shown by McAllister

You deserve to look great at a price that won't break the bank. Save on your perfect pair of glasses—including designer frames and lens enhancements like anti-glare lenses.



Find a wide selection of featured frame brands at Premier Program locations, now including private practice doctors and Visionworks® retail locations nationwide.



GETTING THE MOST OUT OF YOUR VISION BENEFITS HAS NEVER BEEN EASIER

EXTRA \$20
TO SPEND ON
FEATURED FRAME BRANDS¹



SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers)



**UP TO
40%**
SAVINGS
ON LENS
ENHANCEMENTS²

eyeconic

Like shopping online?

Use your benefits on **eyeconic.com**®—the VSP® preferred online retailer that gives you access to more than 60 brands of contacts, eyeglasses, and sunglasses, and connects you directly with your eye doctor.

1. Available only to VSP members with applicable plan benefits through VSP network doctors and in-network locations. Frame brands subject to change. Expires 12/31/2022.
2. Up to 40% savings based on VSP network doctor's retail price and varies by plan and purchase selection; average savings determined after benefits are applied. Check your benefits to see if this offer applies.

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All other brands or marks are the property of their respective owners. 94341 VCCM

Classification: Restricted

eyeconic

vsp
Vision Care

SAVE TIME AND MONEY WITH EYECONIC.



Use your VSP® vision benefits to purchase contacts, glasses, and sunglasses online with Eyeconic®.

The best part? **You'll save an additional 20% on eyewear**, just for being a VSP member. Here's how to start saving:



1. **Find your product.** More than 50 brands you know and love. All at the best possible price when you apply your benefits.



2. **Customize your order.** Choose your lenses, upload your prescription, and see your savings in real time.



3. **We do the rest.** Eyeconic is the only site where you can buy eyewear with your VSP insurance—in-network.

MORE REASONS TO LOVE EYECONIC:

- Free shipping and returns
- A free frame adjustment or contact consultation—on us
- Save up to \$120 on contacts with an annual supply discount
- See yourself in any pair with our Virtual Try-On tool
- Choose from 50+ popular brands like CALVIN KLEIN, Cole Haan, Nike, ACUVUE, Biofinity, DAILIES, and more

START SAVING NOW. CHECK OUT EYECONIC.COM® TODAY.

Classification: Public

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SAVE UP TO 60% ON BRAND-NAME HEARING AIDS

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000¹, and few people have hearing aid insurance coverage.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid for non-rechargeable models

Plus, with TruHearing you'll get:

- Access to a national network of more than 6,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High quality, low cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

TruHearing®

truhearing.com/vsp

HERE'S HOW IT WORKS:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

¹ Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

VSP is providing information to its members but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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Classification: Public



LIFE/STD/LTD



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045

Plan Highlights

Group Basic Life and AD&D, Supplemental and Dependent Life Insurance



Bates County Memorial Hospital

ELIGIBILITY

Each Active, Full-time employee, scheduled to work for you for a minimum of 68 hours per bi-weekly pay period, except an employee in any other class and any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- your legal spouse not legally separated or divorced from you
 - your unmarried financially dependent children* birth to 26 years.
- *natural and adopted children; stepchildren and foster children in your custody.

Age limit does not apply to handicapped children.

- A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Basic Life/AD&D:

1 times Earnings, rounded to the next higher \$1,000, subject to a minimum of \$15,000 and a maximum of \$50,000

Supplemental Life

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments

Dependent Life

Spouse

Choose from a minimum of \$5,000 to a maximum of \$50,000 in \$5,000 increments

(spouse amount may not exceed 50% of employee amount)

Dependent Child(ren)

Birth to age 26: Choice of \$5,000 or \$10,000

GUARANTEED ISSUE

Employee: \$200,000

Spouse: \$50,000

Child: all child amounts are guaranteed issue

CONTRIBUTION REQUIREMENTS

Basic Life/AD&D:

Coverage is 100% employer paid.

Supplemental Life:

Employee: Coverage is 100% employee paid.

Spouse: Coverage is 100% employee paid.

Dependent Child(ren): Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

(applicable to employee/spouse coverage)

Age	Original Benefit Reduced To
70	67% of the original amount
75	67% of the reduced amount

FEATURES

- Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- Air Bag Benefit
- FMLA/MSLA Continuation
- Portability
- Seat Belt Benefit
- Waiver of Premium

VALUE ADDED SERVICES

- Bereavement Counseling Service
- Travel Assistance Service

EXCLUSIONS

AD&D EXCLUSIONS:

AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic intoxication is a contributing factor; or to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

Plan Highlights

Voluntary Group Short Term Disability Insurance



Bates County Memorial Hospital

COVERAGE

Disability income protection insurance provides a benefit for "short term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee earning \$12,000 or more per year scheduled to work for you for a minimum of 68 hours per bi-weekly pay period, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

You may elect in increments of \$50, from a minimum of \$100 to a maximum of \$2,000 per week, up to 60% of your covered earnings (rounded to the next lower increment).

DAY BENEFITS BEGIN

Injury (accident): Benefits begin on the 15th consecutive day of disability;
Sickness (illness): Benefits begin on the 15th consecutive day of disability;

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 11 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ FMLA/MSLA Continuation

LIMITATIONS

- ▶ Pre-Existing Condition Limitation - 3/3/12

Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

Plan Highlights

Group Long Term Disability Insurance



Bates County Memorial Hospital

COVERAGE

Disability income protection insurance provides a benefit for "long term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee scheduled to work for you for a minimum of 68 hours per bi-weekly pay period, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of \$7,500 per month.

ELIMINATION PERIOD

90 consecutive days of total disability

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement Duration of Benefits

61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

CONTRIBUTION REQUIREMENTS

Coverage is employer paid.

FEATURES

- ▶ FMLA/MSLA Continuation
- ▶ Minimum Benefit Payable - \$50/15%
- ▶ Own Occupation Coverage - 24 months
- ▶ Rehabilitation provision
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit - 3 months
- ▶ Transfer of Coverage provision
- ▶ Work Incentive & Child Care provisions

VALUE ADDED SERVICES

- ▶ Travel Assistance Service

LIMITATIONS

- ▶ Mental/Nervous Illness Limitation - 24 Months out-patient
- ▶ Pre-Existing Condition Limitation - 3/6/12
- ▶ Substance Abuse Limitation - 24 Months

Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

SAMPLE FORM

HUMAN RESOURCES
PLEASE FORWARD COMPLETED FORMS TO:
Insurance Point/Arthur J. Gallagher & Co
Fax: 801-478-1710 / Phone: 801-478-1700
GBS.SaltLakeCity.ClientServices@AIG.com
1 East 5600 South Suite 240, Salt Lake City, UT 84107

**Application Form for Reliance Standard:
Basic Life & AD&D, Supplemental Term Life,
Supplemental Accidental Death & Dismemberment (AD&D),
Voluntary Short Term Disability (VSTD)**

1. Employer Section – Please complete ALL information

Employer Name: Bates County Memorial Hospital		Reliance Standard Policy Number(s): GL154646, VAR206696, VPS326847	
* Employee ID # (required):	* Employee Hire Date (required):	* EE Status Change <u>Date & Reason</u> (if applicable):	Benefit Effective Date (if approved):
*Employee Annual Salary (required):	Employee Occupation:	☐ New Hire ☐ Late Applicant	☐ Status Change ☐ Annual Enrollment
Employer-paid Basic Life Eligibility Class: ☐ Class 1 (FT Executive, Director, Physician, Dept. Head) ☐ Class 2 (FT Employee)		Work Division (required): ☐ Hospital ☐ Clinic	

2. Employee Information – Please print clearly

Employee Name: Last		First	M.
Social Security # (required):	Date of Birth (required):	Gender: ☐ Male ☐ Female	
Street/Mailing Address:	Apt. #	City	State Zip Code
Home Phone:	Work Phone:	Email Address:	

3. Spouse Information (required only if applying for spouse coverage)

Spouse Name: Last		First	M.
Social Security # (required):	Date of Birth (required):	Gender: ☐ Male ☐ Female	

4. Employee Supplemental Term Life Coverage (employee paid)

All actively-at-work full-time employees, scheduled to work at least 68 hours per 2-week pay period, may elect coverage in increments of \$10,000 to a maximum of \$500,000. Guarantee Issue is available up to \$200,000, if actively-at-work and applying within 31 days of FIRST becoming eligible for this coverage (under age 70).

Supplemental Life Monthly Rates Per \$1,000 of Coverage

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.052	\$0.052	\$0.085	\$0.117	\$0.192	\$0.268	\$0.461	\$0.493	\$0.923	\$3.268

☐ Enroll (Enter coverage amounts below)
☐ Decline Coverage
Existing Supplemental Life Amount
New/Additional Amount Requested
Total Supplemental Life Amount

5. Employee Supplemental AD&D Coverage (employee paid)

If you elect Employee Supplemental Term Life, you will also be automatically enrolled in an equal amount of Supplemental AD&D coverage.

Supplemental AD&D Monthly Rate Per \$1,000 of Coverage: \$0.033

**Automatic with election of
Employee Supplemental Life**

Employee Name: _____

6. Spouse Supplemental Term Life Coverage (employee paid)

Employees who elect Supplemental Term Life coverage for themselves may also elect coverage for a spouse in increments of \$5,000 to a maximum of \$50,000.

The spouse amount elected may not exceed 50% of the employee's Basic and Supplemental Life amount.

Guarantee Issue is available up to \$50,000, if spouse is able to perform the normal activities of a person the same age and gender, and applying within 31 days of FIRST becoming eligible for this coverage. A spouse who is hospital or home confined is not eligible.

Employees must notify their HR Department when they no longer have an eligible Spouse.

Supplemental Life Monthly Rates Per \$1,000 of Coverage

Age	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.052	\$0.052	\$0.085	\$0.117	\$0.192	\$0.288	\$0.461	\$0.493	\$0.923	\$3.268

☐ Enroll (Enter coverage amounts below)

☐ Decline Coverage

Existing Supplemental Life Amount

New/Additional Amount Requested

Total Supplemental Life Amount

7. Spouse Supplemental AD&D Coverage (employee paid)

If you elect Spouse Supplemental Term Life, you will also be automatically enrolled in an equal amount of Spouse Supplemental AD&D coverage.

Supplemental AD&D Monthly Rate Per \$1,000 of Coverage: \$0.026

Automatic with election of Spouse Supplemental Life

8. Dependent Child(ren) Supplemental Term Life Coverage (employee paid)

Employees who elect Supplemental Term Life coverage for themselves may also elect dependent child coverage in a choice of \$5,000 or \$10,000.

Dependent children are covered from live birth to age 26.

Employees must notify their HR Department when they no longer have an eligible child.

Supplemental Life Monthly Rates Per \$1,000 of Coverage: \$0.182

(Covers all eligible children, regardless of the number of children covered.)

☐ \$10,000

☐ \$5,000

☐ Decline Coverage
9. Dependent Child(ren) Supplemental AD&D Coverage (employee paid)

If you elect Child Supplemental Term Life, you will also be automatically enrolled in an equal amount of Child Supplemental AD&D coverage.

Supplemental AD&D Monthly Rate Per \$1,000 of Coverage: \$0.026

Automatic with election of Child Supplemental Life

10. Voluntary Short Term Disability (VSTD) (employee paid)

All actively-at-work, full-time employees scheduled to work at least 68 hours per 2-week pay period, may elect to enroll in Voluntary Short Term Disability.

Eligible Employees may elect an amount of insurance in increments of \$50, with a minimum election of \$100 per week to a maximum of \$2,000 per week, not to exceed 60% of weekly earnings, rounded to the next lower multiple of \$50.

Voluntary VSTD Insurance benefits begin after satisfying the 14 day elimination period and continue for a period of up to 11 weeks.

Rates Per \$10 of Covered Weekly Benefit

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.969	\$1.024	\$1.017	\$0.76	\$0.59	\$0.548	\$0.739	\$0.884	\$0.998	\$1.336	\$1.469

☐ Enroll in VSTD Coverage

(Enter coverage amounts below)

☐ Decline Coverage

Existing VSTD Weekly Coverage Amount

New/Additional VSTD Amount Requested

Total VSTD Weekly Amount Requested

- Evidence of Insurability: If any person(s) proposed to be insured for Supplemental Term Life is not actively-at-work, applying for coverage after 31 days of first becoming eligible or applying for a benefit amount over the Guaranteed Issue coverage, you must complete the Evidence of Insurability section of this form.
- Separate Evidence of Insurability will be required if any person proposed to be insured for Short Term Disability coverage is not actively-at-work, or applying for coverage after 31 days of first becoming eligible. If you decline to purchase the Short Term Disability coverage when first eligible, in the event you desire such insurance at a later date: (1) you will be required to furnish evidence of insurability at your own expense; and (2) Reliance Standard Life Insurance Company (RSL) will have the right to refuse your request.
- All applicants must sign the Authorization and Acknowledgment section on page 3.
- All applicants must complete a Beneficiary Designation as part of the application process. Changes or updates to the designation are the employee's responsibility.
- Rates and coverage limits listed on this form are subject to change in accordance with the group Policy provisions.

EVIDENCE OF INSURABILITY (FOR SUPPLEMENTAL TERM LIFE ONLY)

THIS SECTION SHOULD ONLY BE COMPLETED IF: Any person(s) proposed to be insured is not actively-at-work, applying for coverage after 31 days of becoming eligible, or applying for a benefit amount over the Guaranteed Issue Coverage.

Employer Name: Bates County Memorial Hospital	Employee Name: Last First	Employee Height:	Employee Weight:
Reliance Standard Policy Number: GL154646	Spouse Name: Last First	Spouse Height:	Spouse Weight:

Have...you or your spouse had; been told you had/have; or been treated for any of the following within the past five years:

1. Consultation with any physician or received any medical care, treatment or advice? ☐ Yes ☐ No
2. To the best of your knowledge, any physical impairment or disease? ☐ Yes ☐ No
3. Been diagnosed or treated for AIDS, AIDS related complex, or disorder of the immune system? ☐ Yes ☐ No
4. A disease of the nervous, genitourinary or digestive systems, heart or lungs, high blood pressure, diabetes, cancer or a tumor of any kind? ☐ Yes ☐ No

If you answered "Yes" to any of the above questions, please provide details in #6 below.

- | 5. Question # | Person to whom it applies | Illness or nature of injury | Date | Doctor's full name and address |
|---------------|---------------------------|-----------------------------|------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |

AUTHORIZATION AND ACKNOWLEDGMENT

I represent that to the best of my knowledge and belief each of the statements and answers is complete and true. I understand that coverage is subject to a minimum participation requirement at the employer level and if the minimum is not met, coverage may not be issued even though applications have been completed. I understand that only Reliance Standard has the authority to issue insurance coverage. No insurance is in effect prior to the personal effective date and such effective date is applicable only if on that date the employee is eligible for the coverage; has satisfied any service waiting period required by the employer; and the first premium for the coverage is paid when due. Additionally, the effective date may be deferred in accordance with coverage provisions regarding an employee who is not actively at work on the date coverage would otherwise go into effect and any enrolled dependent who is confined in a hospital or at home on the date coverage would otherwise go into effect.

I certify that I am an employee of the sponsoring organization or otherwise meet the eligibility requirements for applying for this insurance. I acknowledge that I have been advised of the features and benefits of the program offered to me through my employer.

I authorize my employer to deduct the applicable premium from my salary as consideration for Term Life Insurance on me and/or my family issued by Reliance Standard. If deduction of premium(s) should occur prior to Reliance Standard processing this application, I understand that it does not mean that coverage is in effect (premium(s) paid for coverage not issued will be returned). I authorize Reliance Standard to adjust these deductions based on underwriting changes, or rate changes resulting from age changes. During the continuance of this agreement, my employer will forward premium to Reliance Standard as it falls due. This authorization may be revoked by me by written notice to my employer.

I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, organization, institution, person or the MIB, Inc. to release any information or record(s) on me or my health to be used in determining the acceptability of my application for insurance. I authorize any such information or record(s) to be released to Reliance Standard Life Insurance Company, its reinsurers or authorized representatives. I also authorize Reliance Standard or its reinsurers to make a brief report to the MIB. This authorization, or a photographic copy, shall be binding as the original and valid for a period of not exceeding (12) months from this date. I understand that I (or my authorized representative) will be sent a copy of this Authorization upon request.

I understand that if I decline any of the coverages listed above but request to purchase such coverage at a later date: (1) I will be required to furnish evidence of insurability for myself and any dependents at my own expense; and (2) Reliance Standard Life Insurance Company will have the right to refuse my request.

PLEASE NOTE: During an approved enrollment, guaranteed issue amounts of insurance will not require medical evidence provided this application is complete, signed and received by your employer during the enrollment period and: a) you are not a late applicant with respect to insurance for yourself (and/or your spouse, if applicable); or b) the enrollment period is not one with specific guaranteed issue/health acceptability.

Please review the application for completeness before signing. Incomplete sections may cause coverage to be delayed or declined.

Applicant Signature (required): _____

Date: _____

Spouse Signature (if applicable): _____

Date: _____



PLEASE RETURN COMPLETED
BENEFICIARY FORMS TO HUMAN RESOURCES

BENEFICIARY DESIGNATION

Policyholder: Bates County Memorial Hospital		Reliance Standard Policy Number(s): GL154646, VAR206696	
Insured Name:		Insured Social Security Number:	Insured Date of Birth:
Insured Street Address:	Apt. #	City	State Zip Code

I hereby designate the following as my beneficiary(ies) under the above policy number(s):

Primary Beneficiary(ies)

Full Name and Address:	Date of Birth:	Social Security Number:	Relationship:	Percentage* (Must total 100%)

Beneficiary for Spouse and Child coverage is automatically the employee.

*If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) – applicable only if you are not survived by one or more primary beneficiaries

Full Name and Address:	Date of Birth:	Social Security Number:	Relationship:	Percentage* (Must total 100%)

* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

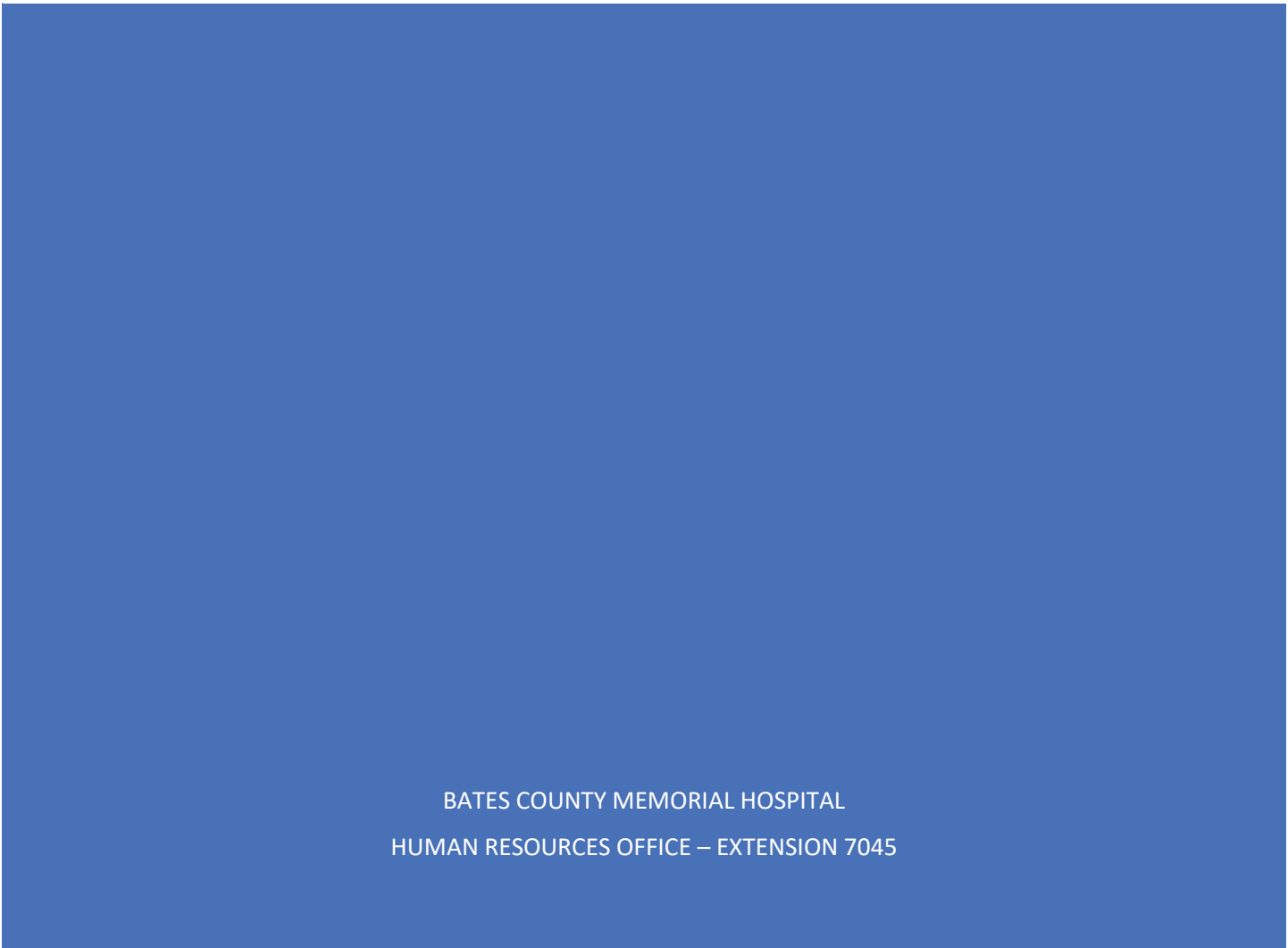
- This beneficiary designation revokes all revocable prior beneficiary designations.
- Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date:	Signature of Insured:
-------	-----------------------

This completed form must be retained by the policyholder (or Plan Administrator, if different). In the event of the death of the Insured, the original must be submitted to Reliance Standard Life Insurance Company along with the required Proofs of Loss (see claim form).



RETIREMENT



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045

BATES COUNTY MEMORIAL HOSPITAL PENSION PLAN OPTIONS

Effective January 1, 2021

Hospital Sponsored Pension – 401(a) Profit Sharing Plan

- Normal retirement is age 62.
 - Can begin withdrawing retirement benefits at age 62 and continue working.
- BCMH matches up to 5% of gross earnings deferred into the 401(a) by participants, per IRS limits.

403(b) Voluntary – Pre-Tax

- Maximum contribution under age 50 is \$19,500
- Maximum contribution age 50 and over is \$26,000 (catch-up provision)
- Normal Retirement is age 62.
 - Can begin withdrawing VOLUNTARY contributions at age 59 ½ and continue working.

403(b) Voluntary – ROTH After-Tax

- Maximum contribution under age 50 is \$19,500
- Maximum contribution age 50 and over is \$26,000 (catch-up provision)
- Normal Retirement is age 62. To avoid taxes on earnings, money must be in account for minimum of five years (based on date of first deposit.)

457 Voluntary – Pre-Tax

(NOT ELIGIBLE FOR RETIREMENT MATCH)

- Maximum contribution under age 50 is \$19,500
- Maximum contribution age 50 and over is \$26,000
- Normal Retirement Age is 65. Cannot begin withdrawing benefits and continue working until age 70 ½.

457 Voluntary – ROTH

(NOT ELIGIBLE FOR RETIREMENT MATCH)

- Maximum contribution under age 50 is \$19,500
- Maximum contribution age 50 and over is \$26,000
- Normal Retirement Age is 65. Cannot begin withdrawing benefits and continue working until age 70 ½.



Retirement Plan Highlights

IMPORTANT INFORMATION ABOUT THE Bates County Memorial Hospital Voluntary Tax Deferred Retirement Plan #BCM-001 Bates County Memorial Hospital Employees' Profit Sharing Plan #BCM-002

Enroll in the plan	• Online at www.lincolffinancial.com/Register • Via Participant Services at 800.234.3500 • Beneficiary Information maintained by Lincoln Financial
Access your account	• Online: www.lincolffinancial.com • New Users use www.lincolffinancial.com/Register & follow the prompts • Phone: 800.234.3500
Get expert financial help	• Contact our Infitas Retirement Plan Team • retirementplans@infin taskc.com • 913.563.7336 or 855.213.6001

Plan Details:

Eligibility Requirements	• Salary Deferral: No service or age requirement • Company Contribution: One year of service (must work at least 1,500 hours) – no age requirement & per diem employees are excluded
Date you can join the plan	• Salary Deferral: Immediate • Company Contribution: First day of the month
Your Contributions	• 2019 Salary Deferral Contribution Limit: \$19,000 • 2019 Additional catch-up contribution (if age 50 or older): \$6,000 • Special 403(b) Catch Up Contribution if worked 15+ years
Automatic Enrollment	• Unless otherwise elected, 3% of your pre-tax compensation will be automatically withheld from your pay each payroll period
Company Contribution Vesting Schedule	• Less than 5 years of service = 0%; 5 years = 100% • 1 year of services = 1,500 hours of work
Withdrawal Options	• Salary Deferrals: Attainment of age 59 ½ • Company Contributions: Attainment of age 62 • Salary Deferrals: Qualified Reservist • Rollover at Any Time • Cash Distribution at Termination • Loans are not allowed
Default Investment Alternative	• Moderate Age-Based Models

This document was developed using information provided by your plan administrator or TPA and is not a Summary Plan Description. For more details, see your Summary Plan Description or Plan Document, or speak with your plan administrator. If the event of a discrepancy, the Plan Document will be considered accurate.

10801 Mastin Boulevard | Suite 370 | Overland Park, KS 66210 | 913.563.7300 | 913.563.7301 fax

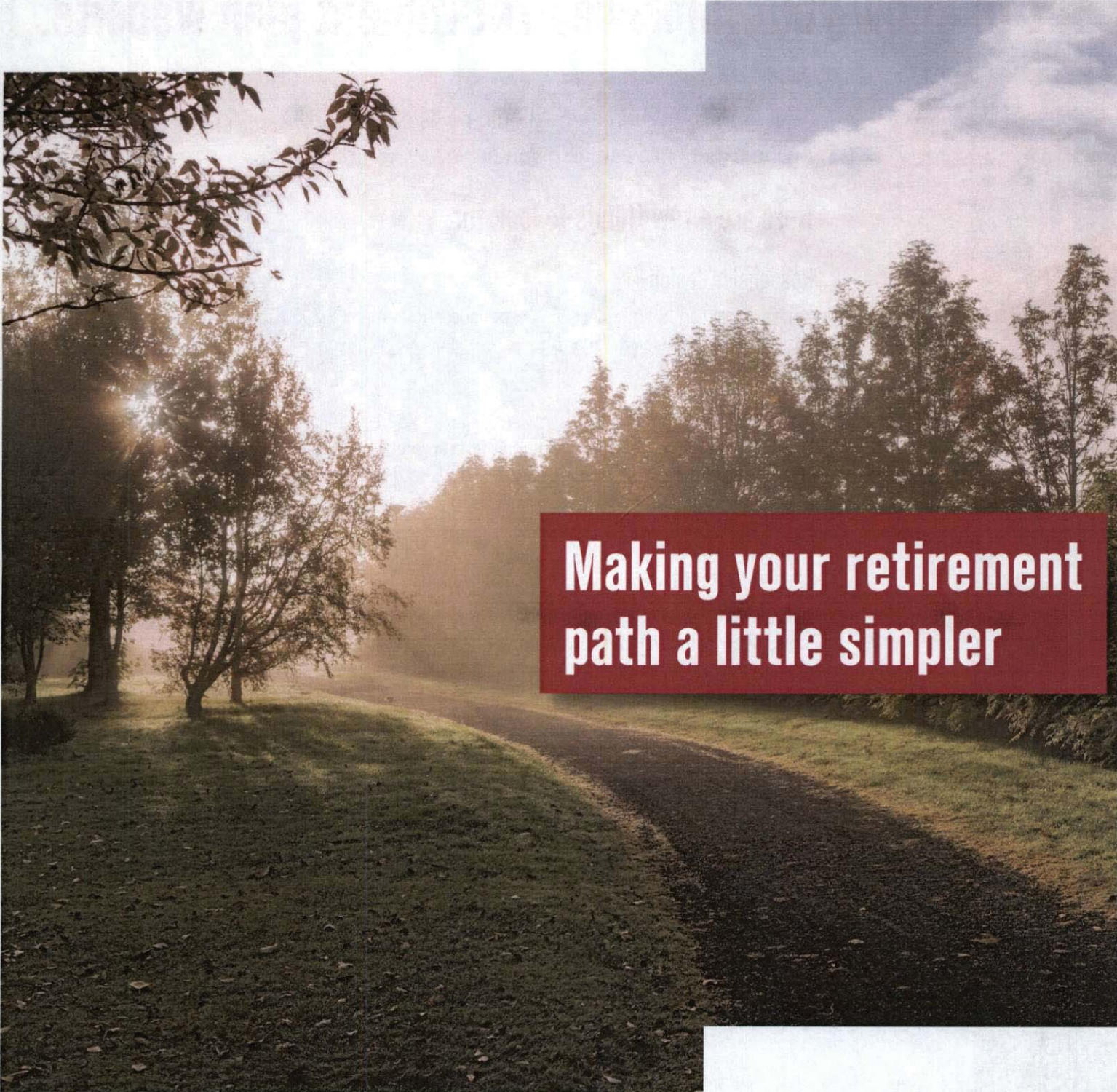
Securities and Advisory Services offered through Commonwealth Financial Network® Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and services offered through CES Insurance Agency. Rev 05/2016





You're In Charge®

RETIREMENT PLAN SERVICES

A photograph of a gravel path winding through a forest. The sun is low on the horizon, creating a warm, golden glow and long shadows. The trees are silhouetted against the bright sky. The path leads from the foreground into the distance, disappearing into the trees.

**Making your retirement
path a little simpler**

The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

2070238

Get to know your improved retirement plan website.

Your journey to retirement should be as easy as possible. A personalized online experience can help you achieve your goals.

Here are a few things to look for:

Responsive design

You can enjoy an optimized viewing experience, no matter how you access our site—desktop, laptop, tablet, or smartphone.

Modular account dashboard

All of the tools you need to navigate your retirement journey are available in a single user-friendly dashboard view.

Easy enrollment

If you haven't yet enrolled, register for online access at LincolnFinancial.com/Register.

With just a few clicks, you're on your way!

- 1 Select the amount you'd like to contribute.
- 2 Confirm your investment option—either the default investment or one you prefer—and click Submit. That's it! You're enrolled.

All options may not be available for all plans. The display you see when you log in is based on your plan's offerings.

The screenshot shows the Lincoln Financial Group website for an ABC Retirement Plan. The user is at the enrollment stage, prompted to 'Join your plan today! Save for the future with a few simple steps.' The interface is divided into two main steps:

STEP 1 | How much can you contribute each paycheck?

Options for contribution percentage are displayed as buttons: 4% PRETAX, 7% PRETAX (selected), 10% PRETAX, and OTHER. A 'Way to go.' message is shown below the 7% option.

STEP 2 | Where do you want to invest your savings?

The default investment is 'Stadion Managed Account' at 100%. A note states: 'If you click submit without making an investment election, your default into this investment option selected by your employer. You can always transfer out of the default investment at any time.'

Below this, there is a section titled 'Choose from the line-up of investments in your plan' with a table of investment options:

Investment Name	Investment Style	YOU'VE INVESTED 0%
AM FDS EUROPEAN GROWTH A	INTERNATIONAL EQUITY	0%
AM FDS GROWTH FUND OF AMERICA A	U.S. EQUITY	0%
AM FDS WASHINGTON MUTUAL A	U.S. EQUITY	0%

For illustration purposes only. Actual screens subject to change.

Modular account dashboard

1 Summary tab

See a dashboard view of your account.

2 Contributions tab

The Contributions tab allows you to easily change the amount you're saving for retirement.*

3 Planning tab

Dive deeper into your retirement income estimate by entering additional inputs and saving an alternate retirement scenario.

4 Account balance

Get a current look at account and vested balances.

5 Retirement income snapshot

Get a personalized estimate of your monthly retirement income compared to your income goal, and see how changing variables like your contribution rate or retirement age may affect the results.

6 Contribution rate

See your current contribution rate, and use simplified contribution increase options to take action.*

7 My Preferences

Manage your beneficiary elections, as well as address and email information.

8 Statements

View your quarterly statements online.

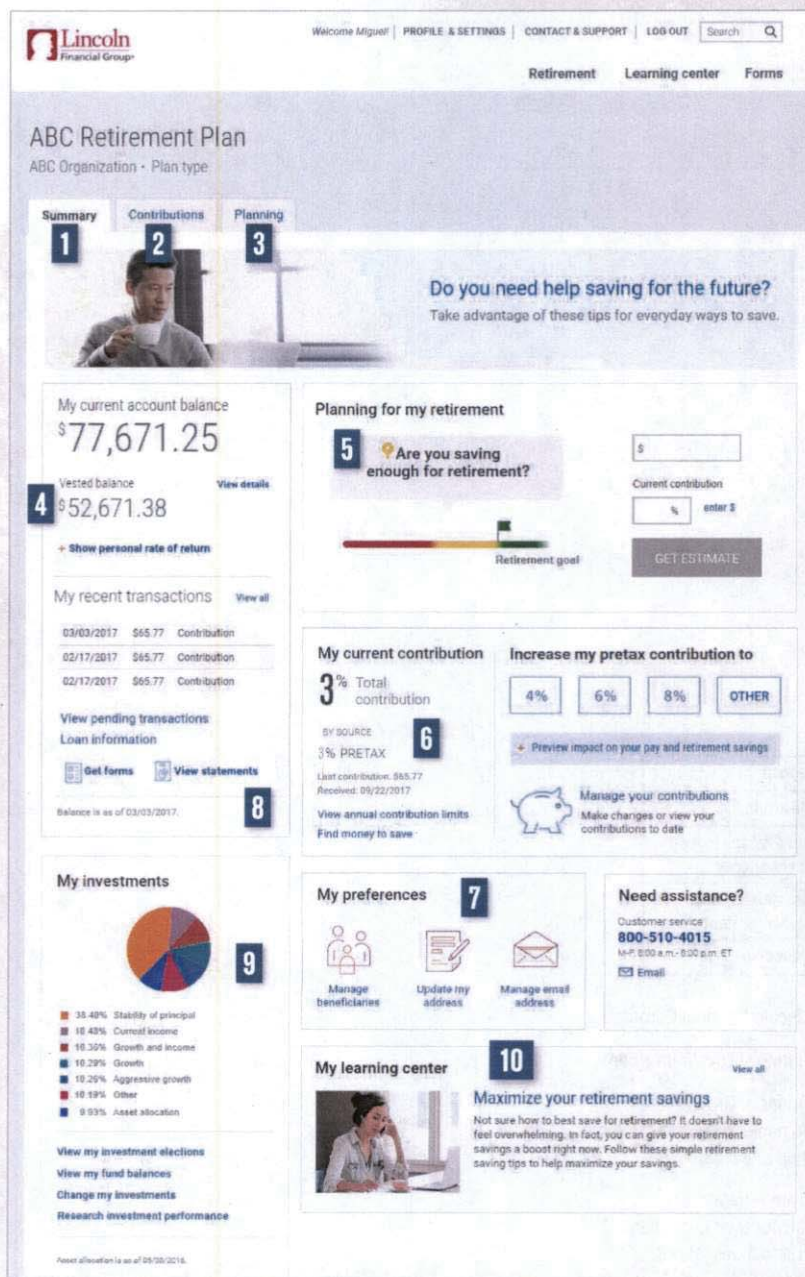
9 Asset allocation

View or change your current asset allocation.

10 Educational content

Use the information provided by these articles, worksheets, and videos to help you make informed decisions.

*May not be available for all plans



For illustration purposes only. Actual screens subject to change.

Discover the features of your website by logging in to
your account at LincolnFinancial.com/Retirement.

Not a deposit
Not FDIC-insured
Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

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POD 4/18 Z02

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529 COLLEGE SAVINGS PLANS

529 Investment Plans are popular college-savings vehicles with tax advantages. They allow you to save for educational expenses today that your child or family member can use later. As your benefit partner, we'd like to share information regarding your Employer Sponsored 529 College Savings Program!

- Funds can be used for Kindergarten through College
- State tax deduction on contributions (state specific – some states don't offer)
- Tax-free withdrawals (if used for qualified education expenses i.e. tuition, housing, or books)
- High quality mutual fund investments to pick from
- Tax-deferred investment growth
- Payroll deduct contributions, or employee funded through your personal checking
- Online access to your account 24/7 through website or mobile app
- Start or stop funding at any time
- Anyone can contribute, including other family members
- It's portable and will follow you through career changes
- Rollovers and roll-ins are permitted
- Accounts can be transferred from one beneficiary to another
- No set-up fee
- No annual maintenance fee
- As an employee, you receive the most cost-effective investment solutions; Institutional P-Shares that are not offered to retail investors
- Credit Card available, 2% of all purchases are put directly into your 529 account tax-free

YOUR PLAN PARTNER

Infinitas is pleased to work with your Employer and offer this program to you. We are your plan advisors and look forward to helping you save for your educational expenses.

For more information or to get started, contact us!



Heather Brandt

Administrative Assistant

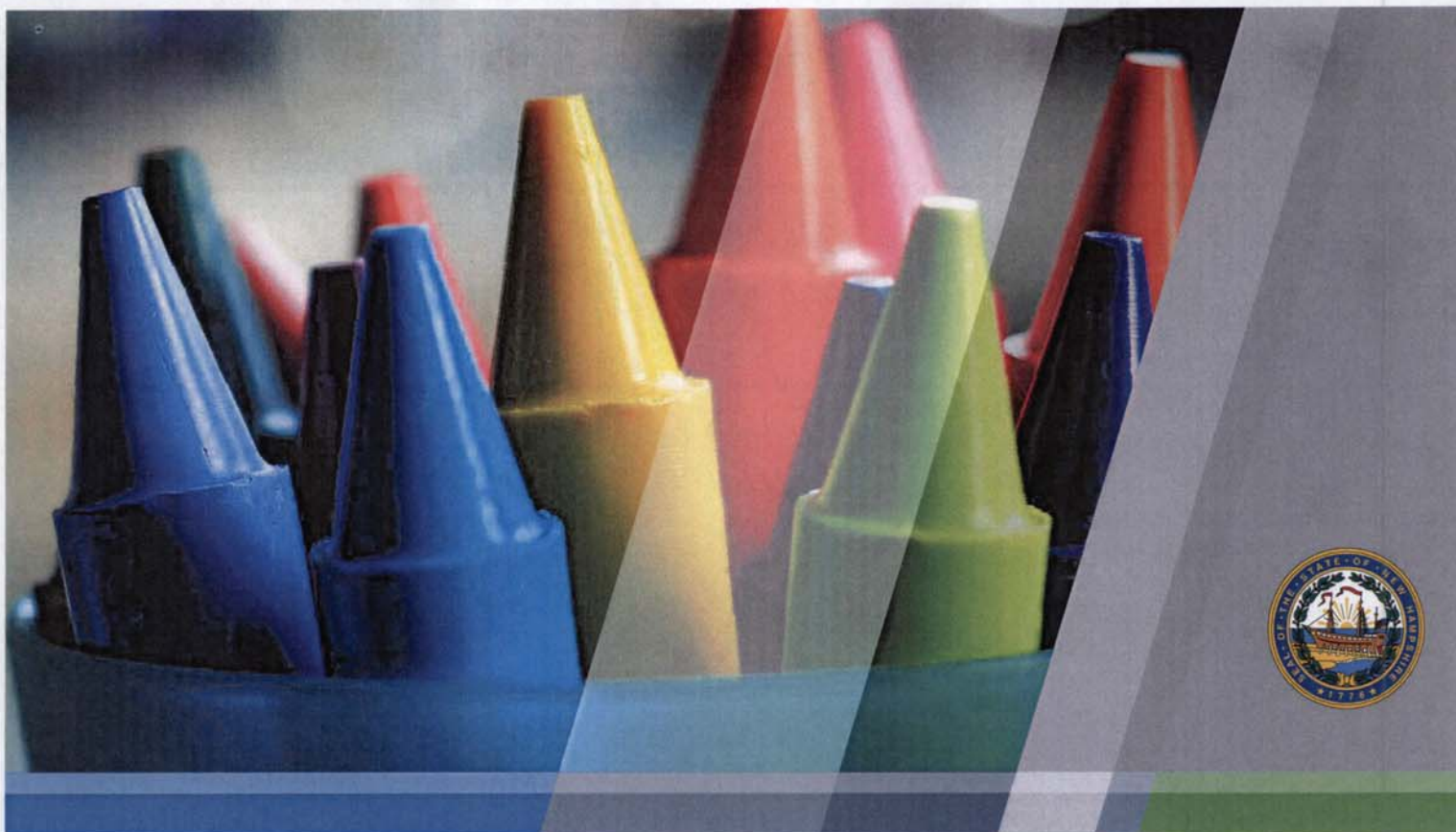
913-563-7300, ext. 7324 | heather@infinitaskc.com



www.infinitaskc.com

10801 Mastin Boulevard, Suite #370 Overland Park, KS 66210

The fees, expenses, and features of 529 plans can vary from state to state. 529 plans involve investment risk, including the possible loss of funds. There is no guarantee that **an education** funding goal will be met. In order to be federally tax-free, earnings must be used to pay for **qualified education expenses**. The earnings portion of a nonqualified withdrawal will be subject to ordinary income tax at the recipient's marginal rate and subject to a 10-percent penalty. By investing in a plan outside your state of residence, you may lose any state tax benefits. 529 plans are subject to enrollment, maintenance, and administration/management fees and expenses.



Fidelity Advisor 529 Plan

Start investing today.

Be ready for college tomorrow.





A 529 plan is a tax-advantaged investment vehicle designed to save for the higher education expenses of a beneficiary.

Invest in a Child's Future with a Fidelity Advisor 529 Plan

A 529 plan can be a smart strategy for covering the cost of college – and for good reason. These plans offer several benefits that can help make the most of the money you invest for college.

Tax Advantages	Control and Flexibility	Accelerated Gifting
When you invest your money for college in a 529 plan: • Withdrawals are free from federal income taxes when used for qualified higher education expenses such as tuition and room and board. • Your earnings grow tax deferred.	Unlike other savings accounts, a 529 plan offers the owner: • Complete control of the account, even after the beneficiary turns 18. • Flexibility to use the assets at most accredited colleges and universities.¹ • No income requirements for opening an account.	Gifts made to a 529 plan are good for the giver and the receiver: • Accelerated gifts may result in a larger future 529 plan account balance over time, thanks to compounding. • Assets gifted to a 529 plan are considered immediately removed from the donor's estate, which may help reduce or eliminate estate taxes.

¹. Includes many vocational and technical schools and eligible foreign institutions.

Make the Most of Every Dollar

The goal of sending a child to college is one of the most significant – ranking right up there with saving for retirement or for a house.

So it's important that you make the most of every dollar that you invest.

Earnings are tax deferred,
and that may translate into
more money for college.

Over 18 years, an advantage of
more than \$31,000

HYPOTHETICAL EXAMPLE

Investing in a tax-deferred
(529 plan) account
\$181,121

Investing in a
taxable account
\$149,473

This hypothetical example compares the after-tax amounts potentially available after 18 years of investing in a tax-deferred (529 plan) account versus a taxable account. Assumptions include an initial after-tax investment of \$10,000 and a \$350 monthly after-tax investment at a 7% annual rate of return compounded monthly for 18 years for the tax-deferred (529 plan) account. The taxable account assumes an imputed constant annual federal income tax rate of 25% on earnings. Local and state taxes, inflation, fees, and/or expenses are not taken into account. If they had been deducted, performance would have been lower. The ending value of the tax-deferred (529 plan) account assumes all distributions will be used for qualified higher education expenses and therefore are federal income tax free.

Investors may realize capital gains or capital losses in any year that they sell fund shares within a taxable account, although this example does not take into account capital loss carryforwards or other tax strategies used to reduce taxes that could be incurred in a taxable account. Lower capital gains, dividend tax rates, or tax rates in general would make the return for the taxable account more favorable. The earnings on distributions from a 529 plan not used on qualified higher education expenses are subject to federal income taxes and a 10% penalty.

See back page for important information on all hypothetical examples.

Start Early

The arrival of a new child certainly comes with its share of added expenses and responsibilities.

While investing for college may not feel like a priority when the child is young, it should be – especially in light of skyrocketing tuition costs.

Every year you wait may be a missed opportunity.

HYPOTHETICAL EXAMPLE

Invest \$350 a month for 18 years in a tax-deferred account, assuming a 7% annual rate of return.

Age of Child When Investing Begins	Years until College	Potential Accumulation by College Age	Potential Missed Opportunity*
Newborn	18	\$148,154	\$0
1 year old	17	\$134,389	\$13,765
3 years old	15	\$109,502	\$38,652
5 years old	13	\$87,765	\$60,389

* Represents amounts that could have been accumulated in a hypothetical tax-deferred (529 plan) account but that may have been accumulated in other investment vehicles instead. Other investment vehicles may offer tax-free or tax-deferred savings opportunities. **The chart is not intended to predict or project the performance of any investment. Past performance is no guarantee of future results.**

Assumptions include regular monthly investments of \$350 into a tax-deferred account (529 plan) at a 7% annual rate of return compounded monthly over a series of different time periods (18, 17, 15, and 13 years). The regular monthly contributions are assumed to be made at the beginning of each month. **Local and state taxes, inflation, fees, and/or expenses are not taken into account. If they had been deducted, performance would have been lower.** The ending value of the tax-deferred (529 plan) account assumes all distributions will be used for qualified higher education expenses and therefore are federal income tax free. Any earnings on nonqualified distributions from 529 plan accounts are subject to federal income taxes at the Distributee's rate as well as a 10% federal penalty tax. Periodic investment plans do not guarantee a profit or protect against a loss in a declining market. **Your performance will vary, and you may have a gain or loss when you sell your units.**

Invest Regularly

Once you begin saving for college, it's critical that you keep contributing. We all lead busy lives that are often governed by tight budgets. But that doesn't mean you can't keep your college investing plan on track.

Regular contributions over time can really add up.



The hypothetical illustrates the aggregate growth (total ending balance) of four monetary scenarios in a tax-deferred (529 plan) account **over 18 years, assuming a 7% annual rate of return**. All investments are made at the beginning of each month. Contributions to a 529 plan account must be made with after-tax dollars. The total investor contribution is \$110,800. Total gifts to an individual that exceed the annual federal exclusionary amount may be subject to federal gift taxes. The ending value of the tax-deferred 529 plan account assumes all distributions will be used for qualified higher education expenses and therefore are federal income tax free. Any earnings on nonqualified distributions from 529 plan accounts are taxable at the Distributee's income tax rate and are subject to a 10% federal penalty tax. Past performance is no guarantee of future results. Your performance will vary, and you may have a gain or loss when you sell your units. **Periodic investment plans do not ensure a profit or protect against a loss in a declining market.**

One-time accelerated gifts: good for the receiver and the giver.

Receiver: Accelerated gifts may result in a larger future 529 plan account balance over time, thanks to compounding.

Giver: Assets gifted to a 529 plan are considered immediately removed from the donor's estate, which may help reduce or eliminate estate taxes.

Borrow Less

When it comes to covering college tuition bills, many families have two choices: invest now, or borrow tomorrow when the first bill arrives. Today many families choose a combination of both.

Borrowing alone could more than double the amount of your payments.*

Investing	vs.	Borrowing
\$350 Monthly payment		\$1,142 Monthly payment
\$148,154 Total amount available for college		\$246,764 Total cost to repay a \$148,154 loan
Invest for 18 years, earning a 7% annual rate of return.		Borrow \$148,154 and pay it off monthly over 18 years at a 6.41% interest rate.

This chart is for illustrative purposes only and is not indicative of any investment. Results of investing in a tax-deferred account are based on a 7% annual rate of return with earnings compounded and do not reflect the actual performance of any particular product or interest rate of any particular loan. The loan assumes a 6.41% annual interest rate – the highest rate on a PLUS loan that a parent can take out for educational purposes.

True or false?

Saving too much in a 529 plan can hurt financial aid possibilities.

X False

In fact, a 529 plan has less impact on financial aid than many people realize.† That's because today's federal financial aid formula considers roughly:

- 5% of parents' assets (for example, a 529 plan). If grandparents own the account, none of the value is included.
- 20% in a tax-deferred account of a child's assets (for example, an UGMA/UTMA).

† The College Board, 2012.

* Local and state taxes, inflation, fees, and expenses were not taken into account. If they had been deducted, performance would have been lower. These hypotheticals are not intended to predict or project the investment performance of any security.

Choose the Investment Tradition of Fidelity

Fidelity is a leading provider of 529 plans, grounded in a long tradition of investment expertise and innovation – and backed by a solid reputation for helping investors meet their needs.

The Fidelity Advisor 529 Plan offers a fluid, age-based approach to help meet changing allocation needs.

- Eight age-based portfolios seek to increase returns early in the investing process, and preserve potential earnings as withdrawal gets closer.
- An active asset allocation approach allows portfolio managers to make small investment changes that may differ from strategic targets and potentially improve outcomes.*

Asset Class	Age							College 18+
	0	3	6	9	12	15	18	
U.S. Equity Funds	63%	61%	55%	47%	37%	28%	17%	15%
Non-U.S. Equity Funds^	26%	25%	22%	19%	15%	11%	6%	5%
Bond Funds	12%	13%	22%	31%	38%	42%	41%	40%
Short-Term Funds	0%	0%	0%	4%	10%	21%	36%	40%

MORE AGGRESSIVE

LESS AGGRESSIVE



Portfolio allocations shift gradually each year.

^ Includes developed and emerging-market funds.

The table above illustrates the approximate target asset allocation for the Fidelity Advisor 529 Plan Age-Based Portfolios and how these allocations may change over time. Due to rounding and/or cash balances, asset allocations may not equal 100%. Asset allocation percentages are based on long-term strategic weights and may not necessarily align with actual current weights. This table is not intended to represent current or future allocations in any Portfolio.

* Although an active asset allocation strategy within the Age-Based Portfolios is designed to add value to the Portfolios, there is no guarantee any value will be added, and the strategy may result in losses to the Portfolios or may cause the Portfolios to have a different risk profile.

Get a Range of Investment Options

Flexibility is important when it comes to investing for long-term financial goals like college. The Fidelity Advisor 529 Plan lets you choose from a range of portfolios and modify your choices over time.



More than 25 portfolios. In addition to our eight age-based portfolios, we offer static allocation and individual fund portfolios – so you, with help from your advisor, can build your own customized Fidelity Advisor (FA) 529 portfolio.

2 static allocation portfolios

- FA 529 Aggressive Growth Portfolio
- FA 529 Moderate Growth Portfolio

17 individual fund portfolios

Domestic equity

- FA 529 Dividend Growth Portfolio
- FA 529 Equity Growth Portfolio
- FA 529 Equity Income Portfolio
- FA 529 Growth Opportunities Portfolio
- FA 529 New Insights Portfolio
- FA 529 Small Cap Portfolio
- FA 529 Stock Selector Mid Cap Portfolio
- FA 529 Value Strategies Portfolio

International equity

- FA 529 Diversified International Portfolio[‡]

Fixed-income

- FA 529 High Income Portfolio[‡]
- FA 529 Inflation-Protected Bond Portfolio
- FA 529 Limited Term Bond Portfolio[¶]
- FA 529 Strategic Income Portfolio
- FA 529 Total Bond Portfolio

Money market

- FA 529 Money Market Portfolio[†]

Asset allocation

- FA 529 Global Strategies Portfolio
- FA 529 Strategic Dividend & Income Portfolio

[‡] The FA 529 Diversified International Portfolio and FA 529 High Income Portfolio impose a 1% short-term redemption fee on units held less than 30 and 90 days, respectively. See Offering Statement for more details.

[¶] Prior to 10/30/13, the portfolio was named FA 529 Intermediate Bond Portfolio.

[†] An investment in the Fidelity Advisor 529 Money Market Portfolio is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. It is possible to lose money by investing in the Portfolio.

Invest in a Lifetime with a Fidelity Advisor 529 Plan

When you contribute to a 529 plan to help prepare for college expenses, you're investing in the future of a child you care about. That's because the advantage of a college education can be significant.

Open an Account	Let It Grow	Get Ready for College
• No income restrictions on participation • Name anyone as beneficiary • Customize your investment strategy • Transfer assets in from other investments² • Consider accelerated gifting and estate-planning benefits	• Any investment earnings grow federal income tax deferred • You make systematic investments and maintain control over the account • You and your advisor manage your account, and Fidelity manages the portfolios	• Withdraw assets federal and state income tax free for qualified higher education expenses³ • Use the money at most accredited colleges and universities nationwide⁴ • Potentially receive more favorable federal financial aid decisions than with other college investment options • Change the beneficiary for unused assets⁵

Ask your advisor about the Fidelity Advisor 529 Plan today.

². Consult a financial or tax advisor regarding your specific financial situation. ³. Consult your state, as not all states allow for qualified withdrawals to be state income tax free for out-of-state plans. ⁴. Includes many vocational and technical schools and eligible foreign institutions. ⁵. Some restrictions apply. See the Offering Statement for more details on changing a beneficiary.

Frequently Asked Questions

Q: Who can open a Fidelity Advisor 529 Plan account?

A: Anyone living in any state may participate in the Fidelity Advisor 529 Plan, but they should check with their own state's plan to see if it offers its residents alternate state tax advantages or other benefits.⁶

Q: Does my beneficiary have to attend a college or university in a particular state?

A: No. Fidelity Advisor 529 Plan assets can be used to pay for qualified higher education expenses at any accredited college or university in the United States (and at many vocational and technical schools and eligible foreign institutions).

Q: What if my beneficiary doesn't attend college?

A: You can change the beneficiary to an eligible family member of the original beneficiary.⁷

Q: Can I transfer assets from another savings plan into a Fidelity Advisor 529 Plan account?

A: Yes. You may roll assets over to our plan from another 529 plan, a Coverdell account (ESA), or from U.S. savings bonds. However, there are some restrictions and considerations that you should discuss with your advisor.⁸

Q: Is there a maximum contribution for each of my beneficiaries?

A: Yes. The most you can contribute to all Fidelity Advisor 529 Plan accounts for a given beneficiary is currently \$375,000.⁹



⁶. The Participant who opens the account must be a U.S. resident, have a Social Security number or Tax ID, and be 18 years or older at the time the account is opened. ⁷. See Offering Statement for details. ⁸. Federal tax law allows one 529 account per beneficiary to be rolled over in any 12-month period without changing beneficiaries. ⁹. The cap is evaluated periodically by the state to reflect the rising cost of college.

Experience the Fidelity Difference advisor.fidelity.com

Fidelity Representative | 800-544-9999



The Fidelity Advisor 529 Plan is offered by the state of New Hampshire and managed by Fidelity Investments. If you or the designated beneficiary is not a New Hampshire resident, you may want to consider, before investing, whether your state or the designated beneficiary's home state offers its residents a plan with alternate state tax advantages or other benefits.

Units of the Portfolios are municipal securities and may be subject to market volatility and fluctuation.

Not NCUA or NCUSIF insured. May lose value. No credit union guarantee.

Unless specifically indicated in an investment option's detailed description, principal invested is not guaranteed at any time, including at or after the target date.

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Consider your current and anticipated investment horizon and income tax bracket when making an investment decision, as the illustrations presented may not reflect these factors. Systematic investing does not ensure a profit and does not limit loss in a declining market. All hypothetical examples are for illustrative purposes only and do not represent the performance of any security. The assumed rate of return used in these examples is not guaranteed, and you may have a gain or loss when you sell your units. Investments that have the potential for a 7% annual rate of return also come with risk of loss.

The tax and estate planning information contained herein is general in nature, is provided for informational purposes only, and should not be construed as legal or tax advice. Fidelity does not provide legal or tax advice. Fidelity cannot guarantee that such information is accurate, complete, or timely. Laws of a particular state or laws which may be applicable to a particular situation may have an impact on the applicability, accuracy, or completeness of such information. Federal and state laws and regulations are complex and are subject to change. Changes in such laws and regulations may have a material impact on pre- and/or after-tax investment results. Fidelity makes no warranties with regard to such information or results obtained by its use. Fidelity disclaims any liability arising out of your use of, or any tax position taken in reliance on, such information. Always consult an attorney or tax professional regarding your specific legal or tax situation.

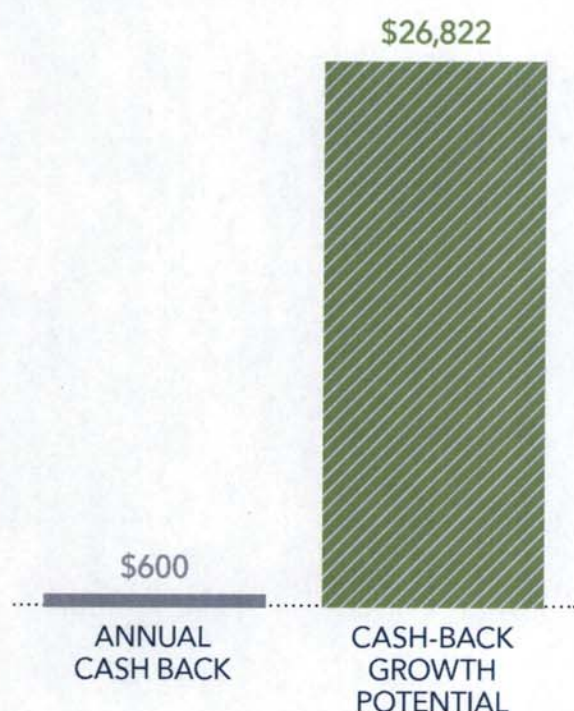
Before investing, consider the Plan's investment objectives, risks, charges, and expenses. Contact your investment professional or visit advisor.fidelity.com for a free Offering Statement. Read it carefully before investing.

2% is just the beginning.

Getting unlimited 2% cash back could mean even more college savings.

This example shows how directing your rewards into a Fidelity Advisor 529 college savings plan account can potentially grow over time.

20-year hypothetical value of your 2% cash back contribution



\$2,500 in monthly credit card purchases

This chart is for illustrative purposes only. Your actual rewards earned will depend on your pattern of purchases.³

¹You will earn 2 points per dollar in net purchases (purchases minus credits and returns) that you charge. The account must be open and in good standing to earn and redeem rewards and benefits. Please refer to your Rewards Program Rules that will be sent with your card for additional information. The 2% rewards value applies only to points redeemed for a deposit into an eligible Fidelity account. The redemption value is different if you choose to redeem your points for other rewards. Other restrictions apply.

²The APR may vary, and as of 02-24-16 the variable APR for Purchases and Balance Transfers is 14.24%. The variable APR for Cash Advances is 24.24%. Cash Advance fee: 3% of each advance amount, \$5 minimum. Convenience Check fee: 3% of each check amount, \$5 minimum. Cash Equivalent fee: 3% of each cash amount, \$10 minimum. Balance Transfer fee: 3% of each transfer amount, \$5 minimum. There is a \$2 minimum interest charge where interest is due. The annual fee is \$0. Foreign Transaction fee: 1% of each foreign purchase transaction or foreign ATM advance transaction in U.S. dollars. 1% of each foreign purchase transaction or foreign ATM advance transaction in a foreign currency. We may change APRs, fees, and other account terms in the future based on your experience with Elan Financial Services and its affiliates as provided under the Cardmember Agreement and applicable law.

³Past performance is no guarantee of future results. Actual results will vary. This hypothetical is for illustrative purposes only in order to demonstrate the potential effect of investing 2% of a cardholder's monthly Fidelity® Rewards Visa Signature® Card Visa Signature® Card purchases into an eligible Fidelity account. This example is not intended to predict or project the performance of any investment security. This example assumes the following: The cardholder elects to turn all available earned rewards points into a deposit into an eligible Fidelity account for a period of 20 years. The credit card balance is paid off in full each month and no funds are withdrawn from the eligible account during the 20-year period. The hypothetical investment return is calculated as a constant 7% throughout the 20-year period, and is not a guaranteed rate of return. The future value is the result of compound growth calculation using the above assumptions. Taxes, inflation, fees, and/or expenses have not been taken into account. If they had been deducted, performance would be lower. Performance will vary and you may have a gain or a loss when you sell shares.

⁴Eligible accounts include most nonretirement registrations as well as traditional IRA, Roth IRA, rollover IRA, SEP IRA, and Fidelity-managed 529 college savings plan accounts. The ability to contribute to an IRA or 529 college savings plan account is subject to IRS rules and specific program policies, including those on eligibility and annual and maximum contribution limits. Full details appear in the Program Rules that new card customers receive with their card. The list of eligible registration types may change without notice at Fidelity's sole discretion. For more information about whether a particular registration is eligible, please call 1-800-FIDELITY (1-800-343-3548).

⁵Elan Financial Services provides zero liability for unauthorized transactions. Cardmember must notify Elan Financial Services promptly of any unauthorized use. Certain conditions and limitations may apply.

⁶Certain terms, conditions and exclusions apply. Please refer to the Visa Guide to Benefits that will be sent with your card for further details. Cardmembers are responsible for the cost of any goods or services purchased by the Visa Signature Concierge on cardmembers' behalf.

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FIDELITY INVESTMENTS INSTITUTIONAL SERVICES COMPANY, INC.,
500 SALEM STREET, SMITHFIELD, RI 02917

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The Fide
529 Col
Visa Sig

Get unlimite
everywhere
can save in a
college savin



No Limi
No



The Fidelity Investments 529 College Rewards® Visa Signature

You already have a few credit cards in your wallet, so why not replace them with one that can help you save for college?

The Fidelity Investments 529 College Rewards® Visa Signature® Card rewards you with unlimited 2% cash back and some of the

Here's how it works:

① Make a purchase

Shop at your favorite store, online, or anywhere Visa is accepted. For every dollar you spend, you'll get 2 points. For every \$2,500 spent, you'll earn 5,000 points. That's equal to \$50 cash back when deposited into an eligible Fidelity account. No limits. No categories. No kidding.

② Get unlimited 2% cash back

Set up one-time or automatic deposits right into your eligible Fidelity account.⁴

③ Save for school

By using your rewards to power your investments, you could potentially save even more for your college education. Family members can even link their Fidelity College Rewards card to your Fidelity Advisor 529 college savings plan account to help your savings add up even faster.

Plus, you'll get it all without paying an annual fee.

Plus, get these perks:

🌐 Accepted around the world

With Visa, you can use your card at millions of places and online.

🛡️ Purchase protection

With our EMV chip-enabled card, we've got you covered. Get reimbursed for 100% of fraud losses due to unauthorized use of your account.⁵

☎️ 24/7 customer service

Rely on our U.S.-based customer service team to be available any time, day or night, 24/7.

📱 Pay with your phone

This card is compatible with Apple Pay®, Samsung Pay, and Android Pay™, so you can make fast and secure purchases without swiping your card.

🎁 Redeem for other rewards

Besides cash back, you can also redeem points to book travel, buy gift cards, get statement credits, and shop brand names on our Rewards site. Plus, you can take advantage of Visa Signature Benefits and Visa Signature Concierge Services.⁶



Apply
Fidelit
888.3

Fidelity Advisor 529 Plan is offered by the state of New Hampshire and managed by Fidelity Investments. If you or the designated beneficiary is not a New Hampshire resident, you may be able to use your state or the beneficiary's home state offers its residents a plan with alternate state tax advantages or other benefits.

Some of the portfolios are municipal securities and may be subject to market volatility and fluctuation.

Before investing, consider the Plans' investment objectives, risks, charges, and expenses. Contact Fidelity or visit advisor.fidelity.com for a free Offering Statement. Read it carefully.



Retirement Plan Assistance Request

Congratulations!!

Using your company sponsored retirement plan is a huge step in securing your financial future. By filling out this form, you are asking for some assistance in taking advantage of your retirement plan advisors with no additional cost to you.

Date _____

Name _____

Company Name _____

Contact phone number _____ ☐home ☐work ☐mobile

Email address _____

☐ Please sign me up for the Infinitas Participant Quarterly Newsletter

I would like help with the following:

- _____ 1. Enrolling in my plan
- _____ 2. Increasing my savings amount
- _____ 3. Setting up an annual auto salary deferral escalate
- _____ 4. Review of my investment options
- _____ 5. Moving my old 401(k), 403(b), traditional IRA money into this plan
- _____ 6. Debt Reduction Strategy
- _____ 7. 529 College Savings Plan
- _____ 8. Other _____

Infinitas Contact Information:

retirementplans@infinitaskc.com

855-213-6001 or 913-563-7336

10801 Mastin Boulevard | Suite 370 | Overland Park, KS 66210 | 913.563.7300 | 913.563.7301 fax

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HOW TO CHANGE YOUR VOLUNTARY CONTRIBUTIONS ON YOUR LINCOLN ACCOUNT



Overview

Retirement - Total balance:

**BATES COUNTY MEMORIAL HOSPITAL 457B
TAX DEFERRED RETIREMENT PLAN**
BATES COUNTY MEMORIAL HOSPITAL · 457

**BATES COUNTY MEMORIAL HOSPITAL 403B
VOLUNTARY TAX DEFERRED RETIREMENT
PLAN**
BATES COUNTY MEMORIAL HOSPITAL · 403B

CLICK ON
403B
VOLUNTARY
TAX
DEFERRED
RETIREMENT
PLAN

**BATES COUNTY MEMORIAL HOSPITAL
EMPLOYEES PROFIT SHARING PLAN**
BATES COUNTY MEMORIAL HOSPITAL · PROFIT S

Welcome, PAMFI A ▾Last login: 12/13/19LOG OUTCONTACT & SUPPORTSearch

OverviewRetirement ▾Learning center ▾Forms

BATES COUNTY MEMORIAL HOSPITAL 403B VOLUNTARY TAX DEFERRED RETIREMENT PLAN

BATES COUNTY MEMORIAL HOSPITAL • 403B

SummaryContributions ▾Planning

CLICK ON CONTRIBUTIONS

DEAR FUTURE...
See if you're on track for retirement. Plan today! →

You have no messages

My current retirement income estimate

You're on the right path! You may exceed

You may earn **\$3,112** per month

My current account balance

FEEDBACK

Welcome

Last login: 12/13/19 | LOG OUT

CONTACT & SUPPORT

Search

OverviewRetirementLearning centerForms

BATES COUNTY MEMORIAL HOSPITAL 403B VOLUNTARY TAX DEFERRED RETIREMENT PLAN

BATES COUNTY MEMORIAL HOSPITAL • 403B

SummaryContributionsPlanning

My contributions

Last contributionReceived: 12/30/2019

VIEW/EDIT CONTRIBUTIONSHelp

PRETAX

0%

100% max

ROTH

0%

100% max

YTD contribution summary

\$0.00

As of: 12/31/2019

Employee YTD contributions: \$0.00

View details

Annual IRS limitsHow is this calculated?

FEEDBACK

YOU CAN CHANGE YOUR
CONTRIBUTION PERCENTAGES
AND THEN UPDATE

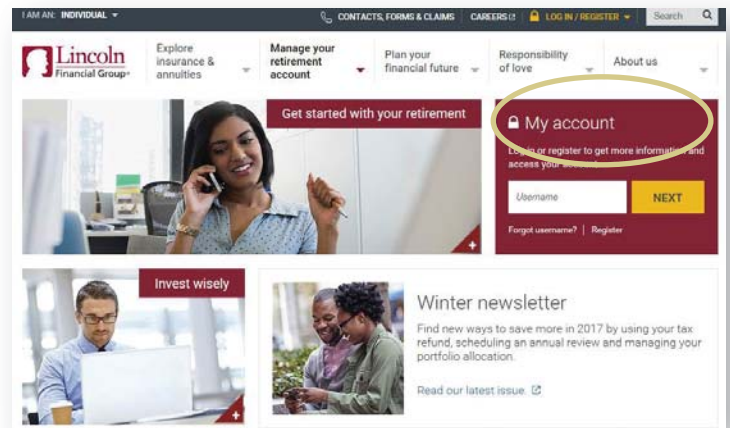
Click2AutoIncrease

Get more control of your retirement savings by taking advantage of the automatic increase feature available in your plan. You can set up automatic increases within your retirement account on your own schedule.

It's easy to choose the amount you'd like to save and to set up automatic increases. Just follow these easy steps.

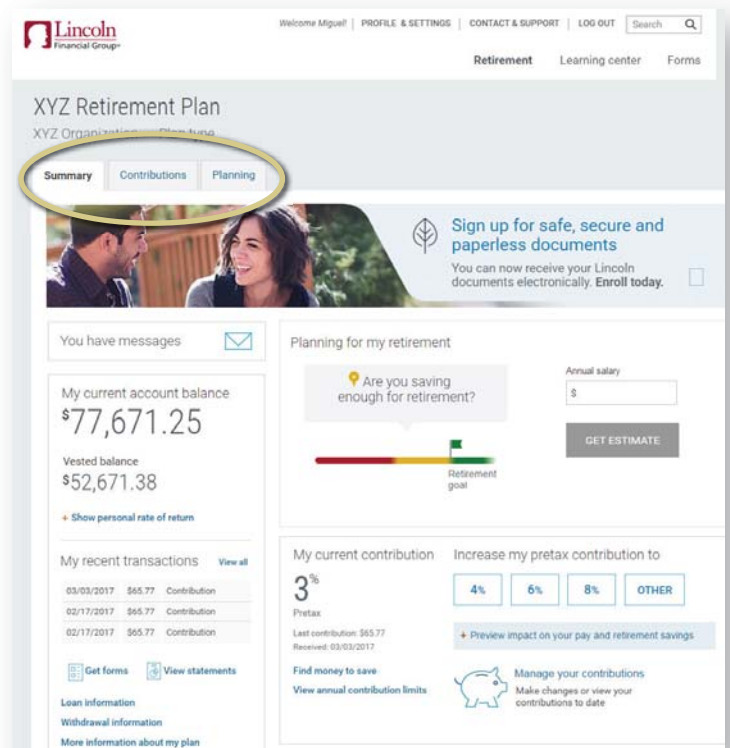
Log in.

- 1 Go to **LincolnFinancial.com/Retirement**. Under My Account, enter your username and click **Next**. Follow the prompts.



Manage your contributions.

- 2 From your home page, click the **Contributions** tab.



3 On the My Contributions page, the Sign Up For Auto Increase box will be checked. Select either a dollar or a percentage change for your contributions.* You can select the plan-static (default) option or create your own auto increase settings. You also will be able to select your frequency and the start date. Then select Update.

* **Please note:** Not all plans offer both dollar and percentage contribution options. Your plan may offer both or just one.

You'll see a confirmation screen from which you can review your changes.

For illustration purposes only. Actual screens subject to change.

You're finished!

Not a deposit
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Not insured by any federal government agency
Not guaranteed by any bank or savings association
May go down in value

Have questions?

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POD 2/18 **Z02**

Order code: DC-C2AI-FLI001

Automatic Deferral Notice (2022 Plan Year)

Bates County Memorial Hospital Voluntary Tax-Deferred Retirement Plan

If you are an eligible participant in the **Bates County Memorial Hospital Voluntary Tax-Deferred Retirement Plan (the “Plan”)**, you may make contributions (called “Salary Deferrals”) directly from your paycheck into the Plan. The ability to make Salary Deferrals provides you with an easy method to save for retirement on a tax-deferred basis. If you make Salary Deferrals to the Plan, you generally will not be taxed on those deferrals or on any earnings on those contributions until you withdraw those amounts from the Plan. However, see the discussion under “**Taxation of Salary Deferrals**” below for special tax rules that apply if you make Roth Deferrals under the Plan.

If you have any questions regarding your eligibility to make Salary Deferrals under the Plan or any other questions regarding the Plan that are not addressed in this Notice, please review your Summary Plan Description. For example, Article 5 of the Summary Plan Description contains a discussion of the eligibility conditions applicable to Salary Deferrals. In addition, from time to time we may make changes to the Plan and/or Summary Plan Description, which are described in a Summary of Material Modifications supplementing the Summary Plan Description. Any reference to the Summary Plan Description in this Notice includes any Summary of Material Modifications we may have issued with respect to the Plan. If you do not have a copy of the Summary Plan Description or any Summary of Material Modifications, if applicable, please contact your Employer or other Plan representative.

Automatic Deferral Feature

To assist you in your decision whether to make Salary Deferrals, we have established an automatic deferral feature under the Plan as of 9-1-2017. Under this automatic deferral feature, if you do not specifically elect to make Salary Deferrals into the Plan, we will automatically withhold a designated percentage of your compensation from each paycheck and deposit such amount into the Plan in your name as a Salary Deferral. If you wish to defer a greater or lesser amount (including no deferral), you must complete a Salary Deferral election designating a different percentage of deferral.

This Notice provides important information regarding the Plan’s automatic enrollment feature and describes:

- your right to make Salary Deferrals under the Plan;
- what amounts you may contribute to the Plan;
- how the automatic deferral feature applies to you;
- when you can change your Salary Deferral election;
- how your account will be invested; and
- other valuable information regarding your rights under the Plan.

For a full discussion of your benefits under the Plan, please review your Summary Plan Description.

Procedures for making Salary Deferrals under the Plan -- automatic deferral feature. As described above, the Plan provides for an automatic deferral feature. Thus, if you do not specifically elect an alternative deferral amount (including zero), we will automatically withhold 3% from your paycheck each pay period and deposit that amount into the Plan in your name as a Salary Deferral. This is called your **automatic contribution rate**. If you wish to defer a greater or lesser amount (including no deferral), you must specifically elect to defer a different amount. If you have any questions about how to change your automatic contribution rate, you should contact your Employer or other Plan representative.

Application of automatic deferral feature. The current automatic deferral feature under the Plan applies to all eligible participants who become a participant on or after 9/1/2017 and who do not complete a Salary Deferral election designating an alternate deferral percentage (including an election not to defer).

Automatic Deferral Notice
Bates County Memorial Hospital Voluntary Tax-Deferred Retirement Plan

Taxation of Salary Deferrals. The amount that you defer into the Plan reduces your taxable income, meaning you do not pay income taxes on those amounts until you withdraw your deferrals from the Plan. Any gains or earnings made from the investment of these contributions within the Plan are also not subject to income tax until they are withdrawn from the Plan. Alternatively, you may elect to treat all or any portion of your deferrals as “Roth deferrals.” Roth deferrals do not reduce your taxable income when made so that you will pay taxes on the amount contributed as a Roth deferral. However, if you take a “qualified distribution” of your Roth deferrals, you will not be taxed on any amounts attributable to those Roth deferrals, including any earnings on those amounts, at the time of the qualified distribution. To be a qualified distribution, the distribution must occur at least 5 years after the year in which you first make a Roth deferral to the Plan and must be on account of death, disability or attainment of age 59½.

Change in deferral amount. You may increase or decrease the amount of your current Salary Deferrals or stop making Salary Deferrals altogether, as of any designated election date. For this purpose, the designated election date(s) for changing or modifying your Salary Deferrals will be set forth in the Salary Deferral election or other written procedures describing the time period for changing Salary Deferral elections. However, regardless of the Plan’s normal deferral procedures, you will have a reasonable time after receipt of this notice and before the first amount is withheld from your paycheck under the automatic deferral feature to modify the automatic contribution rate. In addition, unless provided otherwise under the Plan, you may revoke an existing deferral election at any time. Any change you make to your Salary Deferrals will become effective as of the next designated election date, and will remain in effect until modified or canceled during a subsequent election period.

Vesting of contributions. You are always 100% vested in any Salary Deferrals you make to the Plan. This means that you have an immediate ownership right to such contributions and you will not lose that right if you should terminate from employment.

Withdrawal restrictions. Generally, you may withdraw amounts held on your behalf under the Plan upon death, disability or termination of employment. In addition, the following withdrawal options apply while you are still employed.

- **Salary Deferrals.** You may withdraw amounts attributable to Salary Deferrals from the Plan while you are still employed under the following circumstances:
 - You have reached age 59 1/2.

Plan investments. The amounts contributed to the Plan on your behalf will be invested in accordance with the Plan’s investment procedures. Any earnings on the investment of your contributions under the Plan will be allocated to your Plan account.

The Plan allows you to direct the investment of your Plan account within the available investment options under the Plan. If you do not elect to invest your Plan account, such amounts will automatically be invested in the Plan’s default investment fund. Even if your Plan account is invested in the Plan’s default investment fund, you have the continuing right to change your default investment and elect to have your Plan account invested in any other available investment options under the Plan.

To learn more about the available investments under the Plan, you may contact your Employer or other Plan representative.

Additional information. Please refer to the Summary Plan Description for additional information regarding Plan contributions, withdrawal restrictions, and other Plan features. You also may contact your Employer for more information. The following is the name, address and phone number of your Employer.

Bates County Memorial Hospital
615 West Nursery Street
Butler, Missouri 64730-1840
660-200-7000



SUMMARY PLAN DESCRIPTION FOR

Bates County Memorial Hospital Voluntary Tax-Deferred Retirement Plan

**REFLECTING THE TERMS OF THE PLAN
EFFECTIVE AS OF APRIL 15, 2021**

ANNUAL NOTICE OF UNIVERSAL AVAILABILITY 2021/2022 PLAN YEAR

The **Bates County Memorial Hospital Voluntary Tax-Deferred Retirement Plan** ("Plan") has been adopted to help our employees save for retirement. As an employee, you may make Salary Deferrals if you are eligible to participate under the Plan. (Please refer to the Summary Plan Description (SPD) or other Plan information materials to determine whether you are eligible to participate in this Plan.) This Annual 403(b) Plan Notice provides important information relevant to your participation in the Plan.

Notice of Universal Availability

This *Annual Notice of Universal Availability* describes your right to make Salary Deferrals (if you are eligible for the Plan), the procedures for electing to make Salary Deferrals Reduction Contributions and the tax advantages of making contributions to the Plan.

Eligibility to Participate. The Plan is a special type of retirement plan described under Section 403(b) of the Internal Revenue Code. A "403(b) Plan" is subject to the universal availability requirement which requires that all employees (with certain exceptions) are eligible to make voluntary contributions to the Plan. These contributions are called Salary Deferrals. To make Salary Deferrals, you must complete a Salary Reduction Agreement designating the amount you want to have withheld from your paycheck and deposited into the Plan. You will also need to complete additional enrollment forms provided by the approved investment provider that you elect to have hold and invest your contributions. Please contact the Plan Administrator to request a copy of the Salary Reduction Agreement and/or to receive a list of approved investment arrangements.

Salary Deferral Limits. You may make Salary Deferrals up to \$19,000 in 2019 (unless otherwise limited under the Plan). *This annual Salary Deferral limit may change in 2020, depending on Social Security Administration Cost of Living adjustments, if any.* In addition, this limit may be increased if you are eligible to make "catch-up" contributions under the Plan. Please see the SPD or other Plan information materials or contact your Plan Administrator for more information concerning the availability of catch-up contributions under the Plan.

Tax Advantages. If you elect to make Salary Deferrals to the Plan, you may make these contributions on a pre-tax basis, or if available under the Plan, on an after-tax basis (also referred to as Roth contributions).

- **Pre-tax contributions** – If you elect to make Salary Deferrals on a pre-tax basis, the amounts deferred (and any earnings on those amounts) generally will not be subject to income taxes until the amounts are distributed from the Plan. Upon distribution, such amounts are taxed as ordinary income.
- **Roth contributions** – You may also elect to make Salary Deferrals on an after-tax basis (i.e., such contributions are subject to income tax at the time contributed to the Plan) as Roth contributions. Such contributions (and earnings) will not be subject to income taxes when distributed from the Plan, if certain conditions are satisfied. Generally, the conditions are that at least five (5) years have passed since you began to make Roth contributions and the distribution is a "qualified distribution". For this purpose, a qualified distribution is a distribution made due to your attainment of age 59½, death or disability.

Notice of Required Contribution Aggregation If You Are “In Control” of Another Business

Under IRS rules, in certain situations, Plan participants must aggregate Salary Deferrals and other amounts contributed to this Plan and other “qualified retirement plans” to determine whether they are within the maximum annual contribution limits under the law. If you meet all of the conditions below, the Internal Revenue Service requires that you contact the Plan Administrator to review whether or not you have exceeded your maximum annual contribution limit.

Failure to provide the Plan Administrator with certain necessary and correct information may result in adverse tax consequences, including your inability to exclude the amounts contributed to this Plan from your taxable income.

You must notify the Plan Administrator if you meet all the following conditions:

- You make contributions to this Plan,
- You are “in control” of another company, and
- The other company maintains a “qualified retirement plan” and makes contributions to your account.

What does it mean to be “in control” of another company?

For you to be considered “in control” of another business, you generally must have a significant ownership interest in the other business. For example, you own 100% of a business that is separate from Bates County Memorial Hospital. Determining whether you are “in control” of another business is complicated. Your tax advisor can assist you in making this determination.

Example: You are a doctor or professor that participates in this Plan and you also own more than 50% of a private practice or consulting business. You are considered to be “in control” of the outside business.

What types of retirement plans fall within the meaning of a “qualified retirement plan?”

For this purpose, a “qualified retirement plan” includes certain defined contribution plans that receive special tax benefits under the Internal Revenue Code. These include defined contribution plans that qualify under Code §401(a) (such as a profit sharing, 401(k) or money purchase plan), another 403(b) plan, or a simplified employee pension (SEP) plan.

What is the maximum annual contribution limit?

The maximum annual limit for 2019 generally is \$56,000. *This annual contribution limit may change in 2020, depending on Social Security Administration Cost of Living adjustments, if any.* However, certain participants (such as those who are at least age 50) may have a higher limitation, if provided for under the Plan.

What amounts are counted for purposes of determining whether you exceed the maximum annual contribution limit?

The following amounts are counted towards the maximum annual contribution limit:

- Employer contributions (including matching contributions and SEP contributions)
- Salary deferrals
- After-tax contributions
- Certain other amounts allocated to your account (this does not include earnings or rollover amounts)

Additional information. If you would like additional information regarding your right to make Salary Reduction Contributions under the Plan or the requirements for required contribution aggregation if you are “in control” of another business, please contact the Human Resources Department at the address below:

Bates County Memorial Hospital
615 West Nursery Street, P. O. Box 370
Butler, Missouri 64730-1840
660-200-7000

**SUMMARY PLAN DESCRIPTION
FOR**

**Bates County Memorial Hospital Voluntary
Tax-Deferred Retirement Plan**

**REFLECTING THE TERMS OF THE PLAN
EFFECTIVE AS OF**

April 15, 2021

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Bates County Memorial Hospital Voluntary Tax-Deferred Retirement Plan

SUMMARY PLAN DESCRIPTION

ARTICLE 1 INTRODUCTION

Bates County Memorial Hospital has adopted the Bates County Memorial Hospital Voluntary Tax-Deferred Retirement Plan (the “Plan”) to help its employees save for retirement. If you are an employee of Bates County Memorial Hospital, you may be entitled to participate in the Plan, provided you satisfy the conditions for participation as described in this Summary Plan Description.

This Summary Plan Description (“SPD”) is designed to help you understand the retirement benefits provided under the Plan and your rights and obligations with respect to the Plan. This SPD contains a summary of the major features of the Plan, including the conditions you must satisfy to participate under the Plan, the amount of benefits you are entitled to as a Plan participant, when you may receive distributions from the Plan, and other valuable information you should know to understand your Plan benefits. We encourage you to read this SPD and contact the Plan Administrator if you have any questions regarding your rights and obligations under the Plan. (See Article 2 below for the name and address of the Plan Administrator.)

This SPD does not replace the formal Plan document, which contains the legal and technical requirements applicable to the Plan. However, this SPD does attempt to explain the Plan language in a non-technical manner that will help you understand your retirement benefits. If the non-technical language under this SPD and the technical, legal language under the Plan document conflict, the Plan document always governs. If you have any questions regarding the provisions contained in this SPD or if you wish to receive a copy of the legal Plan document, please contact the Plan Administrator.

The Plan document may be amended or modified due to changes in law, to comply with pronouncements by the Internal Revenue Service (IRS) or Department of Labor (DOL), or due to other circumstances. If the Plan is amended or modified in a way that changes the provisions under this SPD, you will be notified of such changes.

This SPD does not create any contractual rights to employment nor does it guarantee the right to receive benefits under the Plan. Benefits are payable under the Plan only to individuals who have satisfied all of the conditions under the Plan document for receiving benefits.

ARTICLE 2 GENERAL PLAN INFORMATION AND KEY DEFINITIONS

This Article 2 contains information regarding the day-to-day administration of the Plan as well as the definition of key terms used throughout this SPD.

Plan Name: Bates County Memorial Hospital Voluntary Tax-Deferred Retirement Plan

Plan Number: 001

Employer:

Name: Bates County Memorial Hospital
Address: 615 West Nursery Street
Butler, Missouri 64730-1840
Telephone number: 660-200-7044
Employer Identification Number (EIN): 43-6052772

Plan Administrator:

The Plan Administrator is responsible for the day-to-day administration and operation of the Plan. For example, the Plan Administrator maintains the Plan records, provides you with forms necessary to request a distribution from the Plan, and directs the payment of your vested benefits when required under the Plan. The Plan Administrator may designate another person or persons to perform the duties of the Plan Administrator. The Plan Administrator or its delegate, as the case may be, has full discretionary authority to interpret the Plan, including the authority to resolve ambiguities in the Plan document and to interpret the Plan's terms, including who is eligible to participate under the Plan and the benefit rights of participants and beneficiaries. All interpretations, constructions and determinations of the Plan Administrator or its delegate shall be final and binding on all persons, unless found by a court of competent jurisdiction to be arbitrary and capricious. The Plan Administrator also will allow you to review the formal Plan document and other materials related to the Plan.

The Employer listed above is acting as Plan Administrator. The Plan Administrator may designate other persons to carry on the day-to-day operations of the Plan. If you have any questions about the Plan or your benefits under the Plan, you should contact the Plan Administrator or other Plan representative.

Service of Legal Process:

Service of legal process may be made upon the Employer. In addition, service of legal process may be made upon the Plan Administrator.

Effective Date of Plan:

This Plan is an amendment or restatement of an existing Plan to comply with current law. This Plan was originally effective January 01, 2006. However, unless designated otherwise, the provisions of the Plan as set forth in this SPD are effective as of April 15, 2021.

Plan Year:

Many of the provisions of the Plan are applied on the basis of the Plan Year. For this purpose the Plan Year is the calendar year running from January 1 – December 31.

Plan Compensation:

In applying the contribution formulas under the Plan (as described in Article 4 below), your contributions may be determined based on Plan Compensation earned during the Plan Year. However, in determining Plan Compensation, no amount will be taken into account to the extent such compensation exceeds the compensation dollar limit set forth under IRS rules. For 2021, the compensation dollar limit is \$290,000. Thus, for Plan Years beginning in 2021, no contribution may be made under the Plan with respect to Plan Compensation above \$290,000. For subsequent plan years, the compensation dollar limit may be adjusted for cost-of-living increases. Note that the compensation dollar limit described above does not apply to Salary Deferrals contributed to the Plan. See your Plan Administrator for special limits that may apply to you if you were a Participant in the Plan prior to January 1, 1996.

For purposes of determining Plan Compensation, your total taxable wages or salary is taken into account including any Salary Deferrals you make to this 403(b) plan and any pre-tax salary reduction contributions

you may make under any other plans we may maintain, which may include any pre-tax contributions you make under a medical reimbursement plan or “cafeteria” plan. Plan Compensation also generally includes compensation for services that is paid after termination of employment, as long as such amounts are paid by the end of the year or within 2½ months following termination of employment, if later. However, for purposes of determining contributions under the Plan, Plan Compensation does not include the following types of compensation:

- Certain amounts paid pursuant to a nonqualified unfunded deferred compensation plan.
- Continuation payments to disabled Participants paid after severance of employment
- reimbursement for educational expenses

Period for determining Plan Compensation. For purposes of determining Plan Compensation, only compensation you earn while you are a participant in the Plan will be taken into account. Thus, any compensation you earn while you are not eligible to participate in the Plan will not be considered in determining Plan Compensation.

Normal Retirement Age:

You will reach Normal Retirement Age under the Plan when you turn age 62.

ARTICLE 3 DESCRIPTION OF PLAN

Type of Plan. This Plan is a special type of retirement plan commonly referred to as a 403(b) plan. Under the Plan, you may elect to have a portion of your salary deposited directly into a 403(b) account on your behalf. This pre-tax contribution is called a “Salary Deferral.” As a pre-tax contribution, you do not have to pay any income tax while your Salary Deferrals are held in the Plan, and any earnings on your Salary Deferrals are not taxed while they stay in the Plan.

You also may choose to make contributions to the Plan on an after-tax basis, by designating your Salary Deferrals as Roth Deferrals. While you are taxed on a Roth Deferral in the year you contribute to the Plan, you will not be taxed on the contribution or earnings attributable to Roth Deferrals under the Plan when you elect to withdraw your Roth amounts from the Plan, as long as your withdrawal is a qualified distribution. See the discussion of Roth Deferrals under Article 4 below.

This Plan is a defined contribution plan, which is intended to qualify under Section 403(b) of the Internal Revenue Code. As a defined contribution plan, it is not covered under Title IV of ERISA and, therefore, benefits are not insured by the Pension Benefit Guaranty Corporation.

ARTICLE 4 PLAN CONTRIBUTIONS

The Plan provides for the contributions listed below. Article 5 discusses the requirements you must satisfy to receive the contributions described in this Article 4. Article 7 describes the vesting rules applicable to your plan benefits. Special rules also may apply if you leave employment to enter qualified military service. See your Plan Administrator if you have questions regarding the rules that apply if you are on military leave.

Salary Deferrals

If you have satisfied the conditions for participating under the Plan (as described in Article 5 below) you are eligible to make Salary Deferrals to the Plan. To begin making Salary Deferrals, you must complete a Salary Deferral election requesting that a portion of your compensation be contributed to the Plan instead of being paid to you as wages. Any Salary Deferrals you make to the Plan will be invested in accordance with the Plan’s investment policies.

Pre-Tax Salary Deferrals. If you make Salary Deferrals to the Plan, you will not have to pay income taxes on such amounts or on any earnings until you withdraw those amounts from the Plan.

Consider the following examples:

- If you earn \$30,000 a year, are in the 22% tax bracket, are eligible to participate in the Plan and you elect to save 3% (or \$900) of your salary under the 403(b) Plan this year, you would save \$198 in Federal income taxes (22% of \$900 = \$198).
- If you earn \$30,000 a year, are in the 22% tax bracket, are eligible to participate in the Plan, and you elect to save 5% (or \$1,500) of your salary under the 403(b) Plan this year, you would save \$330 in Federal income taxes (22% of \$1,500 = \$330).
- If you earn \$30,000 a year, are in the 22% tax bracket, are eligible to participate in the Plan and you elect to save 8% (or \$2,400) of your salary under the 403(b) Plan this year, you would save \$528 in Federal income taxes (22% of \$2,400 = \$528).

As you can see, the more you are able to put away in the Plan and the higher your tax bracket, the greater your tax savings will be. In addition, if the amount of your Salary Deferrals grows due to investment earnings, you will not have to pay any Federal income taxes on those earnings until such time as you withdraw those amounts from the Plan.

Roth Deferrals. Effective 1-1-2008, you also may be able to avoid taxation on earnings under the Plan by designating your Salary Deferrals as Roth Deferrals. Roth Deferrals are a form of Salary Deferral but, instead of being contributed on a pre-tax basis, you must pay income tax currently on such deferrals. However, provided you satisfy the distribution requirements applicable to Roth Deferrals (as discussed in Article 8 below), you will not have to pay any income taxes at the time you withdraw your Roth Deferrals from the Plan, including amounts attributable to earnings. Thus, if you take a qualified distribution (as described in Article 8) your entire distribution may be withdrawn tax-free. You should discuss the relative advantages of pre-tax Salary Deferrals and Roth Deferrals with a financial professional before deciding how much to designate as pre-tax Salary Deferrals and Roth Deferrals.

Salary Deferral election. You may not begin making Salary Deferrals under the Plan until you enter into a Salary Deferral election designating how much you wish to defer under the Plan.

Change of election. You can increase or decrease the amount of your Salary Deferrals as of a designated election date. For this purpose, the designated election date(s) for changing or modifying your Salary Deferral election will be set forth under the Salary Deferral election or other written procedures describing the time period for changing Salary Deferral elections. If the available election date(s) change, you will be notified in writing of any such change. You always will be able to change or modify your Salary Deferral election at least once per year. Generally, you may revoke an existing Salary Deferral election and stop making Salary Deferrals at any time. Any change you make to a Salary Deferral election will become effective as of the next designated election date, and will remain in effect until modified or canceled during a subsequent election period.

Rollover Contributions

If you have an account balance in another qualified retirement plan or an IRA, you may move those amounts into this Plan, without incurring any tax liability, by means of a "rollover" contribution. You may also rollover Roth contributions from another qualified plan to this Plan. Rollovers are not permitted from a Roth IRA. You are always 100% vested in any amounts you contribute to the Plan as a rollover from another qualified plan or IRA. This means that you will always be entitled to all amounts in your rollover account. Rollover contributions will be affected by any investment gains or losses under the Plan.

You may accomplish a rollover in one of two ways. You may ask your prior plan administrator or trustee to directly rollover to this Plan all or a portion of any amount which you are entitled to receive as a distribution

from your prior plan. Alternatively, if you receive a distribution from your prior plan, you may elect to deposit into this plan any amount eligible for rollover within 60 days of your receipt of the distribution. The 60-day rollover option is not available for rollovers of Roth contributions. Any rollover to the Plan will be credited to your Rollover Contribution Account. See Article 8 below for a description of the distribution provisions applicable to rollover contributions.

Generally, the Plan will accept a rollover contribution from another qualified retirement plan or IRA. The Plan Administrator may adopt separate procedures limiting the type of rollover contributions it will accept. For example, the Plan Administrator may impose restrictions on the acceptance of after-tax contributions or Salary Deferrals (including Roth Deferrals) or may restrict rollovers from particular types of plans. In addition, the Plan Administrator may, in its discretion, accept rollover contributions from Employees who are not currently participants in the Plan. The following special rules also apply with respect to Rollover Contributions under the Plan: The Plan will accept Rollover Contributions from former Employees with an Account Balance. Any procedures affecting the ability to make Rollover Contributions to the Plan will not be applied in a discriminatory manner.

If you have questions about whether you can rollover a prior plan distribution, please contact the Plan Administrator or other designated Plan representative.

ARTICLE 5 ELIGIBILITY REQUIREMENTS

This Article sets forth the requirements you must satisfy to participate under the Plan. To qualify as a participant under the Plan, you must:

- be an Eligible Employee
- satisfy the Plan's minimum age and service conditions and
- satisfy any allocation conditions required under the Plan.

Eligible Employee

To participate under the Plan, you must be an Eligible Employee. For this purpose, you are considered an Eligible Employee if you are an employee of Bates County Memorial Hospital, provided you are not otherwise excluded from the Plan.

Minimum Age and Service Requirements

If you are an Eligible Employee, you may begin to make Salary Deferrals into the Plan as soon as administratively possible after your date of hire. There are no minimum age or service requirements to make Salary Deferrals.

Crediting eligibility service. In determining whether you satisfy any minimum age or service conditions under the Plan, all service you perform during the year is counted. In addition, if you go on a maternity or paternity leave of absence (including a leave of absence under the Family Medical Leave Act) or a military leave of absence, you may receive credit for service during your period of absence for certain purposes under the Plan. You should contact the Plan Administrator to determine the effect of a maternity/paternity or military leave of absence on your eligibility to participate under the Plan.

Eligibility upon rehire. If you terminate employment after satisfying the minimum age and service requirements under the Plan and you are subsequently rehired as an Eligible Employee, you will enter the Plan on the later of your rehire date or your Entry Date. If you terminate employment prior to satisfying the minimum age and service requirements, and you are subsequently rehired, you will have to re-satisfy the eligibility requirements in order to participate under the Plan.

Allocation Conditions

If you are an Eligible Employee and have satisfied the minimum age and service requirements described above, you are entitled to share in the contributions described in Article 4, provided you satisfy the allocation conditions described below.

Salary Deferrals. You do not need to satisfy any additional allocation conditions to make Salary Deferrals under the Plan. If you satisfy the eligibility conditions described above, you will be eligible to make Salary Deferrals, regardless of how many hours you work during the year or whether you terminate employment during the year. However, you may not continue to make Salary Deferrals after you terminate employment.

ARTICLE 6 LIMIT ON CONTRIBUTIONS

The IRS imposes limits on the amount of contributions you may receive under this Plan, as described below.

IRS limits on Salary Deferrals. The IRS imposes limits on the amount you can contribute as Salary Deferrals during a calendar year. For 2021, the maximum deferral limit is \$19,500. For years after 2021, the maximum deferral limit may be adjusted for cost-of-living each year. The Plan Administrator will provide you with information regarding the adjusted deferral limits beginning after 2021. In addition, if you are at least age 50 by December 31 of the calendar year, you also may make a special catch-up contribution in addition to the maximum deferral limit described above. For 2021, the catch-up contribution limit is \$6,500. For years after 2021, the catch-up contribution limit may be adjusted for cost-of living each year. The Plan Administrator will provide you with information concerning the catch-up contribution limit for years after 2021.

Example: If you are at least age 50 by December 31, 2021, the maximum Salary Deferral you may make for the 2021 calendar year would be \$26,000 [i.e., \$19,500 maximum deferral limit plus \$6,500 catch-up contribution limit].

In addition, if you have at least 15 years of service, you may be entitled to make a special catch-up contribution based on how much you have deferred in prior years. This special catch-up contribution is only available for employees of certain educational organizations, hospitals, health and welfare service agencies, or church-related organizations. Please contact your Plan representative if you have any questions about this special catch-up contribution.

The IRS deferral limit applies to all Salary Deferrals you make in a given calendar year to this Plan or any other cash or deferred arrangement (including a cash or deferred arrangement maintained by an unrelated employer). For this purpose, cash or deferred arrangements include 401(k) plans, 403(b) plans, simplified employee pension (SEP) plans or SIMPLE plans. (Note: If you participate in both this Plan and a 457 eligible deferred compensation plan, special limits may apply under the 457 plan. You should contact the Plan Administrator of the 457 plan to find out how participation in this Plan may affect your limits under the 457 plan.)

If you make Salary Deferrals for a given year in excess of the deferral limit described above under this Plan or another plan maintained by the Employer (or any other employer maintaining this Plan), the Plan Administrator will automatically return the excess amount and associated earnings to you by April 15. If you make Salary Deferrals for a given year in excess of the deferral limit described above because you made Salary Deferrals under this Plan and a plan of an unrelated employer not maintaining this Plan, you must ask one of the plans to refund the excess amount to you. If you wish to take a refund from this Plan, you must notify the Plan Administrator, in writing, by March 1 of the next calendar year so the excess amount and related earnings may be refunded by April 15. The excess amount is taxable for the year in which you made the excess deferral. If you fail to request a refund, you will be subject to taxation in two separate years: once in the year of deferral and again in the year the excess amount is actually paid to you.

IRS limit on total contributions under the Plan. The IRS imposes a maximum limit on the total amount of contributions you may receive under this Plan. This limit applies to all contributions we make on your behalf,

all contributions you contribute to the Plan, and any forfeitures allocated to any of your accounts during the year. Under this limit, the total of all contributions under the Plan cannot exceed a specific dollar amount or 100% of your annual compensation, whichever is less. For 2021, the dollar limit is \$58,000. (For years after 2021, this amount may be increased for inflation.) For purposes of applying the 100% of compensation limit, your annual compensation includes all taxable compensation, increased for any Salary Deferrals you may make to this 403(b) plan and any pre-tax contributions you may make to any other plan we may maintain, such as a cafeteria health plan.

Example: Suppose in 2021 you earn compensation of \$45,000 (after reduction for pre-tax 403(b) plan contributions of \$5,000). Your compensation for purposes of the overall contribution limit is \$50,000 (\$45,000 + \$5,000 of pre-tax deferrals). The maximum amount of contributions you may receive under the Plan for 2021 is \$50,000 (the lesser of \$58,000 or 100% of \$50,000).

ARTICLE 7 DETERMINATION OF VESTED BENEFIT

Vested account balance. When you take a distribution of your benefits under the Plan, you are only entitled to withdraw your *vested* account balance. For this purpose, your *vested* account balance is the amount held under the Plan on your behalf for which you have earned an ownership interest. You earn an ownership interest in your Plan benefits if you have earned enough service with us to become *vested* based on the Plan's vesting schedule. If you terminate employment before you become fully vested in any of your Plan benefits, those non-vested amounts may be forfeited. (See below for a discussion of the forfeiture rules that apply if you terminate with a non-vested benefit under the Plan.)

The following describes the vesting schedule applicable to contributions under the Plan.

- **Salary Deferrals.** You are always 100% vested in your Salary Deferrals. In other words, you have complete ownership rights to your Salary Deferrals under the Plan.
- **Other contributions.** In addition, certain special contributions that are made to the Plan on your behalf will always be 100% vested. If any of these special contributions are made to the Plan, you will always have an immediate ownership interest in such contributions. Examples of special contributions that may be made to the Plan include:
 - Rollover Contributions

Protection of vested benefit. Once you are vested in your benefits under the Plan, you have an ownership right to those amounts. While you may not be able to immediately withdraw your vested benefits from the Plan due to the distribution restrictions described under Article 8 below, you generally will never lose your right to those vested amounts. However, it is possible that your benefits under the Plan will decrease as a result of investment losses. If your benefits decrease because of investment losses, you will only be entitled to the vested amount in your account at the time of distribution.

ARTICLE 8 PLAN DISTRIBUTIONS

The Plan contains detailed rules regarding when you can receive a distribution of your benefits from the Plan. As discussed in Article 7 above, if you qualify for a Plan distribution, you will only receive your vested benefits. This Article 8 describes when you may request a distribution and the tax effects of such a distribution.

Participant and Spousal Consent for Distributions.

- If your total vested account balance is \$5,000 or less, your total vested account balance will be distributed to you in a lump sum, even if you do not consent to a distribution. If you receive a distribution

of your vested benefits when you are partially-vested in your Plan benefits, your non-vested benefits will be forfeited.

- Your spouse's consent will not be required to receive a distribution or to name an alternative beneficiary.
- The following special rules apply: Notwithstanding the above, Rollover Contributions are included in determining whether a Participant's vested Account Balance exceeds the Involuntary Cash-Out Distribution threshold.

Distribution upon termination of employment. When you terminate employment, you may be entitled to a distribution from the Plan. The availability of a distribution will depend on the amount of your vested account balance.

- **Vested account balance in excess of \$5,000.** If your total vested account balance exceeds \$5,000 as of the distribution date, you may receive a distribution from the Plan as soon as administratively feasible following your termination of employment. If you do not consent to a distribution of your vested account balance, your balance will remain in the Plan. If you receive a distribution of your vested benefits when you are only partially-vested in your Plan benefits, your non-vested benefits will be forfeited.

You may elect to take your distribution in any of the following forms. Prior to receiving a distribution from the Plan, you will receive a distribution package that will describe the distribution options that are available to you. If you have any questions regarding your distribution options under the Plan, please contact the Plan Administrator.

- **Lump sum.** You may elect to take a distribution of your entire vested account balance in a lump sum. In addition, if permitted by the Plan Administrator, you may take a partial distribution of a portion of your vested account upon termination of employment. If you take a lump sum distribution, you may elect to rollover all (or any portion) of your distribution to an IRA or to another qualified plan. See the *Special Tax Notice*, which you may obtain from the Plan Administrator, for more information regarding your ability to rollover your plan distribution.
- **Installment payments.** You may elect to receive a distribution in the form of a series of installment payments. If you elect distribution in the form of installments, your vested benefit will be paid out in equal annual installments over a set number of years. If the installment period is 10 years or greater, you may not rollover any of the installment payments into an IRA or into another qualified plan. The Plan Administrator will provide you with forms necessary to elect an installment distribution under the Plan.
- **Annuity payments.** You also may elect to receive a distribution in the form of an annuity. If you elect to receive a distribution in the form of an annuity, the Plan Administrator will use your vested benefit to purchase an annuity that will pay you over a designated period not to exceed your life or life expectancy (and the life or life expectancy of a designated beneficiary). Special rules apply when distributions are made in the form of an annuity. You (and your spouse, if you are married) should contact the Plan Administrator to make sure you understand your rights with respect to the selection of an annuity form of distribution under the Plan.
- **Special distribution provisions.** In applying the distribution provisions under the Plan, the following special rules apply: A Participant may not take a partial lump sum distribution of less than \$1,000.
- **Vested account balance of \$5,000 or less.** If your total vested account balance under the Plan is \$5,000 or less as of the distribution date, you will be eligible to receive a distribution of your entire vested account balance in a lump sum as soon as administratively feasible following your termination of employment. If you receive a distribution of your vested benefits when you are partially-vested in your Plan benefits, your non-vested benefits will be forfeited.

You may elect to receive your distribution in cash or you may elect to rollover your distribution to an IRA or to another qualified plan.

In-service distributions. You may withdraw vested amounts from the Plan while you are still employed with us, but only if you satisfy the Plan's requirements for in-service distributions. Under the Plan, you may take an in-service distribution upon any of the following events:

- You are at least age 59 1/2 at the time of the distribution.
- You are in certain qualified active military duty. This distribution option only applies to your Salary Deferrals under the Plan. Please contact your Plan Administrator if you have any questions regarding the availability of a distribution under this provision.

No in-service distribution of Salary Deferrals may be made prior to age 59½. Thus, regardless of any in-service distribution provisions under the Plan, you may not request an in-service distribution of amounts attributable to your Salary Deferrals under the Plan prior to attaining age 59½.

However, you may withdraw amounts attributable to Rollover Contributions at any time.

Required distributions. If you have not begun taking distributions before you attain your Required Beginning Date, the Plan generally must commence distributions to you as of such date. For this purpose, your Required Beginning Date generally is April 1 following the end of the calendar year in which you attain age 70½ (or age 72, if you were born after June 30, 1949) or terminate employment, whichever is later. (For 5% owners, the Required Beginning Date is April 1 following the calendar year in which you attain age 70½ (or age 72, if you were born after June 30, 1949), even if you are still employed.)

Once you attain your Required Beginning Date, the Plan Administrator will commence distributions to you as required under the Plan. The Plan Administrator will inform you of the amount you are required to receive once you attain your Required Beginning Date.

Distribution upon disability. If you should terminate employment because you are disabled, you will be eligible to receive a distribution of your vested account balance under the Plan's normal distribution rules. You will be considered to be disabled for purposes of applying the Plan's distribution rules if you are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. The Plan Administrator may establish reasonable procedures for determining whether you are disabled for purposes of applying the distribution provisions of the Plan.

Distributions upon death. If you should die before taking a distribution of your entire vested account balance, your remaining benefit will be distributed to your beneficiary or beneficiaries, as designated on the appropriate designated beneficiary election form. You may request a designated beneficiary election form from the Plan Administrator.

If you are married, your spouse generally is treated as your beneficiary, unless you and your spouse properly designate an alternative beneficiary to receive your benefits under the Plan. The Plan Administrator will provide you with information concerning the availability of death benefits under the Plan and your rights (and your spouse's rights) to designate an alternative beneficiary for such death benefits. For purposes of determining your beneficiary to receive death distributions under the Plan, any designation of your spouse as beneficiary is automatically revoked upon a formal divorce decree unless you re-execute a new beneficiary designation form or enter into a valid Qualified Domestic Relations Order (QDRO).

Default beneficiaries. If you do not designate a beneficiary to receive your benefits upon death, your benefits will be distributed first to your spouse. If you have no spouse at the time of death, your benefits will be distributed equally to your children. If you have no children at the time of your death, your benefits will be distributed to your estate.

Taxation of distributions. Generally, you must include any Plan distribution in your taxable income in the year you receive the distribution. More detailed information on tax treatment of Plan distributions is contained in the "Special Tax Notice" which you may obtain from the Plan Administrator.

- **Roth Deferrals.** If you make Roth Deferrals under the Plan, you will not be taxed on the amount of the Roth Deferrals taken as a distribution (because you pay taxes on such amounts when you contribute them to the Plan). In addition, you will not pay taxes on any earnings associated with the Roth Deferrals, provided you take the Roth Deferrals and earnings in a qualified distribution. For this purpose, a qualified distribution occurs only if you have had your Roth Deferral account in place for at least 5 years and you take the distribution on account of death, disability, or attainment of age 59½. If you have made both pre-tax Salary Deferrals and Roth Deferrals under the Plan, you may designate the extent to which a distribution of Salary Deferrals is taken from your pre-tax Salary Deferral Account or your Roth Deferral Account. Any distribution of Salary Deferrals (including Roth Deferrals) must be authorized under the Plan distribution provisions.

If you take a distribution that does not qualify as a qualified distribution, you will be taxed on the earnings associated with the Roth contributions. (You will never be taxed on the Roth contributions distributed since those amounts are taxed at the time you make the Roth contributions or Roth conversion.)

Distributions before age 59½. If you receive a distribution before age 59½, you generally will be subject to a 10% penalty tax in addition to regular income taxation on the amount of the distribution that is subject to taxation. You may avoid the 10% penalty tax by rolling your distribution into another plan or IRA. Certain exceptions to the penalty tax may apply. For more information, please review the “Special Tax Notice,” which may be obtained from the Plan Administrator.

Rollovers and withholding. You may “roll over” most Plan distributions to an IRA or another qualified plan and avoid current taxation. You may accomplish a rollover either directly or indirectly. In a direct rollover, you instruct the Plan Administrator that you wish to have your distribution deposited directly into another plan or an IRA. In an indirect rollover, the Plan Administrator actually makes the distribution to you and you may rollover that distribution to an IRA or another qualified plan within 60 days after you receive the Plan distribution.

If you are eligible to directly rollover a distribution but choose not to, the Plan Administrator must withhold 20% of the taxable distribution for federal income tax withholding purposes. The Plan Administrator will provide you with the appropriate forms for choosing a direct rollover. For more information, see the “Special Tax Notice,” which may be obtained from the Plan Administrator.

Certain benefit payments are not eligible for rollover and therefore will not be subject to 20% mandatory withholding. The types of benefit payments that are not “eligible rollover distributions” include:

- annuities paid over your lifetime,
- installment payments for a period of at least ten (10) years,
- minimum required distributions at age 70½ (or age 72, if you were born after June 30, 1949),
- hardship withdrawals, and
- certain “corrective” distributions.

[Note: All of the above distribution options may not be available under this Plan.]

Non-assignment of benefits and Qualified Domestic Relations Orders (QDROs) Your benefits cannot be sold, used as collateral for a loan, given away, or otherwise transferred, garnished, or attached by creditors, except as provided by law. However, if required by applicable state domestic relations law, certain court orders could require that part of your benefit be paid to someone else—your spouse or children, for example. This type of court order is known as a Qualified Domestic Relations Order (QDRO). As soon as you become aware of any court proceedings that might affect your Plan benefits, please contact the Plan Administrator. You may request a copy of the procedures concerning QDROs, including those procedures governing the qualification of a domestic relations order, without charge, from the Plan Administrator.

ARTICLE 9 PLAN ADMINISTRATION AND INVESTMENTS

Investment of Plan assets. You have the right to direct the investment of Plan assets held under the Plan on your behalf, as provided under the applicable Investment Arrangement. The Plan Administrator or other authorized person will provide you with information on the amounts available for direction, the investment choices available to you, the frequency with which you can change your investment choices and other investment information. Periodically, you will receive a benefit statement that provides information on your account balance and your investment returns. If you have any questions about the investment of your Plan accounts, please contact the Plan Administrator or other Plan representative.

Although you have the opportunity to direct the investment of your benefits under the Plan, the Plan Administrator may decline to implement investment directives where it deems it is appropriate in fulfilling its role as a fiduciary under the Plan. The Plan Administrator may adopt rules and procedures to govern Participant investment elections and directions under the Plan.

Valuation Date. To determine your share of any gains or losses incurred as a result of the investment of Plan assets, the Plan is valued on a regular basis. For this purpose, the Plan is valued on a daily basis. Thus, you will receive an allocation of gains or losses under the Plan at the end of each business day during which the New York Stock Exchange is open.

Plan fees. There may be fees or expenses related to the administration of the Plan or associated with the investment of Plan assets that will affect the amount of your Plan benefits. Any fees related to the administration of the Plan or associated with the investment of Plan assets may be paid by the Plan or by the Employer. If the Employer does not pay Plan-related expenses, such fees or expenses will generally be allocated to the accounts of Participants either proportionally based on the value of account balances or as an equal dollar amount based on the number of participants in the Plan. If you direct the investment of your benefits under the Plan, you will be responsible for any investment-related fees incurred as a result of your investment decisions. Prior to making any investment, you should obtain and read all available information concerning that particular investment, including financial statements, prospectuses, and other available information.

In addition to general administration and investment fees that are charged to the Plan, you may be assessed fees directly associated with the administration of your account. For example, if you terminate employment, your account may be charged directly for the pro rata share of the Plan's administration expenses, regardless of whether the Employer pays some of these expenses for current Employees. Other fees that may be charged directly against your account include:

- Fees related to the processing of distributions upon termination of employment.
- Fees related to the processing of in-service distributions (including hardship distributions).
- Fees related to the processing of required minimum distributions at age 70½ (or age 72, if you were born after June 30, 1949), or termination of employment, if later.
- Charges related to processing of a Qualified Domestic Relation Order (QDRO) where a court requires that a portion of your benefits is payable to your ex-spouse or children as a result of a divorce decree.

If you are permitted to direct the investment of your benefits under the Plan, each year you will receive a separate notice describing the fees that may be charged under the Plan. In addition, you will also receive a separate notice describing any actual fees charged against your account. Please contact the Plan Administrator if you have any questions regarding the fees that may be charged against your account under the Plan.

ARTICLE 10 PARTICIPANT LOANS

The Plan does not permit Participants to take a loan from the Plan. To access Plan assets, you must be eligible to receive a distribution from the Plan, as described in Article 8 above.

ARTICLE 11 PLAN AMENDMENTS AND TERMINATION

Plan amendments. We have the authority to amend this Plan at any time. Any amendment, including the restatement of an existing Plan, may not decrease your vested benefit under the Plan, except to the extent permitted under the Internal Revenue Code, and may not reduce or eliminate any "protected benefits" (except as provided under the Internal Revenue Code or any regulation issued thereunder) determined immediately prior to the adoption or effective date of the amendment (whichever is later). However, we may amend the Plan to increase, decrease or eliminate benefits on a prospective basis.

Plan termination. Although we expect to maintain this Plan indefinitely, we have the ability to terminate the Plan at any time. For this purpose, termination includes a complete discontinuance of contributions under the Plan or a partial termination. If the Plan is terminated, all amounts credited to your account shall become 100% vested, regardless of the Plan's current vesting schedule. In the event of the termination of the Plan, you are entitled to a distribution of your entire vested benefit. Such distribution shall be made directly to you or, at your direction, may be transferred directly to another qualified retirement plan or IRA. If you do not consent to a distribution of your benefit upon termination of the Plan, the Plan Administrator will transfer your vested benefit directly to an IRA that we will establish for your benefit. Except as permitted by Internal Revenue Service regulations, the termination of the Plan shall not result in any reduction of protected benefits.

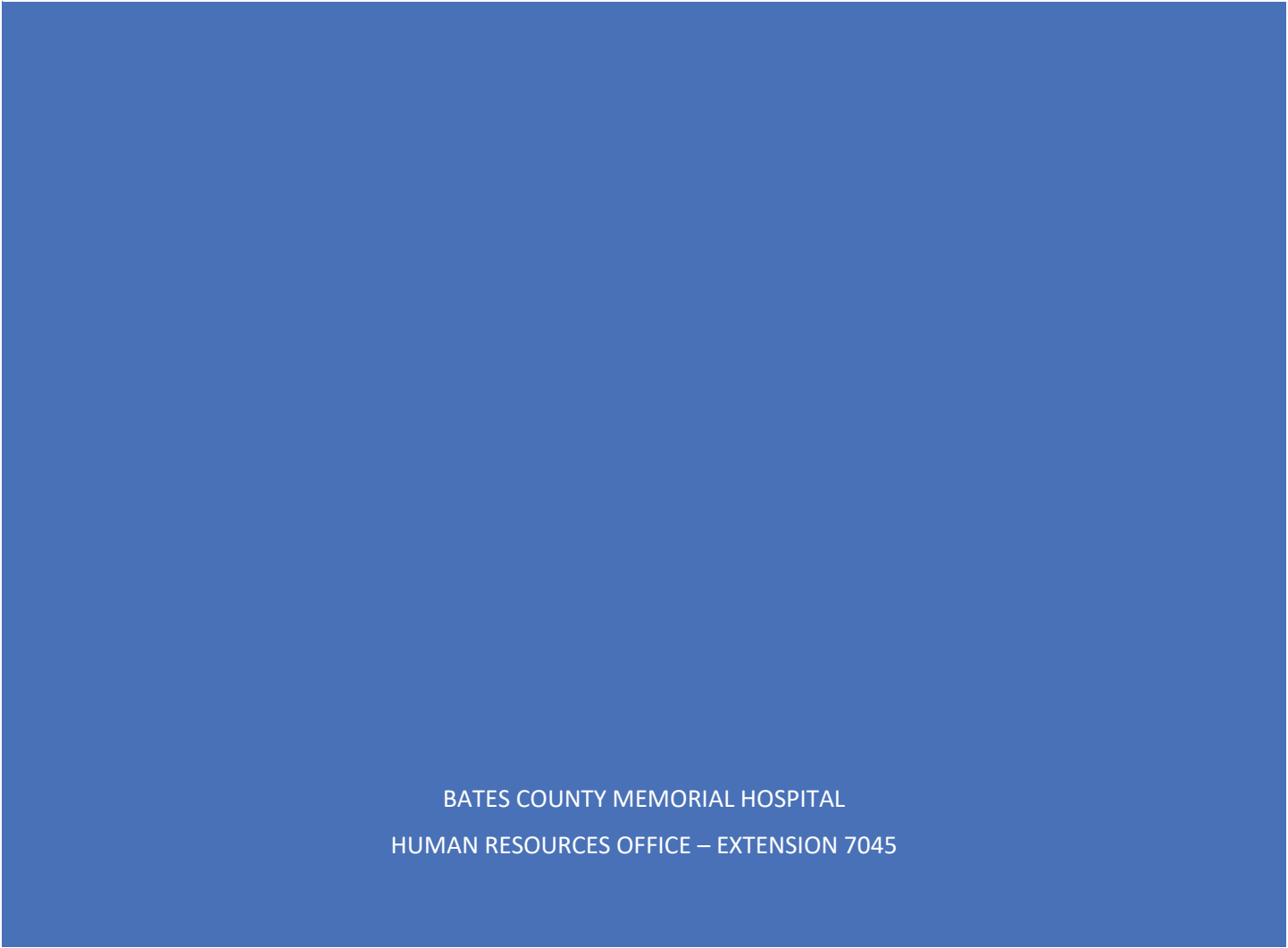
A partial termination may occur if either a Plan amendment or severance from service excludes a group of employees who were previously covered by this Plan. Whether a partial termination has occurred will depend on the facts and circumstances of each case. If a partial termination occurs, only those Participants who cease participation due to the partial termination will become 100% vested. The Plan Administrator will advise you if a partial termination occurs and how such partial termination affects you as a Participant.

ARTICLE 12 PLAN PARTICIPANT RIGHTS AND CLAIM PROCEDURES

Please contact the Plan Administrator regarding your rights under the Plan and the Plan's claims procedures.



CREDIT UNION



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045

About River Region Credit Union



Q ONLINE BANKING RATES CALCULATOR ACCOUNTS LOANS TOOLS ABOUT



MORE THAN JUST A PRETTY RATE

Quick Links

- [Mortgage Servicing Center](#)
- [Become a Member](#)
- [Apply for a Home Loan](#)
- [See Mortgage Rates](#)
- [Easy Payment Options](#)

About Us

River Region Credit Union

River Region Credit Union has been proudly serving our members since 1954. We provide benefits to the Missouri National Guard, Health Care Industry, Transportation Industry, MFA, and numerous other businesses and organizations. We also serve the counties of Boone, Callaway, Cole, Miller, Moniteau and Osage.

Our Mission

"The River Region Credit Union is a financial cooperative, owned and operated by its members, existing to encourage growth and better service through education and membership participation. The Credit Union will offer regular savings at competitive rates, promote thrift, quality loans at reasonable rates, and provide other financial services to meet its members' needs and the credit union's long term financial stability."

River Region Credit Union's mission statement is very simple and so is our commitment to our members: everything and anything that is done by the staff at RRCU shall always be done with the best interests of our Membership in mind.

We will provide non-discriminatory service to all our members. No member will be denied any service of this Credit Union due to discrimination because of race, color, religion, national origin, sex, marital status, or age.

Our number one commitment is to adhere to the national Credit Union philosophy of "People Helping People" and "Not for Profit, Not for Charity, but for Service." The staff here at RRCU are strong believers in those two philosophies and take pride in upholding them as well.

Frequently Asked Questions

What is a Credit Union?

A Credit Union is a not-for-profit financial institution run for the benefit of its members. Credit Unions are member owned. Most of the earnings of a credit union, after expenses and reserves, are returned to members in the form of high dividends on savings, low cost loans and low cost services.

www.rrcu.org



Quick Links

- [Mortgage Servicing Center](#)
- [Become a Member](#)
- [Apply for a Home Loan](#)
- [See Mortgage Rates](#)
- [Easy Payment Options](#)

Why RCCU

What is the Credit Union Difference?

New federal laws and regulations are changing the structure and face of the financial services industry. In this time of accelerating change, it is important to truly understand how credit unions are unique and different, and why we remain a necessary and extremely popular financial alternative for 87 million Americans.

[JOIN NOW](#)

Not-for-profit

Credit unions are not-for-profit financial cooperatives. We exist to serve our members, not to make a profit. Unlike most other financial institutions, credit unions do not issue stock or pay dividends to outside stockholders. Instead, earnings are returned to our members in the form of lower loan rates, higher interest on deposits, and lower fees.

Taxation

Credit unions do pay taxes – payroll taxes, sales taxes, and property taxes. Congress exempts credit unions from federal income taxes. The exemption was established in 1937, affirmed by statute in 1951, and re-affirmed in 1998 in H.R. 1151, the Credit Union Membership Access Act, which states:

"Credit unions, unlike many other participants in the financial services market, are exempt from Federal and most State taxes because credit unions are member-owned, democratically operated, not-for-profit organizations generally managed by volunteer boards of directors and because they have the specified mission of meeting the credit and savings needs of consumers, especially persons of modest means."

Ownership

Credit unions are an economic democracy. Each credit union member has equal ownership and one vote – regardless of how much money a member has on deposit. At a credit union, every customer is both a member and an owner.

Volunteer Boards

Each credit union is governed by a board of directors, elected by and from the credit union's membership. Board members serve voluntarily.

Membership Eligibility

By current federal statute, credit unions cannot serve the general public. People qualify for a credit union membership through their employer, organizational affiliations like churches or social groups, or a community-chartered credit union.

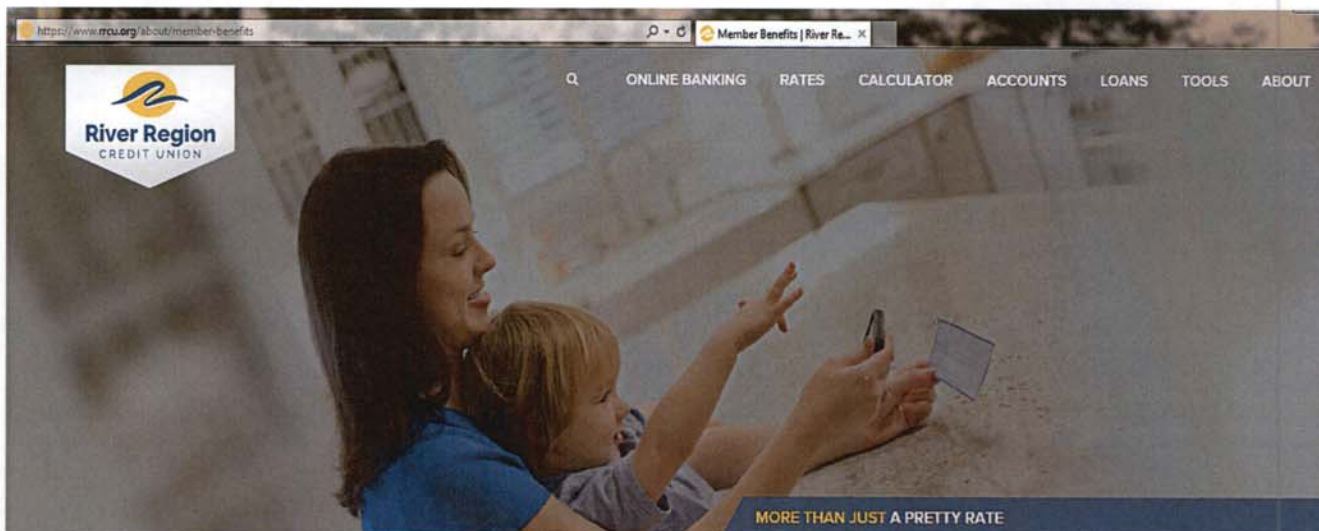
Financial Education for Members

Credit unions assist members to become better-educated consumers of financial services. Additionally, CUNA is partnering with the National Endowment for Financial Education, a not-for-profit foundation, to expand financial education among high school students. A national study shows that just ten hours of personal finance education can positively affect students' spending and savings habits for a lifetime.

Social Purpose: People Helping People

Credit unions exist to help people, not make a profit. Our goal is to serve all of our members well, including those of modest means – every member counts. Our members are fiercely loyal for this reason. They know their credit union will be there for them in bad times, as well as good. The same people-first philosophy causes credit unions and our employees to get involved in community charitable activities and worthwhile causes – just ask us.

Information provided by [CUNA](#).



Q ONLINE BANKING RATES CALCULATOR ACCOUNTS LOANS TOOLS ABOUT

Quick Links

- Mortgage Servicing Center
- Become a Member
- Apply for a Home Loan
- See Mortgage Rates
- Easy Payment Options

Member Benefits

River Region Credit Union has so much to offer. Not only are we member-owned and not-for-profit, but your membership also gives you access to special discounts on a variety of purchases.



Are you moving? Save 60% or more with Allied Van Lines. These discounts are usually reserved for Fortune 100 companies, but your credit union membership gives you access.



River Region Credit Union members have a choice between two very affordable tax-filing options, Turbo Tax and Jackson Hewitt. Both save you money and offer accurate calculations, guaranteed.



Shop America is an easy and fun way to get cash back when you shop online at your favorite stores. River Region Credit Union members receive cash back for every purchase at over 1,200 online retailers in the Shop America online mall. Shop, earn, and get paid.



Save up to 30% on select Dell products. Dell is also offering 5% back on a Dell Promo eGift card for each qualifying purchase, free 2nd day business shipping on all purchases, and more.



River Region Credit Union Members can save money on car insurance, too. Combine auto and homeowners coverage and you can save even more. Receive other perks as well like home safety device discounts, anti-lock brake discount, and many more.



This exclusive service is for credit union members and provides unparalleled service and value in roadside assistance. They are always available 24/7 to help you get back on the road quickly. Other service benefits are included as well.



River Region Credit Union members receive special discounts and offers from DirecTV. Save with no start-up costs, free professional installation in up to 4 rooms, and much more.

Contact River Region Credit Union or visit www.lovemycreditunion.org for more information and how to sign up for these great discounts!

Apply on-line....www.rrcu.org



Register or Sign In

If this is your first time here, please register below so that you can resume or check the status of your application at a later time. If you have already registered, please sign in using the information you previously registered with.

Register

Sign In

Username

Username

Email

Email Address

Password

Enter a Password

Re-enter Password

Re-enter Password to Verify

Submit

☐ Get Started

☐ Applicant Information

☐ Customize Products and Services

☐ Wrap Up

Password Requirements

Must be between 8-30 characters in length

At least one lowercase and one uppercase letter

At least one number and one special character

River Region Credit Union
3608 W. Truman Blvd.
Jefferson City, MO 65109
(573) 635-4185
(573) 893-5596 Fax



EMPLOYER PAYROLL DEDUCTION AUTHORIZATION

Member _____ Member Acct. No. _____

Employer and Dept. Bates County Memorial Hospital SSN/TIN _____

Employer Address 615 W. Nursery, Butler, MO 64730 Work Phone _____

☐ Initial Authorization

☐ Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of the Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my Employer and the credit Union are directed to make and apply deductions in accordance with this Authorization.

Deposit Amount ☐ Net Check ☐ Payroll Period ☐ Weekly
☐ Biweekly
☐ Monthly
☐ Semi-Monthly
☐ \$ _____

RIVER REGION CREDIT UNION R/T No. **286580917**

X _____
Signature

Effective Date

CREDIT UNION DIRECT DEPOSIT AUTHORIZATION

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	\$ _____
Share/Savings	\$ _____
Money Market	\$ _____
Loan # _____	\$ _____
Loan # _____	\$ _____
IRA _____	\$ _____
Other _____	\$ _____
TOTAL	\$ _____



EMPLOYEE ASSISTANCE PROGRAM



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045



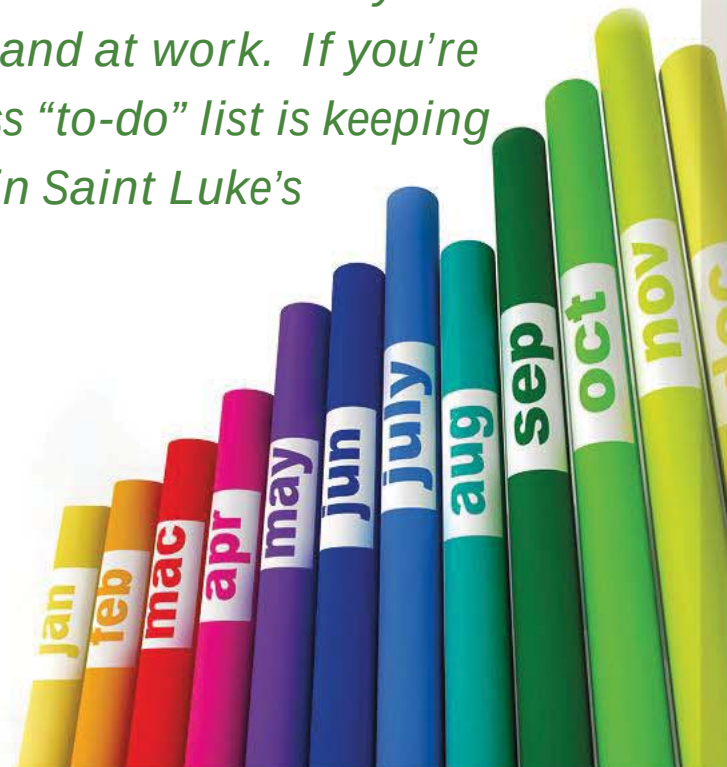
YOUR EMPLOYEE ASSISTANCE PROGRAM

*Understanding
your program
benefits:
Employee Assistance
Program (EAP)*



WHAT IS AN EMPLOYEE ASSISTANCE PROGRAM (EAP)?

From time to time, everyone experiences situations that could affect their general well-being. As a result, Saint Luke's LIFEWISE Employee Assistance Program (EAP) is available to help employees and their immediate family members be more successful at home and at work. If you're feeling overwhelmed or if your endless "to-do" list is keeping you up at night, you have a resource in Saint Luke's LIFEWISE™ EAP.



YOUR EMPLOYEE ASSISTANCE PROGRAM

Saint Luke's LIFEWISE Employee Assistance Program (EAP)

EAP Services are:

- *Confidential*
- *Available around the clock every day of the year*
- *Free to employees and their covered dependents*
- *Toll-free number: **800-327-1223***

*Your EAP offers up to 6 **face-to-face or telephonic counseling sessions** provided by Masters-level licensed behavioral health professionals*

WHAT ARE EAP BENEFITS?

- *Short term counseling: up to (6) sessions with an EAP counselor*
- *Leadership Coaching at Saint Luke's*
- *Referrals to needed community resources*
- *Work-life services*
- *Easy-to-use website*



WHY DO PEOPLE USE THE EAP FOR COUNSELING?

- *Emotional stress*
- *Relationship/family conflict*
- *Drug or alcohol concerns*
- *Work related concerns*
- *Grief/loss*
- *Care giving responsibilities*
- *Legal or financial consultation*
- *Any personal issue*



YOUR EMPLOYEE ASSISTANCE PROGRAM

WHY DO PEOPLE USE THE EAP FOR LEADERSHIP COACHING?

Counselors at Saint Luke's are Certified Professional Coaches. We can help you unlock your potential with tools for:

- Effective team leadership*
- Improving personal and team results*
- Inspiring and engage people*



HOW MUCH DOES IT COST?

Services provided are completely free of charge to you and your immediate family members (spouse and dependent children).

If additional services are needed, referrals could be made to providers in your community. You would be responsible for payment, but they might be covered or partially covered by healthcare insurance.



ARE THE SERVICES REALLY CONFIDENTIAL?

Your contact with the EAP is confidential to the fullest degree provided by law.

Your employer is never notified of your involvement with the EAP without your written permission.

Confidentiality does not extend to cases of child or elder abuse; if you are a threat to yourself or others; or if you are under a court order.



PROVIDER NETWORK

- Over 54,000 counselors
- Master's degree
- Experienced
- Licensed, Insured
- Credentialing compliant with/NCQA



CHILD CARE RESOURCE AND REFERRAL

- *Referrals to local care providers to include family child care, day care centers, nannies, babysitters*
- *Camps, schools, tutors, recreational activities*
- *Online, comprehensive library of articles and tip sheets on raising children*
- *Talk to a Work-Life expert 24/7 at 1-877-853-4701*



ELDER CARE RESOURCE AND REFERRAL

- *Referrals to local care providers including housing options, day care, in-home care, and respite care*
- *Referrals to community resources such as meal programs and transportation, and caregiver support groups*
- *Online, comprehensive library of articles and tip sheets on every aspect of elder care-giving, successful aging, adjusting to retirement, and senior health concerns*
- *Talk to a Work-Life expert 24/7 at 1-877-853-4701*



DAILY LIVING RESOURCE AND REFERRAL

- *Referrals and resources for home maintenance, pet care, travel, dining, and entertainment*
- *Referrals to community resources such as churches, government offices, recreation facilities, and volunteer opportunities*
- *An online library of resources, articles and tip sheets on home repair, disaster preparedness, travel, holiday planning, etc.*
- *Talk to a Work-Life expert 24/7 at 1-877-853-4701*



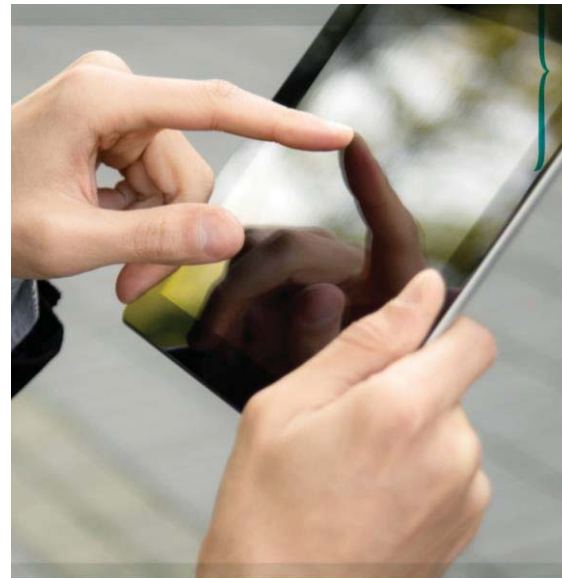
LEGAL AND FINANCIAL SUPPORT

- *Free consultation with attorney on civil or criminal matters and discounted fees for ongoing legal services with in-network attorney if needed*
- *Free consultation with financial specialists for budgeting, credit debt repayment, financial planning*
- *Assistance with ID theft and recovery*
- *Comprehensive online resources including legal and financial articles, downloadable legal forms, financial calculators*
- *Talk to a Work-Life expert 24/7 at 1-877-853-4701*



WEBSITE FEATURES

- *LiveCONNECT instant messaging*
- *Savings Center*
- *11,000 regularly updated articles*
- *Monthly live and archived webinars*
- *Self-search locators and resource links*
- *Streaming audio and video*
- *Skill builder*
- *Manager tools*



THE EAP IS HERE TO HELP

Saint Luke's EAP for Counseling/Coaching:
800-327-1223

Work-Life consultations, referrals and resources:
1-877-853-4701

WEBSITE:
<http://LifewiseEAP.advantageengagement.com>

Login CODE:
BCMh



EAP management referral

- For valued employees you want to retain
- Mandatory referrals: attendance and compliance with EAP are a condition of employment
- Recommended referrals: attendance is voluntary

Situations for which you may consider a referral

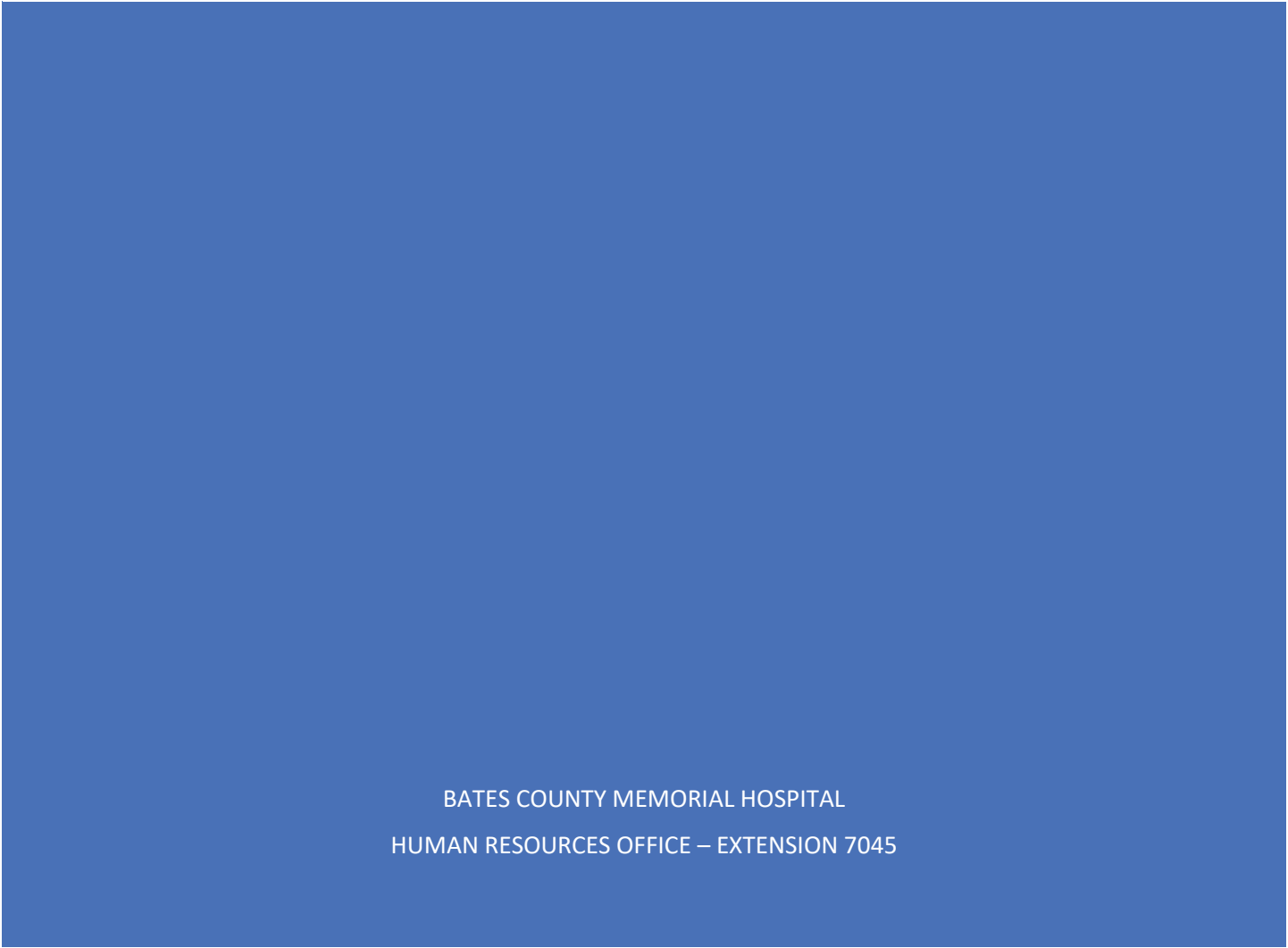
- Attendance, behavior or performance becomes an organizational concern
- Policy violations
 - Alcohol/drug/tobacco
 - Threat of violence
 - Verbal or physical altercations, intimidation
 - Harassment
- Suicidal statements made at work
- Unresolved Conflict
 - Two or more employees engaging in a feud at work; disruptive to workplace

Referral Process

1. Talk with your Bates County Memorial Hospital HR Professional
2. Telephonic consultation with EAP
3. Complete EAP Management Referral form
4. Meet with employee to discuss referral to EAP and obtain signatures
5. Indicate deadline to schedule appt on referral form. Employee calls to schedule.
6. Fax EAP referral form to 816-931-4489



BENEFITS GUIDE



BATES COUNTY MEMORIAL HOSPITAL
HUMAN RESOURCES OFFICE – EXTENSION 7045



2022 Benefit Guide Bates County Memorial Hospital

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

Benefits Overview

Bates County Memorial Hospital is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week for medical and dental coverage and 34 hours per week for Vision, Life, and Disability, and have 60 days of service. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and Bates County Memorial Hospital provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through Bates County Memorial Hospital payroll deductions.

Benefit Plans Offered

- Medical / Rx
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life and Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and Accidental Death & Dismemberment (AD&D)
- Voluntary Short-Term Disability
- Long-Term Disability

Eligibility

You and your dependents are eligible for Bates County Memorial Hospital benefits on the first of the month following 60 days of employment. You must work 60 Hours per pay period to be eligible for Medical, and Dental, and you must work 68 hours per pay period to be eligible for Vision, Short-Term Disability and Long-Term Disability.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 31 days.



Medical Benefits

Administered by Trustmark

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Bates County Memorial Hospital.

Bates County Memorial Hospital offers you a choice of three different PPO medical plans, with the opportunity to have an even better benefit if you have services performed at Bates County Memorial Hospital

With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less. **The added advantage of having services provided at Bates County Memorial Hospital is that the deductible is waived and the coinsurance is paid at 90% instead of 80% with in network providers.**

	BCMh Benefit	Low Deductible Plan		Medium Deductible Plan		High Deductible Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	Unlimited		Unlimited		Unlimited	
Annual Deductible	Waived	\$1,000 Ind. \$2,000 Family	\$1,500 Ind. \$3,000 Family	\$1,500 Ind. \$3,000 Family	\$2,000 Ind. \$4,000 Family	\$2,000 Ind. \$4,000 Family	\$3,000 Ind. \$6,000 Family
Annual Out-of-Pocket Maximum (includes deductible)	Low Plan. - \$1,500 Ind.; \$3,000 Family Med Plan. – \$2,400 Ind.; \$4,800 Family High Plan. – \$3,000 Ind.; \$6,000 Family	\$3,000 Ind. \$6,000 Family	\$6,000 Ind. \$12,000 Family	\$4,500 Ind. \$9,000 Family	\$8,000 Ind. \$16,000 Family	\$6,000 Ind. \$12,000 Family	\$12,000 Ind. \$24,000 Family
Coinsurance	90%	80%	50%	80%	50%	80%	50%

Doctor's Office

Office Visits	D / C	D / C	D / C	D / C	D / C	D / C	D / C
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100%	100%	Not covered	100%	Not covered	100%	Not covered

Hospital Services

Emergency Room	D / C*	D / C	D / C	D / C	D / C	D / C	D / C
Inpatient	D / C	D / C	D / C	D / C	D / C	D / C	D / C
Outpatient Surgery	D / C	D / C	D / C	D / C	D / C	D / C	D / C
Ambulance Service	D / C	D / C	D / C	D / C	D / C	D / C	D / C

Mental Health Services

Inpatient Services	D / C	D / C	D / C	D / C
Outpatient Services	D / C	D / C	D / C	D / C

Substance Abuse Services

Inpatient Services	D / C	D / C	D / C	D / C
Outpatient Services	D / C	D / C	D / C	D / C

BCMH Benefit	Low Deductible Plan		Medium Deductible Plan		High Deductible Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network

Prescription Drugs – \$250 Deductible for PPO – \$0 Deductible for Domestic

Deductible	\$0 for Ind. Or Family	\$250 Ind. ; \$500 Family	Not covered	\$250 Ind. ; \$500 Family	Not covered	\$250 Ind. ; \$500 Family	Not covered
Out-of-Pocket Maximum	\$0 for Ind. Or Family	\$1,500 Ind.; \$3,000 Family	Not covered	\$1,500 Ind.; \$3,000 Family	Not covered	\$1,500 Ind.; \$3,000 Family	Not covered
Retail— Generic Drug 34-day supply	Greater of \$5 or 20% - No Deductible applies	Deductible, then greater of \$5 or 20%	Not covered	Deductible, then greater of \$5 or 20%	Not covered	Deductible, then greater of \$5 or 20%	Not covered
Retail— Formulary Drug 34-day supply	15% Coinsurance	Deductible then 20%	Not covered	Deductible then 20%	Not covered	Deductible then 20%	Not covered
Retail— Non-formulary Drug 30-day supply	30% Coinsurance	Deductible then 35%	Not covered	Deductible then 35%	Not covered	Deductible then 35%	Not covered
ELIXIR Retail 90— Generic Drug 90-day supply	Greater of \$5 or 20% - No Deductible applies	N/A	Not covered	N/A	Not covered	N/A	Not covered
ELIXIR Retail 90— Formulary Drug 90-day supply	15% Coinsurance	N/A	Not covered	N/A	Not covered	N/A	Not covered
ELIXIR Retail 90— Non-formulary Drug 90-day supply	30% Coinsurance	N/A	Not covered	N/A	Not covered	N/A	Not covered

*Deductible / Coinsurance

Per Pay Period Employee Contribution Amounts

Tier	Low Deductible	Medium Deductible	High Deductible
Employee	\$117.96	\$97.02	\$84.89
Employee + Spouse	\$271.21	\$218.08	\$190.73
Employee + Child	\$235.93	\$192.94	\$154.35
Family	\$385.87	\$310.91	\$270.11



Dental Benefits

Administered by Trustmark

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Bates County Memorial Hospital dental benefit plan.

	In-Network PPO	Out-of-Network PPO
Annual Deductible	\$50 per Lifetime for P & B; \$50 per Benefit period for Major	\$50 per Lifetime for P & B; \$50 per Benefit period for Major
Annual Benefit Maximum	\$1,000	\$1,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	
Basic Dental Services (fillings, root canal therapy, oral surgery)	100%	
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%	
Orthodontic Services Dependent children under age 19	50%, No Deductible Applies	

Per Pay Period Employee Contribution Amounts

Tier	Dental Plan
Employee	\$4.20
Employee + Spouse	\$10.50
Employee + Child	\$8.93
Family	\$14.96



Vision Benefits

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a VSP doctor

	In-Network (any VSP provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Up to \$45 Reimbursement after copay
Lenses — once every 12 months	\$130 Allowance / \$25 copay	Reimbursement only as specified
Single Vision Lenses	Covered in Full less any applicable copay	Up to \$ 30.00* Reimbursement once every 12 months
Lined Bifocal Lenses	Covered in Full less any applicable copay	Up to \$ 50.00* Reimbursement once every 12 months
Lined Trifocal Lenses	Covered in Full less any applicable copay	Up to \$ 65.00* Reimbursement once every 12 months
Frames — once every 24 months	\$25 copay	
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	\$130 Allowance instead of glasses Copay does not apply. Up to \$60 Lens fitting copay	Up to \$105 Reimbursement once every 12 months

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.

Per Pay Period Employee Contribution Amounts

Tier	Vision Plan
Employee	\$4.00
Employee + Spouse	\$6.35
Employee + Child	\$6.50
Family	\$10.50



Flexible Spending Accounts (FSAs)

Administered by Surency

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit \$2,750

Dependent Care Spending Limit \$5,000*

Surency is the **administrator** of the two individual Flexible Spending Accounts—one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

Here's How an FSA Works

1. You decide the annual amount (up to amounts shown above for each account) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA account.
3. You can pay with the Healthcare FSA **debit card** for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.

You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

*The maximum amount that can be elected for this account is tied to end of year tax filing status. The amount shown is for those who file as married joint or Head of Household. Check with Surency for your maximum election amount.

Life and Accidental Death & Dismemberment Insurance

Insured by Reliance Standard Life Insurance

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Bates County Memorial Hospital. The company provides basic life insurance of one times your annual earnings with a \$15,000 minimum to a maximum of \$50,000 at no cost to you.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Bates County Memorial Hospital provides AD&D coverage of one times your annual earnings with a \$15,000 minimum and to a maximum of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.



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

Insured by Reliance Standard Life Insurance Company

You may purchase life and AD&D insurance in addition to the company-provided coverage. As the AD&D coverage is bundled with the Voluntary Life, you will automatically have this coverage if you elect to purchase the voluntary life coverage. You are guaranteed coverage (up to \$200,000 if you are under 70 years of age, and up to \$50,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— Up to \$500,000 in increments of \$10,000;

Spouse— Up to \$50,000 in increments of \$5,000

Children— \$5,000 or \$10,000



Per Pay Period Employee Contribution Amounts

Age Band	\$10,000	\$20,000	\$50,000	\$100,000	\$150,000	\$200,000	\$500,000
<30	\$0.392	\$0.784	\$1.96	\$3.92	\$5.88	\$7.846	\$19.615
30 – 34	\$0.392	\$0.784	\$1.96	\$3.92	\$5.88	\$7.846	\$19.615
35 – 39	\$0.545	\$1.089	\$2.723	\$5.446	\$8.169	\$10.892	\$27.23
40 – 44	\$0.692	\$1.384	\$3.461	\$6.923	\$10.384	\$13.846	\$34.615
45 – 49	\$1.038	\$2.077	\$5.192	\$10.384	\$15.577	\$20.769	\$51.923
50 – 54	\$1.482	\$2.963	\$7.408	\$14.815	\$22.223	\$29.631	\$74.077
55 – 59	\$2.280	\$4.560	\$11.400	\$22.800	\$34.200	\$45.600	\$114.000
60 – 64	\$2.428	\$4.855	\$12.138	\$24.277	\$36.415	\$48.554	\$121.385
65 – 69	\$4.412	\$8.825	\$22.062	\$30.138	\$66.185	\$88.246	\$220.615
70 – 74*	\$15.235	\$30.471	\$76.177	N/A	N/A	N/A	N/A
75+*	\$15.235	\$30.471	\$76.177	N/A	N/A	N/A	N/A

*Assumes this amount has applied the age reduction factor of 67% of original amount.

Per Pay Period Spouse Contribution Amounts

Age Band	\$10,000	\$20,000	\$50,000
<30	\$0.360	\$0.720	\$1.800
30 – 34	\$0.360	\$0.720	\$1.800
35 – 39	\$0.512	\$1.025	\$2.562
40 – 44	\$0.660	\$1.320	\$3.300
45 – 49	\$1.006	\$2.012	\$5.031
50 – 54	\$1.449	\$2.898	\$7.246
55 – 59	\$2.248	\$4.495	\$11.238
60 – 64	\$2.395	\$4.791	\$11.977
65 – 69	\$4.380	\$8.761	\$21.900
70 – 74*	\$15.203	\$30.406	\$76.015
75+*	\$15.203	\$30.406	\$76.015

*Assumes this amount has applied the age reduction factor of 67% of original amount.

Per pay period rates for child coverage are \$0.480 for \$5,000 and \$0.96 for \$10,000 in coverage.

Voluntary Short-Term Disability (STD) Insurance

Administered by Reliance Standard Life Insurance Company

Short-Term Disability (STD) insurance provides income if you become disabled due to an injury or illness. Benefits begin on the fifteenth day of any injury, hospitalization or illness and can continue for up to 11 weeks.

Benefit Amounts— From \$100 up to a \$2,000 maximum of 60% of weekly covered earnings in \$50 increments.

Benefit Maximum— The lesser of 60% of earnings rounded down to next lower \$50 increment or \$2,000

Please see human resources for more details.

Long-Term Disability (LTD) Insurance

Insured by Reliance Standard Life Insurance Company

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an income. Bates County Memorial Hospital provides Long-Term Disability insurance (LTD) coverage for you at no cost. **The eligibility waiting period for this benefit, unlike the other benefits is 24 months.**

LTD coverage provides income when you have been disabled for 90 days or more. Your benefit is 60% of your monthly earnings, up to \$7,500 per month, which covers monthly earnings up to \$12,500. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to age 65 if you are under age 60 at the time of disability.



Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website / Email	Group #
Medical / Rx	Trustmark	844.274.5819	www.mytrustmarkbenefits.com	N/A
Dental	Trustmark	844.274.5819	www.mytrustmarkbenefits.com	N/A
Vision	VSP	800.877.7195	www.vsp.com	30011089
Flexible Spending Account	Surency	866.818.8805	www.surency.com	60473
Life and AD&D Insurance	Reliance Standard	800.351.7500	http://www.reliancestandard.com/home/customerservice@rsli.com	GL154646 VAR206696
Voluntary Short-Term Disability	Reliance Standard	800.351.7500	http://www.reliancestandard.com/home/customerservice@rsli.com	VP5426847
Long-Term Disability	Reliance Standard	800.351.7500	http://www.reliancestandard.com/home/customerservice@rsli.com	LTD126565



Important Annual Notices

Grandfathered Plan Disclosure

This disclosure is applicable to the following plan(s):

- \$1,000 Deductible Plan
- \$1,500 Deductible Plan
- \$2,000 Deductible Plan

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Human Resources at 660.200.7044.

HIPAA Special Enrollment Rights

Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Bates County Memorial Hospital Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction, where required).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Human Resources at 660.200.7044.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Bates County Memorial Hospital is committed to the privacy of your health information. The administrators of the Bates County Memorial Hospital (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources at 660.200.7044.

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please contact Human Resources at (660) 200-7044.

Newborns' and Mothers' Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Bates County Memorial Hospital, Human Resources, 615 W. Nursery Street, Butler, MO 64730, 660.200.7044.

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 aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of October 15, 2021. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Email: hipp@dhcs.ca.gov	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268	MAINE – Medicaid Enrollment: https://www.maine.gov/dhhs/ofi/applications-forms 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
GEORGIA – Medicaid https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, ext. 2131	MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/info-details/masshealth-premium-assistance-pa 800.862.4840
	MINNESOTA – Medicaid https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739

MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPPProgram.aspx 800.692.7462

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
http://mywvhipp.com/ 855.MyWVHIP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2023)

According to the Paperwork Reduction Act of 1995

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

Creditable (Drug) Coverage Notice

Important Notice from Bates County Memorial Hospital About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Bates County Memorial Hospital medical and prescription drug coverage will not be affected. As long as you remain an active employee who is eligible for benefits at Bates County Memorial Hospital the medical and prescription drug plans will continue to be primary, with Medicare benefits being secondary. Unless you decide to terminate your medical and prescription drug coverage that is available to you through Bates County Memorial Hospital and replace it with only Medicare coverage, your prescription drug coverage under the Bates County Memorial Hospital plan will not be changed.

If you do decide to join a Medicare drug plan and terminate your current Bates County Memorial Hospital coverage, be aware that you and your dependents will be able to get this coverage back, but not until the next period of Open Enrollment or unless you have a special enrollment period due to a qualifying life event.

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

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

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

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

Contact Human Resources at 660.200.7044.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bates County Memorial Hospital changes. You also may request a copy of this notice at any time.

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

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

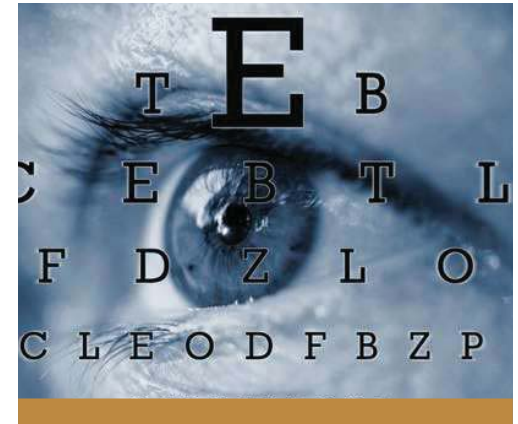
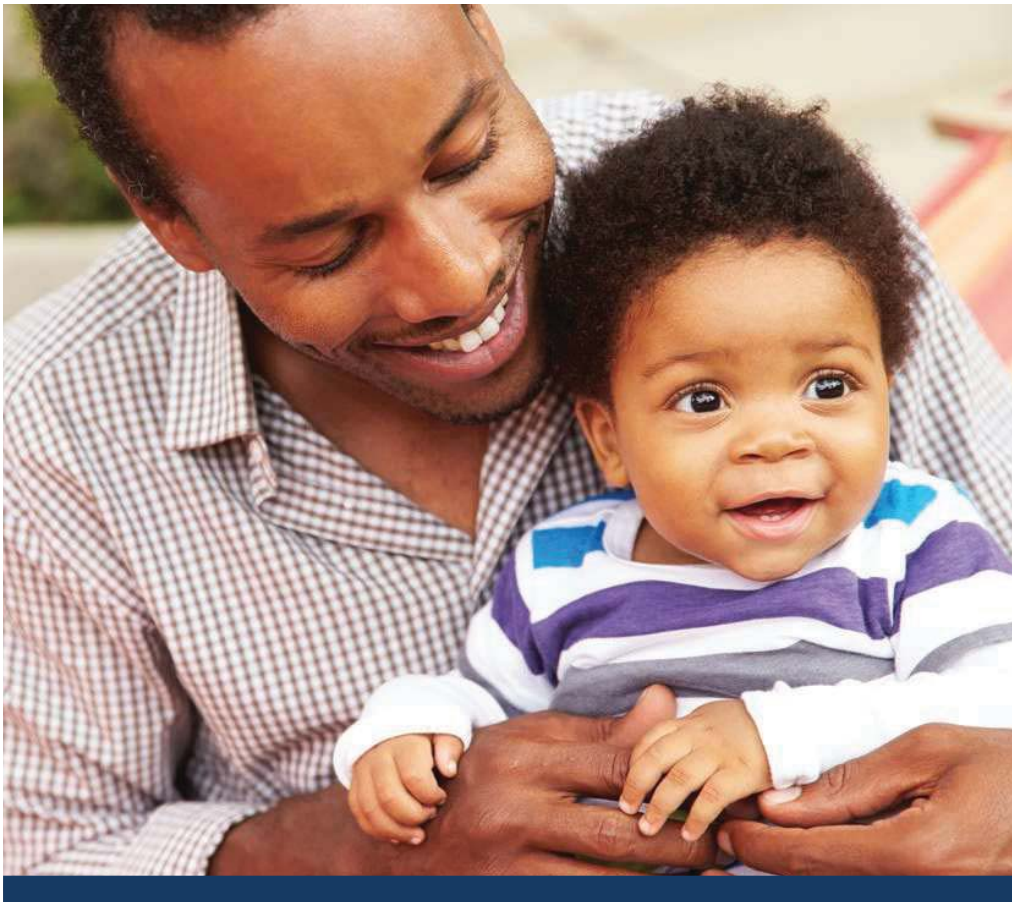
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2022
Name of Entity/Sender: Bates County Memorial Hospital
Contact--Position: Director of Human Resources
Address: 615 W. Nursery Street
Butler, MO 64730
Phone Number: 660.200.7044



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting