



2025

Team Member Benefits Guide

Provided by



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Welcome to Scotland Health Care System! The key to our success is the quality of our Team Members, and we are excited to have you on our team. Our investment in you extends beyond the workplace by providing high-quality benefits that let you choose those that best fit the needs of you and your family.

We are committed to providing benefits and programs that support your continued good health, financial security, and peace of mind. This guide provides an overview of all the benefits and programs we provide. We hope this information will help you in your benefit selections and help you make the most of our valuable benefit package.

This guide only summarizes the insurance and benefit programs we provide. Information is meant to be high-level and does not include all plan provisions, exclusions, and coverage details. Please refer to the Plan Documents or Summary Plan Descriptions for these details. **If there is a discrepancy between what is stated in this booklet and the Plan Documents, the Plan Documents will govern.**

Welcome to Your 2025 Team Member Benefits Guide!

Team Member Benefit Resources

To view the summaries for the benefits mentioned in this guide, please scan the QR Code below:



Or click the link:

<https://psfinc.egnyte.com/fl/9YoiKe4b6A>



Eligibility & Enrollment

Benefits Eligibility

For most benefits, coverage begins on the first day of the month following your date of hire (*Long-Term Disability begins on the first day of the month following 90 days after your date of hire*). That includes coverage for eligible family members. If you have a change in who you cover through marriage, birth, or adoption, your newly acquired family members will be covered on the birth or placement for adoption; for marriage, it will be effective the 1st of the month after the event date. For other changes, coverage will begin the first of the month following the change. If you are a full-time or part-time associate regularly scheduled 20 (32 for Long-Term Disability) or more hours per week, you are eligible to enroll in the benefits described in this guide.

How and When to Enroll/Make Changes

1. Review your current elections. Verify your personal information and make changes as needed in Core Connect.
2. Evaluate plan options and make your benefit elections and/or changes through our benefit administration systems shown below.

Several benefits may only be elected or changed during open enrollment or with a qualified change in status. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.

SHCS shares the cost of many benefits with you, below is an overview of available plans and where to go to enroll or change your benefit election:

	Employer Paid	Employee Paid	Where to elect coverage
Medical and Pharmacy	X	X	Core Connect
Dental		X	Core Connect
Vision		X	Core Connect
FSA and HSA		X	Core Connect
Accident, Critical Illness, and Hospital Indemnity		X	Core Connect
Long-Term Disability	X		Automatically Enrolled for employees regularly scheduled 32 hours or more per week
Voluntary Short-Term Disability		X	Core Connect
Life and AD&D	X		Automatically Enrolled
Dependent Life and Supplemental Life		X	Core Connect
403(b) Plan	X	X	https://participant.empower-retirement.com/participant/#/login
Diabetes Prevention	X		omadahealth.com/scotlandhealth
Weight Management	X		enroll.realappeal.com
Employee Assistance Program	X		Automatically Enrolled

Medical & Pharmacy Coverage

Consumer Directed Health Plan (CDHP)

This is a high deductible health plan that is paired with a tax-advantaged health savings account (HSA).

- Pay negotiated rate for doctor visits and prescriptions up to plan deductible.
- Plan pays coinsurance for services after you meet your deductible.
- Paired with Health Savings Account (HSA) – helps pay for medical expenses pre-tax.
- Higher deductible with lower premium from your paycheck

Traditional Health Plan (PPO)

This is a traditional plan offering copays for doctor visits and prescriptions.

- This plan has lower deductibles and annual out-of-pocket maximums.
- In exchange for lower out-of-pocket costs and standard fees at the doctor, you will pay a higher premium out of your paycheck to enroll in this plan.

Plan Coverage Tiers

Both the Consumer Directed Health Plan (CDHP) and Traditional Health Plan (PPO) feature three coverage levels, which will impact what you pay for services:

Tier 1: Scotland Health Providers and Partners

Tier 2: Cigna PPO Network Providers

Out-of-Network Providers

Tips for Keeping Your Costs Down

- Choose in network providers
- Take advantage of preventive care services
- Talk to your medical provider about appropriate substitution of lower cost alternative medications
- Use Urgent Care providers instead of the Emergency Room
- Try a Virtual Visit for non emergent health consultations
- Take advantage of free mental health counseling services through our EAP

Things to Consider When Choosing a Plan

How much did I spend on health care last year? Consider your premiums and out of pocket expenses.

- Choose a plan with limits that fit your budget.

Do I have major events coming up this year? This may include planned medical procedures or life events like having a baby.

- Compare hospital benefits in addition to what you'll pay in plan premiums

Consumer Directed Health Plan (CDHP)

Medical Coverage Administered by Allegiance

You have the choice of two medical plans: the Consumer Directed Health Plan and the Traditional Health Plan. The plans encourage Team Members to utilize SHCS providers, their partners in care, and Cigna network providers by covering services at lower copays, co-insurance, and deductibles. You choose your plan each year during Open Enrollment. The following is a summary of the **Consumer Directed Health Plan (CDHP)**.

Cigna PPO Network - Choice POS II	CDHP – Tier 1 Scotland Health Providers and Partners	CDHP – Tier 2 Cigna PPO Network
Annual Deductible		
Individual	\$2,000	\$3,000
Maximum per family	\$4,000 (aggregate)*	\$6,000 (aggregate)*
Out-of-Pocket Maximum		
Individual	\$2,500	\$6,000
Maximum per family	\$5,000 (aggregate)**	\$12,000 (aggregate)**
Preventive Care		
Routine Exam	0% deductible waived	0% deductible waived
Laboratory Services	0% deductible waived	0% deductible waived
Physician Services		
Office Visits – Primary Care	10% after deductible	40% after deductible
Office Visits – Specialist	10% after deductible	40% after deductible
Telehealth Visit	10% after deductible	40% after deductible
Outpatient X-Ray and Laboratory Services	Lab – 0% after deductible X-Ray/MRI – 10% after deductible	40% after deductible
Urgent Care	10% after deductible	40% after deductible
Emergency Services	10% after deductible	40% after deductible
Hospital Services		
Inpatient and Outpatient	10% after deductible	40% after deductible
Outpatient Rehabilitation		
25 visits per calendar year	10% after deductible	40% after deductible
Mental Health Outpatient	10% after deductible	40% after deductible
Spinal Manipulations		
25 visits per calendar year	10% after deductible	40% after deductible
Out-of-Network (OON)		
OON Deductible		
Individual	\$4,000	
Maximum per family	\$8,000 (aggregate)*	
OON Out-of-Pocket Maximum		
Individual	\$10,000	
Maximum per family	\$20,000 (aggregate)**	
Out-of-Network Coinsurance	50%	

***Family Aggregate Deductible:** The deductible amount depends on whether you enroll with or without family members. If more than one person is covered on the CDHP, which is an IRS-Qualified High Deductible Health Plan, the family will need to be satisfied before the Plan starts to make payments for your healthcare costs for any individual (except for services considered Preventive).

****Family Aggregate Out-Of-Pocket Maximum:** For those covering more than one person on the CDHP, one member of the family can meet the entire out-of-pocket maximum, or several family members can combine out-of-pocket expenses to meet the family out-of-pocket maximum.

Traditional Health Plan (PPO)

Medical Coverage Administered by Allegiance

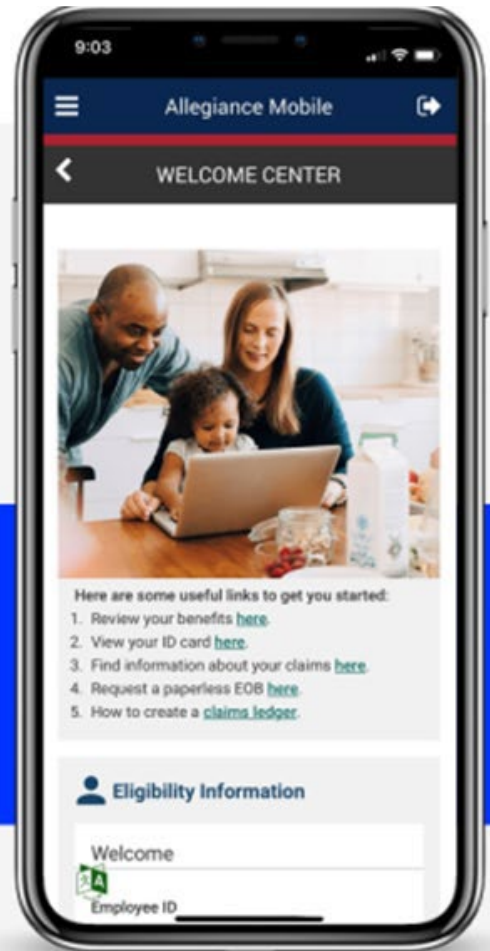
You have the choice of two medical plans: the Consumer Directed Health Plan and the Traditional Health Plan.

The plans encourage Team Members to utilize SHCS providers, their partners in care, and Cigna network providers by covering services at lower copays, co-insurance, and deductibles. You choose your plan each year during Open Enrollment. The following is a summary of the **Traditional Health Plan (PPO)**.

Cigna PPO Network	Traditional Health Plan-Tier1 Scotland Health Providers and Partners	Traditional Health Plan – Tier 2 Cigna PPO Network
Annual Deductible		
Individual	\$500	\$2,000
Maximum per family	\$1,500	\$4,000
Out-of-Pocket Maximum		
Individual	\$2,500	\$6,000
Maximum per family	\$5,000	\$12,000
Preventive Care		
Routine Exam	0% deductible waived	0% deductible waived
Laboratory Services	0% deductible waived	0% deductible waived
Physician Services		
Office Visits – Primary Care	\$20 copay	\$50 copay
Office Visits – Specialist	\$50 copay	\$100 copay
Telehealth Visit	\$30 copay	\$50 copay
Outpatient X-Ray and Laboratory Services	Lab – \$50 copay, deductible waived X-Ray/MRI – 10% after deductible	Lab – 50% after deductible X-Ray/MRI – 50% after deductible
Urgent Care	\$30 copay	\$30 copay
Emergency Services	\$150 copay, then 10%, deductible waived	\$150 copay, then 10%, deductible waived
Hospital Services		
Inpatient	\$250 per admit then 10% after deductible	\$750 per admit then 50% after deductible
Outpatient	\$150 copay, then 10%, after deductible	\$500 copay, then 50%, after deductible
Outpatient Rehabilitation		
25 visits per calendar year	10% after deductible	50% after deductible
Mental Health Outpatient	\$20 copay	\$50 copay
Spinal Manipulations		
25 visits per calendar year	10% after deductible	50% after deductible
Out-of-Network (OON)		
OON Deductible		
Individual		\$2,000
Maximum per family		\$6,000
OON Out-of-Pocket Maximum		
Individual		\$10,000
Maximum per family		\$20,000
Out-of-Network Coinsurance		50%

Allegiance Health App

These services are also available through the Allegiance Mobile App available in Google Play and Apple App stores.



AllegianceSM
by Cigna Healthcare



Start managing your account in seconds straight from your device!

Download the Allegiance Mobile App for free from the Apple App Store or Google Play today.

Pharmacy Coverage

Prescription Drug Coverage Administered by CVS/Caremark

Our employees will have the option of filling their prescriptions through our own in-house pharmacies or a network pharmacy. Unless your doctor requires the use of a brand name drug, your prescription may automatically be filled with a generic equivalent (*when available*).

Cigna PPO Network - Choice POS II	CDHP (Medical Deductible applies)		PPO (Medical Deductible waived)	
	Scotland Pharmacy (30-day supply)	Non-Scotland Retail Pharmacy (30-day supply)	Scotland Pharmacy (30-day supply)	Non-Scotland Retail Pharmacy (30-day supply)
Generics	\$0	\$10	\$0	\$10
Preventive Therapy (Generics/Brand)	\$0 (Medical Deductible Waived)	\$10	\$0	\$10
Preferred Brand	\$20	\$35	\$20	\$35
Non-Preferred Brand	\$40	\$60	\$40	\$60
Specialty Drugs	\$10 Generic \$75 Brand	\$150 Generic \$150 Brand	\$10 Generic \$75 Brand	\$150 Generic \$150 Brand

CDHP = High Deductible Plan

PPO = Traditional Plan

Scotland Pharmacy = See next page (page 10) for qualifying three locations

Non-Scotland Pharmacy = any in-network other pharmacies

There is no coverage for prescriptions from out-of-network pharmacies.

Note: Walgreen's is out-of-network.

Specialty Drugs = if a prescription falls into this category, the patient will be notified of process

Scotland Pharmacy Contact Information

Scotland Pharmacy – Bennettsville

Located inside of Marlboro Family Practice and Urgent Care Center

Address:

957 Cheraw Street
Bennettsville, SC 29512

Hours of Operation:

7:30 a.m. – 6:00 p.m. Monday – Thursday, Friday 8:30 a.m. – 4:00 p.m.

Phone: 843-456-7735

Scotland Pharmacy – Laurinburg

Located inside Laurinburg Family Practice and Urgent Care

Address:

101 Plaza Road
Laurinburg, NC 28352

Hours of Operation:

7:00 a.m. - 6:00 p.m. Monday - Sunday (except Holidays)
(drive thru available)

Phone: 910-504-8520

Scotland Pharmacy – Pembroke

Located inside of Pembroke Family Practice and Urgent Care

Address:

412 South Jones Street
Pembroke, NC 28372

Hours of Operation:

8:00 a.m. - 6:00 p.m. Monday – Friday, Saturday 9:00 a.m. – 3:00 p.m., Sunday 1:00 p.m. – 6:00 p.m

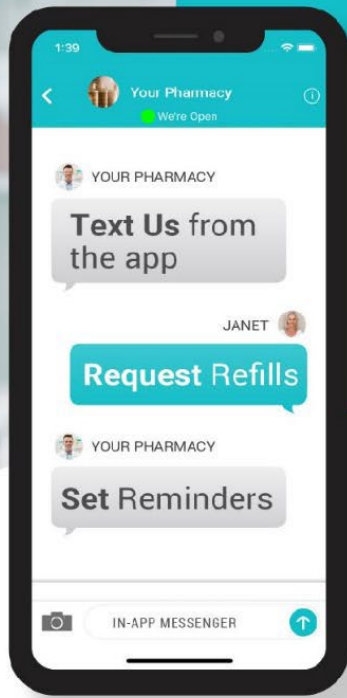
****October 2025 hours will change to 8:00 a.m. - 7:00 p.m. Monday - Sunday (except holidays)****
(drive thru available).

Phone: 910-522-7833

Scotland Pharmacy Prescription Drug App- RxLocal

Download this application to easily request refills, check status, or send messages to the Scotland Pharmacy of your choice!

DOWNLOAD OUR APP



SCAN HERE
OR VISIT [APP.RXLOCAL.COM](https://app.rxlocal.com)

CONVENIENT & EASY:

- Secure Messaging
- Request Refills
- Set Medication Reminders



*Message and data rates may apply. Text STOP to opt-out, HELP for help. To view the Terms and Conditions, visit us at rxlocal.us/terms. To view the Privacy Policy, visit rxlocal.us/privacy.

Notice regarding Medicare Part D

Our medical plans offer what is called “creditable coverage,” which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources.

CVS Caremark App

Register at Caremark.com

When you register at Caremark.com, you'll get access to tools and resources

There are three easy ways to register:

- Go to Caremark.com, click the **Register** button and follow the instructions to sign up
- **Download** the CVS Caremark® mobile app from Google Play or the App Store to register your account
- **Call** the number on the back of your member ID card and a representative will get you started with a personalized registration email or text

Register to:

- Refill your prescriptions
- Check the status of your order
- Review your coverage and track annual spending
- Locate network pharmacies near you
- Check medication costs and find opportunities to save money
- Log into Caremark.com from your desktop to access these additional features: manage your profile information, including shipping addresses, payment methods, and notifications.

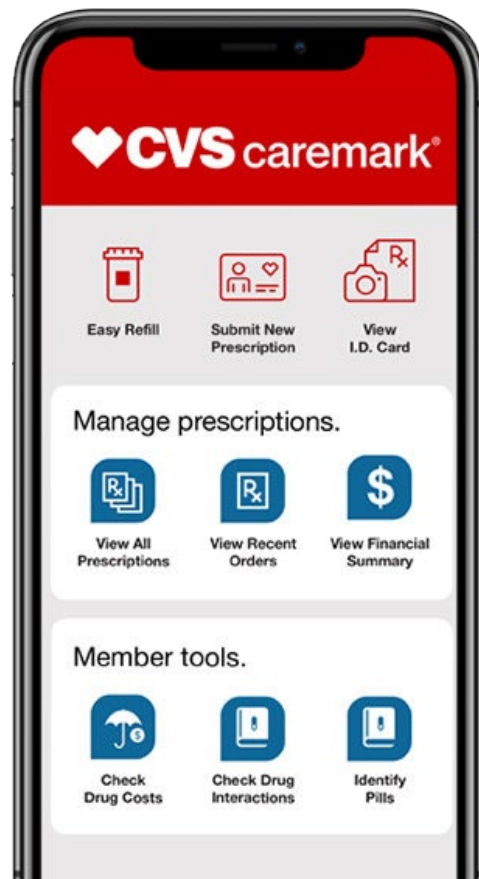
Download and Register Today

- Visit [Caremark.com/welcome-center](https://caremark.com/welcome-center)
- Or you can **scan the QR code** to download the CVS Caremark app

APP STORE



GOOGLE PLAY



Health Savings Account (HSA)

Health Savings Account Administered by Bank of America

If you enroll in the Consumer Directed Health Plan (CDHP), you can open a Health Savings Account (HSA) to help pay for eligible expenses. Generally, qualified expenses include doctor visits, medications, medical equipment, and dental and vision care for you, your spouse, and any dependents. For a complete list of qualified expenses, see IRS Publication 502. An HSA is a deposit account that you can use to pay for qualified medical expenses tax-free. Plus, the account is yours to keep — **the money you save will roll over year to year.**

How can I use a HSA?

An HSA is a great way to save money for future medical expenses like having a baby, planned surgeries, or unexpected hospital visits. Many people also save money in an HSA for medical expenses during retirement.

Who is eligible to open a HSA?

It is your responsibility to confirm you are eligible to receive contributions to your Health Savings Account. To open an HSA and receive/make contributions, you must NOT have other health coverage for yourself including:

- Coverage through individual non-qualified medical plan
- Coverage through a spouse's or parent's non-qualified medical plan
- Access to a spouse's Flexible Spending Account
- Be a dependent on someone else's tax return
- Coverage through a State or Federal program:
 - Tricare/CHAMPVA/Veteran's Administration
 - Native/Tribal Plan
 - Medicare
 - Medicaid



For Indian Health Services beneficiaries or Veterans beneficiaries, you cannot contribute to your HSA for 3 months following the month you receive benefits from the Veterans or Native Tribal facilities.

For questions about your eligibility for the HSA, contact Human Resources.

2025 HSA Contributions

What is the tax benefit associated with a HSA?

The money you contribute to your HSA is tax-deductible and can be used for expenses for yourself and your dependents. You can maximize your tax savings by contributing up to the maximum annual amount allowed by the Internal Revenue Service (IRS). Your HSA balance plus investment earnings carry over from year to year – tax-free. Plus – your HSA funds are yours to keep – even if you switch health plans, change jobs, or retire.

2025 IRS HSA Contribution Limits

Individual-only coverage	\$4,300
Individual, plus one or more covered family members	\$8,550
Additional catch-up contribution for those 55+	\$1,000

Scotland Health Care Systems HSA Contributions

SHCS will contribute annually \$1,000 if you or \$2,000 if both you and your spouse complete your annual wellness visit..

2025 SHCS Contributions

Individual-only coverage	\$1,000
Individual, plus one or more covered family members	\$2,000

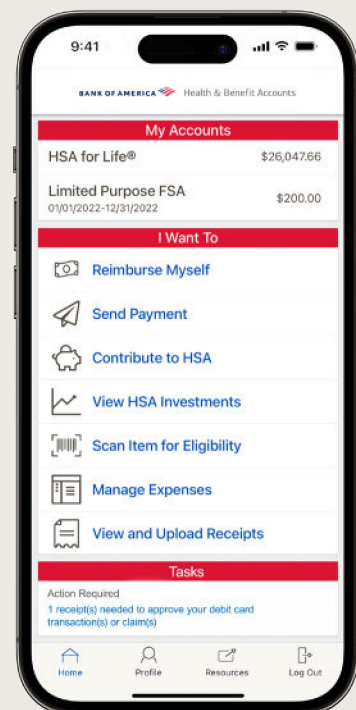
Please note you will only have access to funds that are deposited to your account. Additionally, you may elect to put additional money into your HSA from your paycheck on a tax-free basis. Scotland Health Care System will also pay for the monthly administrative fee for participants.

MyHealth BofA Mobile App

Convenience at your fingertips. Whether you're sitting in your living room or out running errands, the MyHealth mobile app is the convenient tool to keep track and manage the details of your accounts — wherever and whenever you need. Using your app is quick and easy.

Some of the things you can do include:

- Check account balance and activity.
- File a claim and make transactions.
- Manage your profile information.
- Snap a picture of your receipt and upload it to the Receipt Organizer for when you need it.
- Use the Eligible Expense Scanner to check if an item is an eligible expense by simply scanning the barcode.
- Manage your HSA investment account.



Flexible Spending Accounts

Health Care FSA and Limited Purpose FSA Administered by Bank of America

If you enroll in the Traditional Health Plan (PPO) or elect to waive medical coverage, you can open a Health Care Flexible Spending Account (FSA) or Limited Purpose FSA. The Health Care FSA annual maximum plan contribution limit is \$3,200 in 2025. This program allows you to set aside funds up to the IRS maximum so that you can pay for certain IRS-approved expenses that are not covered by insurance with pre-tax dollars. You can elect to enroll in either the **Health Care FSA** or the **Limited Purposes FSA**.

	Health Care FSA	Limited Purpose FSA (You must be enrolled in the CDHP)
IRS-approved Expenses	Medical, Rx, Vision and Dental	Vision and Dental
Interaction with other Accounts	Makes you ineligible for HSA contributions	Perfect for anyone covered by an HSA qualified medical plan
Examples	<ul style="list-style-type: none">• Hearing services, includes hearing aids and batteries.• Vision services, includes contact lenses, contact lens solution, eye exams and eyeglasses.• Chiropractic services• Acupuncture• Prescription copays• Dental services and orthodontia• Over-the-counter medication• Menstrual products	<ul style="list-style-type: none">• Vision services, includes contact lenses, contact lens solution, eye exams and eyeglasses.• Dental services and orthodontia

While you should only set aside enough money for those expenses you know you will incur during the plan year, the roll-over provision allows you to carry forward up to the IRS maximum into the next plan year. Please see the information from Bank of America for more information.

The Health Care/Limited Purpose FSA annual rollover maximum amount is \$660 in 2025.

IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status.

Flexible Spending Accounts Continued

Dependent Care FSA Administered by Bank of America

Similar to the Health Care FSA, you may also use pre-tax dollars to pay for qualified dependent care. Expenses can be for your dependent children 12 and under, and in some cases elder care, and must be so you can work, actively look for work or be a full-time student. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house.
- Nursery schools and preschools (*excluding kindergarten*)

The annual maximum amount you may contribute into the Day Care FSA is \$5,000 per calendar year (*or \$2,500 if married and filing separately*). This limit is set by the IRS and is a calendar year limit.

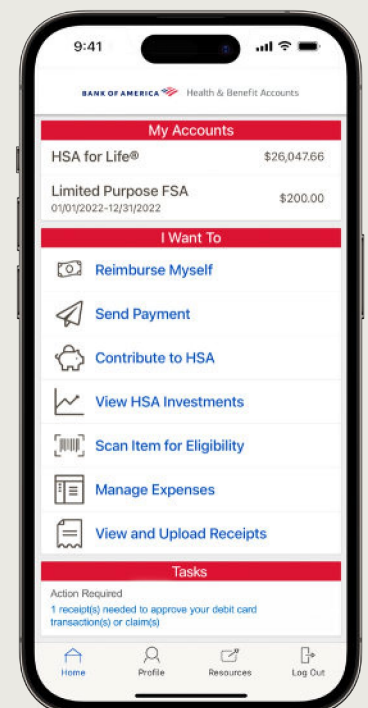
Note: Election changes are also allowed when there is a change in cost or coverage of your childcare provider.

MyHealth BofA Mobile App

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Some of the things you can do include:

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- File a claim and make transactions.
- Manage your profile information.
- Snap a picture of your receipt and upload it to the Receipt Organizer for when you need it.
- Use the Eligible Expense Scanner to check if an item is an eligible expense by simply scanning the barcode.
- Manage your HSA investment account.



Examples of Qualified Medical Expenses

Medical

- Acupuncture
- Acid Controllers
- Alcoholism Treatment
- Allergy and Sinus Medicine
- Ambulance
- Anti-diarrheal Products
- Anti-gas Products
- Anti-itch and Insect Bite
- Anti-parasitic Treatments
- Baby Rash Ointments/Creams
- Birth Control
- Body Scans
- Braille Books and Magazines
- Breast Pumps and Lactation Supplies
- Chiropractor
- Coinsurance (*Medical, Dental, and Vision*)
- Copayments
- Cold Sore Remedies
- Cough, Cold, and Flu Medications
- Crutches and Canes
- Deductibles
- Diabetic Supplies
- Diagnostic Services
- Drug Addiction Treatment
- Feminine Anti-fungal/Anti-itch
- Fertility Enhancements
- Flu Shots
- Guide Dogs or other Service Animals
- Hearing Aids and Batteries
- Hemorrhoid Preps
- Hospital Services
- Insulin
- Laboratory Fees
- Lamaze Classes
- Laxatives
- Learning Disability Treatments
- Menstrual Care Products
- Mastectomy-related Special Bras
- Medical Equipment and Repairs
- Medical Monitoring and Testing Devices
- Medical Supplies
- Motion Sickness Medication
- Nursing Services
- OB/GYN
- Office Visits
- Oxygen
- Pain Relievers (*i.e. Aspirin*)
- Physical Exams
- Physical Therapy
- Pregnancy Tests (*Over-the-Counter*)
- Prescription Drugs
- Prosthesis
- Psychiatric Care
- Reconstructive Surgery Following Mastectomy
- Respiratory Treatments
- Sleep Aids and Sedatives
- Smoking Cessation (*Programs/Drugs*)
- Speech Therapy
- Sterilization
- Stomach Remedies
- Surgery
- Transportation, Parking, and Related Travel Expenses Essential to Receive Medical Care (*Subject to IRS Limits*)
- Vaccinations
- Vasectomy
- Weight Loss Program and/or Drugs (*if prescribed by a Physician to Treat a Specific Medical Condition*)
- Wheelchair
- X-Ray Fees

Dental

- Braces
- Dentures
- Exams
- Extractions
- Fillings
- Teeth Cleaning
- X-Rays

Vision

- Contact Lenses and Glasses
- Examinations
- Laser Eye Surgery
- Reading Glasses (*Over-the-Counter*)

This partial list of eligible expenses applies to both Health Care FSA plans and Health Savings Accounts

Supplemental Health Benefits

Supplemental Coverages Administered by Lincoln Financial Group

SHCS understands you value the opportunity to customize your insurance coverage to best fit your individual needs. We are pleased to offer you the ability to add-on any of the following supplemental health programs through Lincoln Financial Group to complement your medical plan coverage.

Critical Illness Insurance

Critical Illness insurance helps guard against financial hardship if you or a dependent is diagnosed with a covered condition. Some of the expenses this benefit can help pay include initial diagnosis, treatment, and follow-up care. You can choose between a \$5,000, \$10,000, \$15,000 or \$20,000 benefit. See Lincoln's Critical Illness benefit summary for an overview of this benefit and pricing and costs to cover you and/or your family. Review the booklet for details on covered conditions. This plan also features a **\$50 annual health screening benefit** per covered member. To receive this \$50 benefit, please complete the Lincoln Critical Illness Health Assessment Claim Form.

Covered Illnesses Include:

- Invasive cancer
- Heart attack
- Stroke
- Paralysis
- End-stage kidney failure
- Major organ transplant

Accident Insurance

Accident insurance can help protect you, your spouse, or your children from the unexpected expense of an accident. Some of the common reasons for claims under this plan include broken bones, burns, and sports related injuries – including kids organized sports. See Lincoln's Accident benefit summary for an overview of this benefit and pricing and costs to cover you and/or your family. Review the booklet for details on covered conditions. This plan includes a **\$100 annual health screening benefit** per covered member. To receive this \$100 benefit, please complete the Lincoln Accident Health Assessment Claim Form. Plan highlights include:

Injury or Treatment	Cash Benefit
ER Treatment	\$200
Ambulance	\$300
X-Ray	\$40
Concussion	\$150

Hospital Indemnity

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses anything from deductibles to childcare to everyday bills. You don't have to answer medical questions to receive coverage; this is guaranteed coverage. See benefit summary for pricing and costs to cover you and/or your family.

- **Hospital Admission:** \$1,000 per day for one day per calendar year.
- **Hospital Confinement:** \$100 per day for 15 days per calendar year starting on the second day of confinement.
- **ICU Admission:** \$1,500 per day for one day per calendar year.
- **ICU Confinement:** \$200 per day for 15 days per calendar year starting on the second day of confinement.

Additional Health-Related Benefits

Diabetes Management

Diabetes continues to be a concern at SHCS and in our community. For 2025, SCHS will continue to offer diabetes prevention and diabetes management programs through Omada, which will include connected health devices, professional health coaching, group coaching, and interactive lessons. These programs are designed to improve blood glucose control, encourage lifestyle change to lose weight, and promote regular check-ups.

Weight Management

Real Appeal is an online weight management program. It is available as a benefit and is covered through Scotland's health plan at 100%. Once you qualify for the program, you will receive a success kit with great tools to assist you in your weight management journey. You have the opportunity for group and/or individual health coaching.



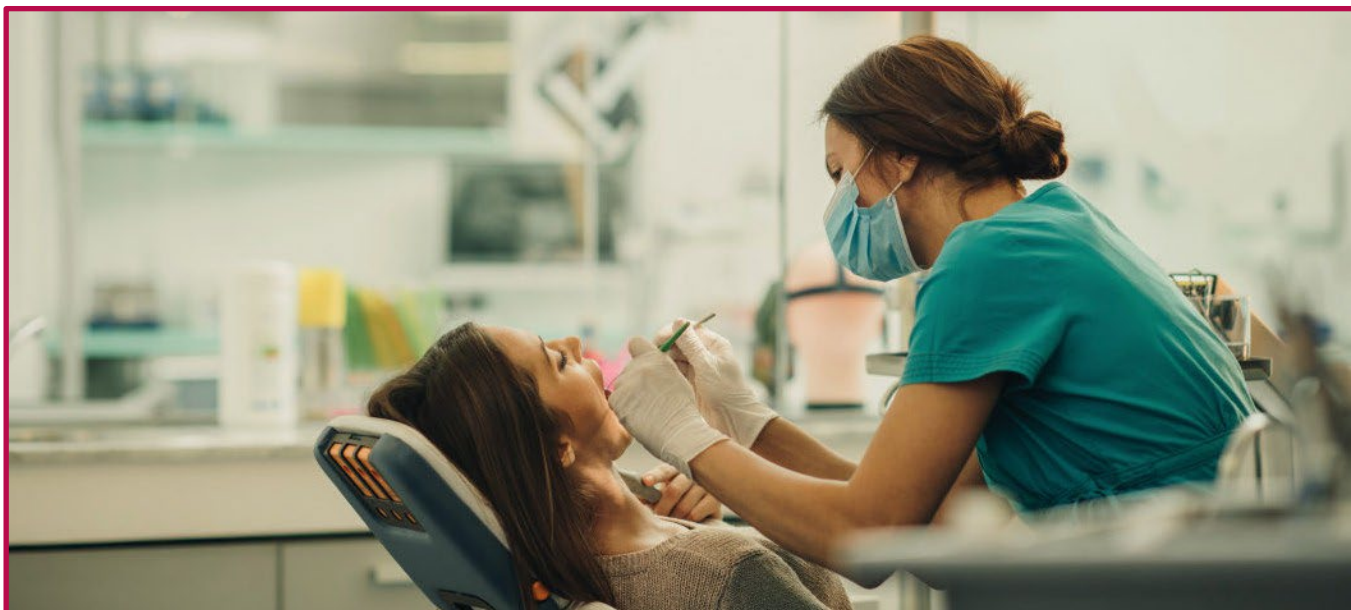
Dental Plans

Dental Coverage Administered by Delta Dental of North Carolina

Contracted providers agree to bill Delta Dental of North Carolina directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on allowed amounts, as determined by Delta Dental of North Carolina. You may be responsible for any additional amounts (*also called balance billing*). The deductible and annual maximum are on a calendar-year basis and reset every January 1st.

Find Delta Dental participating dentists near you by using the search feature on their website at deltadentalnc.com/findadentist. Selecting a Delta Dental PPO dentist means your out-of-pocket costs will likely be the lowest as they have agreed to accept a lower fee than Delta Dental Premier dentists. See Delta Dental's benefit summary for more details.

	Core Plan Delta Dental PPO / Premier Dentist	Buy-Up Plan Delta Dental PPO / Premier Dentist
Annual Deductible		
Individual	\$0	\$50
Maximum per family	\$0	\$150
Preventive Care (Exams, X-rays, etc.)	Paid at 100%	Paid at 100%
Basic Services (Fillings, Extractions, etc.)	Paid at 50%	Paid at 80%
Major Services (Crowns, Bridges, Dentures, etc.)	Paid at 50%	Paid at 50%
Annual Maximum	\$1,500	\$1,500
Orthodontia	50% up to \$2,000 Lifetime Benefit (Child up to Age 18)	50% up to \$2,000 Lifetime Benefit (No Age Limit)



Delta Dental Mobile App

Manage your oral health anytime, anywhere

Your oral health is important to Delta Dental — and to your overall health! They've designed their mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.

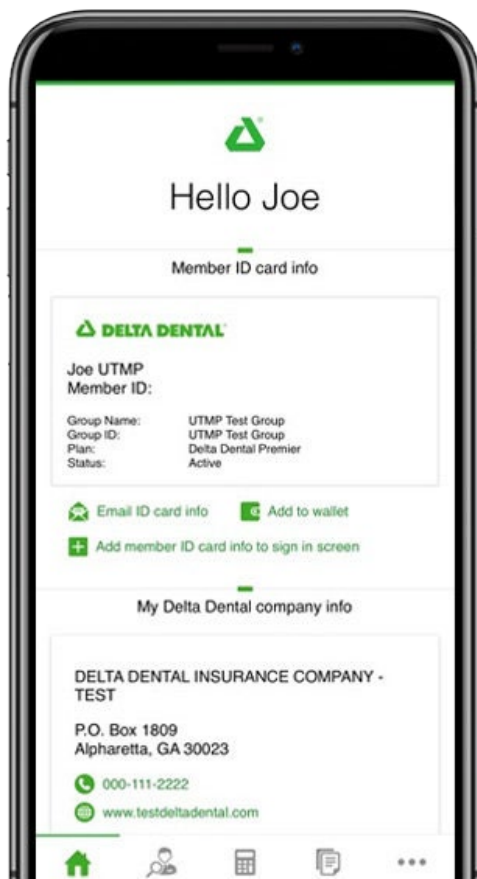
Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.

Features

Sign in to access the full range of tools and resources:

- **Mobile ID card** - No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access.
- **Dental Care Cost Estimator** - This easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, with the option to select your dentist for tailored cost estimates.
- **Find a dentist** - It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs.
- **Save your preferred dentist** - Save your favorite dentists for quick access to contact information making it easy to schedule your routine cleaning.



Getting Started

Scan the QR code below to download the app and get started today. You will need an internet connection in order to download and use most features. You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device.



Vision Plan

Vision Coverage Administered by Community Eye Care

Contracted providers agree to bill Community Eye Care (CEC) directly and to accept a negotiated fee as payment in full. Members who obtain exams and eyewear from an out-of-network provider still receive their full covered benefit. The member simply submits a claim and a receipt to CEC. Visit cecvision.com/search to find an in-network provider near you. See benefit summary for information on LASIK discounts, special offers or how to shop online through CEC's partner Eyeconic at cecvision.com/members/special-offers/eyeconic. See CEC's benefit summary for more details.

Vision Exam Every 12 months	\$10 copay
Eyeglass Lenses /Frames Every 12 months	\$0 Copay \$200 Combined Allowance for Eyewear (Network Providers offer 20% Discount on Glasses for any Overages)
Contact Lenses Every 12 months In lieu of Glasses	\$10 Copay for Contact Lens Fitting, Re-fit or Evaluation (Network Providers offer 10% Discount on Contacts for any Overages)



Short-Term and Long-Term Disability

Disability Income Coverage Administered by Lincoln Financial Group

Did you know that one in eight workers will be disabled for five or more years during their working careers? If this happens to you, can you afford to be out of work and without pay for an extended period – on top of the medical bills that come with a serious illness or injury? Scotland Health Care System’s disability coverage is essentially “paycheck insurance” and offers you financial stability and peace of mind. If you are unable to perform the material duties of your job due to sickness, injury, or pregnancy, you will receive the following benefits:

	Voluntary Short-Term Disability*	Employer Paid Long-Term Disability**
Benefits Begin	On the 8th (Option 1) or 15th (Option 2) day, contingent upon satisfying the definition of disability as stated in your policy	On the 91st day, contingent upon satisfying the definition of disability as stated in your policy
Percentage of Income Replaced	60% of Basic Weekly Earnings	60% of Basic Monthly Earnings
Maximum Benefit Available	Up to \$1,500 per Week	Up to \$10,000 per Month
Benefit Duration	Up to 12 (Option 1) or 11 (Option 2) weeks	Up to Social Security Normal Retirement Age

*Any short-term disability benefits you may receive are tax-free. Available to associates working 20 hours or more a week.

**Any long-term disability benefits you may receive are taxable income and need to be reported to the IRS. Available to associates working 32 hours or more a week.

Voluntary Short-Term Disability Evidence of Insurability

When you are first offered this coverage (*and during approved open enrollment periods*), you may be able to take advantage of this important coverage with no evidence of insurability (*proof of health*).

Voluntary Short-Term Disability Pre-Existing Conditions

Applicable to late entrants only: If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition with the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

See Lincoln’s benefit summary for more details and to calculate your cost and benefit for either Option 1 or 2.



Paid Time Off

Paid Time Off (PTO)

PTO is a valuable part of your total compensation and benefits. We offer generous and competitive PTO programs that best meet the individual needs of each teammate. It is important to use your PTO. Everyone needs time to relax, recharge, and refocus – it's critical to your well-being and our ability to serve our patients.

The Paid Time Off (PTO) program applies to all regular full-time, and part-time A associates. The amount of PTO an associate may earn is based on the Associate's length of service, and the actual productive hours paid each pay period. An associate may accrue PTO hours based on a maximum of 84 hours per pay period and carry over accrued PTO from one year to the next to a maximum of 480 hours (sixty 8-hour days). When the 480-hour maximum is reached, PTO will stop accruing until the balance falls below 480 hours.

Accrual Schedule for Non-exempt Associates		
Years of Service	Accrual Rate Per Productive Hour	Annual Accrual Based on 2080 Hours
0-5	0.09	23.40 days
5-19	0.11	28.60 days
20+	0.13	33.80 days
Accrual Schedule for Exempt Associates		
Years of Service	Accrual Rate Per Productive Hour	Annual Accrual Based on 2080 Hours
0-5	0.11	28.60 days
20+	0.13	33.80 days
Accrual Schedule for Executive Team, Directors, Asst Directors, Managers		
Years of Service	Accrual Rate Per Productive Hour	Annual Accrual Based on 2080 Hours
0-5+	0.13	33.80 days

Managers and above accrue Paid Time Off at the rate of .13 per productive hour.

Refer to Human Resources Policy No. 17367560 for more specific information.

Leave of Absence

If you're a regular full-time or part-time A associate who's been with us for at least 12 months and worked 1,250 hours, you may be eligible for up to 12 weeks of unpaid leave in any 12-month period. This leave can be used for:

- Caring for a newborn or newly adopted child
- Looking after a child, spouse, or parent with a serious health condition
- Taking care of your own serious health condition

For health-related leaves, you'll need to provide medical certification. Now, let's break down two types of leave you might be considering: **FMLA Leave, Paid Parental Leave and Personal Leave.**

Family Medical Leave Act (FMLA) Leave

Under FMLA, you're entitled to up to 12 weeks of unpaid leave. During this time, you won't lose any benefits you've already earned, but you won't accrue additional seniority or benefits while on leave. Health coverage will continue as if you were still working, but if you don't return to work (except for reasons related to your health), we may need to recover premiums for the health coverage provided during your leave.

- You must use all accrued paid leave before applying for FMLA leave.
- If your leave is related to your health, you'll need to provide a doctor's certification.
- When returning from FMLA leave, you'll be reinstated to your original position or an equivalent one with the same pay and benefits.

Paid Parental Leave

Scotland Health cares about the health and well-being of parents, children, and families. The Paid Parental Leave benefit is offered to parents who are welcoming a new child to their home through a birth, adoption, or legal placement. Benefits-eligible teammates with 20 standard hours or more per week are eligible with no waiting period. Eligibility begins upon hire or effective date of benefits eligibility. Scotland Health provide paid leave for parents to care for and bond with their child, up to age 18, who is a newly added member of the teammate's family through birth, adoption, or legal placement. Paid Parental Leave benefits provide four consecutive weeks paid leave for all parents. For teammates who give birth, a combined total of six consecutive weeks of paid leave is provided (combining paid parental leave and additional time for recovery). Teammates are compensated at 100% of the teammate's base pay for the paid portion of the approved parental leave. Compensation for parents who give birth will be in conjunction with short-term disability benefits, where applicable, to provide 100% compensation.

Personal Leave

If you need a leave of absence for personal reasons, this will not fall under FMLA guidelines. Personal leaves are granted sparingly and must be for a good reason, approved by your Department Director in writing with specific start and end dates.

- Personal leaves can't exceed six months, except in cases of educational leave (up to one year).
- Before taking a personal leave, make sure you've used any accrued leave time.
- If you need to extend your personal leave, submit the request 10 days before your leave ends.
- Keep in mind that personal leave doesn't guarantee your return to the same position, though we'll do our best to accommodate you.

If you're planning to return from any type of leave, you'll need to notify your Department Director 10 working days before your return. For medical, disability, or maternity leaves, a doctor's release is required before your first day back.

Other Paid Time Off Programs

- Bereavement Leave (HR Policy No. 16146797)
- Jury Duty (HR Policy No. 15743874)

Adoption Assistance



Adoption Assistance

Financial assistance for adoption in the amount of \$5,000 is available to teammates for domestic and international adoptions that occur on or after the teammate's effective date. This benefit must be requested within 6 months of the notice of placement of adoption. In the event both parents are eligible Scotland Health teammates, each are eligible for paid parental leave; however, the \$5,000 adoption assistance is payable once per family, per calendar year. The Adoption Certificate or Adoption Placement Decree is required supporting documentation.

Life Insurance

Life and Accidental Death & Dismemberment (AD&D) Administered by Lincoln Financial Group

Scotland Health Care System purchases life and accidental death and dismemberment (AD&D) insurance for all employees working at least 20 hours per week. Please make sure Human Resources has your designated beneficiary for these benefits.

Benefits	A cash benefit of 2,080 times your hourly wage rounded to the next higher \$1,000 (up to \$150,000). An additional cash benefit if you die in a covered accident.
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If you are eligible for more than \$50,000 in life insurance, you are required to pay income tax on the value of the premium in excess of \$50,000, as calculated by IRS Code Section 79 Table I rates. This tax is reported on each paycheck as imputed income. See Lincoln's benefit summary for more details.

Supplemental Life and Dependent Life Administered by Lincoln Financial Group

If you want additional group life insurance, you may purchase additional amounts through payroll deductions. You must be enrolled in supplemental life to purchase life insurance for your spouse or child. Please make sure Human Resources has your designated beneficiary for these benefits. Please note that if your election exceeds the guaranteed issue, medical underwriting is required. See Lincoln's benefit summary for more details.

	Associate	Spouse	Child
Benefit Available	Lesser of 5x annual earnings or \$200,000	\$5k, \$10k or \$20k	\$5k, \$10k or \$20k \$1,000 (birth to 14 days)
Available in Increments of	\$10,000	\$5k, \$10k or \$20k	\$5k, \$10k or \$20k
Guaranteed Issue	\$200,000	\$20,000	\$20,000

Because the premium is based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket. Age brackets are in five-year increments (30–34, 35–39, etc.). If applicable, your new deductions will be deducted from your paycheck with the first payroll after January 1, 2025. See benefit summary for pricing and costs to cover you and/or your family.

Reminder

If you have recently had a family status change, this is a good time to update your beneficiary information.

Life Insurance, continued

Whole Life Insurance Administered by Unum

Scotland Health Care System also offers Whole Life Insurance from UNUM as a complement to the Basic & Supplemental Term Life plans. In addition to a death benefit, Whole Life Insurance builds cash value while you're living that you can use in times of need.

- Associate coverage is available starting at a \$2,000 benefit.
- Spousal coverage is available from \$2,000 to \$50,000 in \$1,000 increments. Coverage for your spouse can be purchased without electing associate coverage.
- Child coverage is also available up to \$25,000. Child coverage can be purchased without electing associate or spousal coverage.
- Opportunities to enroll in Whole Life will be during our open enrollment.

See Unum's benefit summary for more details.

Key Life Insurance Terms

- The **guaranteed issue** amount is the minimum amount a policy will pay on an insured person's claim regardless of health status
- **Evidence of Insurability** is an application process detailing your health condition that is required for certain types of insurance coverage
- An insurance plan that is **portable** gives the insured person the right to retain their coverage when switching employers



How Much Will I Pay?

Teammate Bi-Weekly (26) Contributions in 2025. The following contributions are effective January 1, 2025.

Deducted Bi-Weekly	Allegiance/Cigna Consumer Directed Health Plan (CDHP)			
	Annual Wellness Visit And Tobacco Free**		Non-Wellness	
Teammate Only	\$17.12		\$47.12	
Teammate + Spouse	\$119.33		\$149.33	
Teammate + Child(ren)	\$78.98		\$108.98	
Teammate + Family	\$152.81		\$182.81	
Deducted Bi-Weekly	Allegiance/Cigna Traditional PPO Plan			
	Annual Wellness Visit And Tobacco Free**		Non-Wellness	
Teammate Only	\$99.87		\$129.87	
Teammate + Spouse	\$297.06		\$327.06	
Teammate + Child(ren)	\$221.06		\$251.06	
Teammate + Family	\$374.79		\$404.79	
Deducted Bi-Weekly	Delta Dental of North Carolina Plan			
	Teammate Only	Teammate + Spouse	Teammate + Child(ren)	Teammate + Family
Core Plan	\$9.11	\$17.93	\$25.28	\$34.47
Buy Up Plan	\$17.94	\$35.62	\$42.44	\$60.09
Deducted Bi-Weekly	Community Eye Care Vision			
	Teammate Only	Teammate + One	Family	
Core Plan	\$2.61	\$4.95	\$7.56	

*Teammates classified as part-time, please contact Human Resources for coverage costs.

**Reasonable Alternative Statement

Your health plan is committed to helping you achieve your best health. Rewards for participating in a nicotine cessation program are available to all employees and their dependents. If you think you might be unable to meet a standard for a reward under this program, you may qualify for an opportunity to earn the same reward by different means. Contact the Human Resources department and we will work with you (and, if you wish, your doctor) to find a nicotine cessation program with the same reward that is right for you in light of your health status.

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code, IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

Other Plans

Supplemental Life Insurance	Varies depending on age and coverage amount.
Dependent Life	Monthly Cost - \$1.68 (\$5,000 of coverage); \$3.35 (\$10,000 of coverage); \$6.72 (\$20,000 of coverage)
Accident, Critical Illness, Hospital Indemnity, Whole Life Insurance Plans	Rates vary depending on coverage elected.
Short-Term Disability	Rates vary depending on coverage elected.
Long-Term Disability	Employer Paid after 90 days of employment.
Employee Assistance Program (EAP)	Employer Paid

Team Member Well-Being

Employee Assistance Program (EAP) Administered by Aetna

The Employee Assistance Program (EAP) is a completely free and confidential counseling program that helps you and/or your family members address life issues, big or small. Benefits are offered to all employees and immediate family members.

You can access up to **8 counseling sessions per issue** each year. You can also call 24 hours a day for in-the-moment emotional well-being support. Counseling sessions are available face-to-face, via televideo or chat therapy. Services are free and confidential. We're always here to help with a wide range of issues including:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues

Visit

resourcesforliving.com

Username: Scotland

Password: EAP

Call: 888-238-6232



- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles and guides
- Watch videos or listen to audio files

Team Member Well-Being, continued

Talkspace through the Aetna EAP

Talkspace is an online and mobile, text-based therapy and counseling service that is covered under the Aetna EAP. It is a convenient and affordable way to connect with a license provider – all from the privacy of your device. Send your provider text, audio, picture, and video messaging at any time, and they will respond daily, 5 days a week.

Talkspace utilizes a national network that features thousands of licensed providers across all 50 U.S. states and Canada. On average, Talkspace providers have on average 9 years of experience as professional mental health care providers and have been carefully vetted and trained to use the platform.

One session generally equals one week of messaging with your therapist, or one completed live video session.

Benefits of Talkspace:

- Low-stress & private – Book live sessions from the privacy of your home.
- Personalized support – Develop a plan to achieve goals on your timeline.
- Thousands of licenses providers – Switch any time, at no extra cost.

Live Sessions

Meet with your therapist online for a 30-minute televideo, telephonic, or chat live session at a set time.

Chat Therapy

Share text, video, or audio messages with your counselor whenever you like. Your counselor will respond within one working day up to five days a week. Without making an appointment or driving to a provider's office, chat therapy can help you:

- Lower your stress even when life keeps you super busy.
- Make time for self-care.
- Set and work toward your goals.

Best of all, it's free and secure for you to use. Simply log on to your member website to sign up today.

You can continue to access services after you have completed your EAP (*or pre-paid*) sessions. Just email

RFL-support@talkspace.com for information on how to continue receiving services and see if a discount is available.

Sometimes reaching out for emotional support can feel like one more thing to add to your to-do list. Work with a counselor anytime and just about anywhere. It's as easy as 1-2-3 to get started. Simply:

1. Complete a short online questionnaire.
2. You'll be matched with a therapist within 48 hours.
3. Connect with a counselor virtually with chat therapy and/or live sessions.

Travel Assistance and Retirement Savings

Travel Connect Administered by Lincoln Financial Group

You and your family have access to worldwide medical emergency assistance whenever you travel 100+ miles from home. Travel assistance does NOT replace your medical insurance – it is there to help you access health care, such as:

- Prescription replacement assistance
- Medical referrals to western-trained, English-speaking medical providers
- Hospital admission guarantee
- Emergency medical evacuation
- Critical care monitoring
- Care and transport of unattended minor children
- Emergency message service
- Transportation for friend/family member to join the hospitalized patient.
- Legal and interpreter referrals

Prescription and medical services will be paid by your medical insurance; the services provided by Travel Connect simply help with the arrangements for access to health care. Ask Human Resources for a brochure if you would like more information about this service.

403(b) Plan Administered by Empower

Our retirement savings plan, under IRS code section 403(b) allows Associates to deduct a percentage of their gross earnings up to \$23,000, plus an additional \$7,500 for catch up contributions for those age 50 or older, totaling \$30,500.

After one year of employment, SHCS matches associate deductions 100% up to an employee’s 4% investment.

SHCS offers traditional pre-tax and Roth after tax contributions to 403(b). Contributions and investment earnings are tax-deferred until the funds are withdrawn. To be enrolled in the plan employees must be at least age 18. Once enrolled, you will receive a personal identification number (PIN) in the mail. You can use this to sign into your account to review your account information and make investment selections. Use the PIN to sign in at

<https://participant.empower-retirement.com/participant/#/login>

Vesting	Retirement Plan Years of Service	Percent of Vesting
	Less than 1 year	0%
	1 year	20%
	2 years	40%
	3 years	60%
	4 years	80%
	5 or more years	100%

You always have 100% ownership of the money you contribute to your retirement savings plan and its earnings. Funds that SHCS contributes become yours (vested) over time according to your retirement plan years of service.

Pet Insurance



Please be sure to check out each plan to decide which one is right for you and your furry friend(s).

ASPCA® Pet Health Insurance

There are many reasons why more pet parents today are covering their pets with ASPCA® Pet Health Insurance. Most of all, they want to make sure they'll have financial support if their pet is hurt or sick. With ASPCA Pet Health Insurance, you can take comfort in knowing your pets have coverage, and that you have help giving your pets the best care possible without worrying about the cost. Plus, you're eligible for a 10% discount!

Spot Pet Insurance

Spot coverage helps you protect your pet in case of accidents, illnesses, and emergencies. With pet insurance from Spot, you can get coverage for surgery, cancer treatment, prescription medications, microchip implantation, X-rays, behavioral issues, dental disease, and more, for covered conditions!

Pin Paws Pet Care

Pin Paws Pet Care includes pet insurance with no age or breed restrictions, and a whole lot more. Along with pet insurance, this plan provides the same benefits as Pin Paws Plus such as dynamic lost-pet notification to help quickly reunite you with your lost pet, and provides access to 24/7 Pet Telehealth, savings on pet medications, and discounts on pet-centric products and services. Plans start at \$19 per month. Please see View Details for a comparison chart of all Pin Paws products

For more information and to receive a quote and compare plans, please visit:

<https://psf.nbm.store/petinsurance>

Contact Information

Refer to this list when you need to contact our benefit partners. For general information, contact Human Resources.

Coverage	Contact	Phone	Website
Medical	Allegiance	800-877-1122	https://www.askallegiance.com/home
Prescription Drugs	CVS Caremark	866-818-6911	caremark.com
Behavioral Health (Virtual)	Aetna TalkSpace	888-238-6232	resourcesforliving.com Username: Scotland Password: EAP
Dental	Delta Dental of North Carolina	800-662-8856	memberportal.com
Vision	Community Eye Care	888-254-4290	cecvision.com
Flexible Spending Account (FSA)	Bank of America	800-718-6710	myhealth.bankofamerica.com
Health Savings Account (HSA)			
Employee Assistance Program (EAP)	Aetna	888-238-6232	resourcesforliving.com Username: Scotland Password: EAP
Employee Assistance Program (EAP)	Lincoln Financial Group (ComPsych)	888-628-4824	guidanceresources.com Username: LFGSupport Password: LFGSupport1
Basic Life/AD&D Supplemental Life Dependent Life	Lincoln Financial Group	800-423-2765 ID: SHCSYS	lfq.com
Short-Term Disability Long-Term Disability	Lincoln Financial Group	800-423-2765 ID: SHCSYS	lfq.com
Voluntary Accident Voluntary Critical Illness Voluntary Hospital Indemnity	Lincoln Financial Group	800-423-2765 ID: SHCSYS	lfq.com
Travel Assistance	On Call International Travel Connect Global Assistance Program	603-328-1955 (Worldwide Collect) 866-525-1955 (U.S. or Canada)	myoncallportal.com Group ID: LFGTravel123
Whole Life Insurance	Unum	800-635-5597	unum.com
Diabetes Prevention	Omada		go.omadahealth.com/scotlandhealth
Weight Management	Real Appeal		realappeal.com
403(b) Retirement Plan	Empower	866-467-7756	https://participant.empower-retirement.com/participant/#/login
Benefits Advocacy	Todd Syvrud IMA, Inc.	425-709-3633 Todd.Syvrud@imacorp.com	https://imacorp.com/

Notice Regarding Wellbeing Program

The Scotland Health Wellness Program is a voluntary wellness program available to employees on the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a yearly preventive exam and test nicotine-free on an annual basis. The results of your medical exam will not be shared with Scotland Health. You are not required to complete the preventive exam or nicotine testing. However, employees who choose to participate in the wellness program will receive incentives for their participation. You have the opportunity to qualify for wellness rates at least once a year. If you are unable to complete a preventive exam and nicotine-free result (due to disability and/or medical condition), you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources Department.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Therefore the wellness program and Scotland Health will not receive any information related to your annual exam. Your doctor or Allegiance/Cigna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

Notice Regarding Wellbeing Program, Cont.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Christi Meggs, Senior Vice President, Human Resources, at Christi.meggs@scotlandhealth.org.

To get your yearly preventive exam, find a doctor in our insurance network go to www.mycigna.com . Be sure to tell your doctor that this is a physical/wellness exam when you make the appointment.

The wellness incentive exam facilitates employees receiving recommended preventive services and establishing a patient/physician relationship. Scotland Health does not receive any personal identifiable health data from the reporting and will only receive a list of names of those that completed their visit for credit for the health insurance premium discount.

Scotland Health is not collecting any personal medical information, only the date of completion of your preventive exam. Allegiance, your medical claims administrator, will submit a report quarterly for preventive exam claims processed.

To earn the health incentive in 2026, you must complete your preventive visit(s) between September 1, 2024 –October 31, 2025.

To get credit for being nicotine-free, participate in the Scotland Health on-site testing in the Fall and achieve a negative result. If you think you will be unable to achieve this result, you may earn the same incentive by different means. Contact the Human Resources Department for a reasonable alternative.

Notes



This summary was created by the benefit professionals at IMA, Inc..

