



2026
Employee
Benefits



Sarah Bush
Lincoln
Trusted Compassionate Care



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TOP THINGS TO KNOW ABOUT YOUR 2026 BENEFITS

This employee benefit booklet includes information about the plan year 2026. Please read this carefully to understand your benefits, wellness resources, and responsibilities for 2026.

Plan Administrators: UMR & SavRx

In 2026, **UMR** is the plan administrator for several key benefits, including **Medical, Dental, Vision, FSA, LPFSA, HSA, and HRA**. Both the Medical and Dental plans are largely unchanged, while the Vision coverage has been expanded to provide greater benefits for in-network services. In addition, **SavRx** will now manage **prescription drug benefits**.

The goal is to provide an integrated and user-friendly experience for employees such as:

- An **improved service model** with responsive member support.
- A portal with **Mobile access** to benefit information and ID cards.
- A **custom provider finder** to help locate Tier 1 (SBL) & Tier 2 (Partner) providers.
- A **Teledoc solution** for 24-hour medical and dermatology services.
- **Same-day review** for most prescription prior authorizations through SavRx.

Benefit & ID Cards

Employees will receive separate cards for various benefits. Depending on your elections, you may receive cards from the following:

- **Medical/Dental/Rx ID Card** – One combined card for all three services
- **Vision Digital ID Card** – Available digitally or printable from your portal; not required at in-network providers
- **Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA/Wellness) Card** – Used to access eligible funds for qualified expenses
- **Health Savings Account (HSA) Card** – Provided by Optum Bank for participants who elect the High Deductible Health Plan (HDHP)

SBL Benefits Microsite – Now Available Year-Round

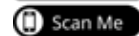
The new SBL Benefits Microsite is more than just an open enrollment tool—it's available throughout the plan year to support employees whenever they need it. The site includes:

- Easy access to plan details and documents
- Updates and announcements throughout the year
- Important links to provider portals and resources
- Mobile-friendly access from home or on the go

Whether you're enrolling, updating coverage, or just looking for quick answers, the microsite is your go-to resource for all things benefits.

Use the following link or QR code to visit the SBL Microsite:

www.SBL.MyBenefitsLibrary.com



Introduction

One of the most important things we can do as your employer is to connect with you, professionally, and as importantly, personally. We know it is important to your wellbeing and that of your family's that you have access to meaningful benefits to help keep you healthy and financially secure. We have worked with our vendors to provide benefits that will give you a sense of peace.

Inside this booklet you'll find a flexible benefit plan that allows you to choose the plans that best fit your needs. It is only a brief overview. If you have any questions or need additional information, you may contact:

Sarah Bush Lincoln
Human Resources
1005 Health Center Drive
Mattoon, IL 61938
Phone 217-258-2502
Toll Free 877-794-5627
Fax 217-258-4117

SBL Fayette County Hospital
Human Resources
650 W. Taylor
Vandalia, IL 62471
Phone 618-283-1232
Fax 618-283-0185

Benefit Plan

A flexible benefit plan is designed to give participants the opportunity to select among various taxable and nontaxable benefits in order to receive tax savings. It allows the employee to select benefit options that best meet their needs.

The Sarah Bush Lincoln flexible benefit plan contains the following qualified benefit options:

- employer-sponsored group medical, dental and vision benefits
- flexible spending account (FSA)
- health savings account (HSA)
- group term-life insurance
- group accident insurance
- long-term disability insurance
- short-term disability insurance
- critical illness insurance
- accident insurance
- hospital indemnity insurance
- life insurance
- employee discount program

TAX ADVANTAGES

The flexible benefit plan takes advantage of Section 125 of the Internal Revenue Code to allow you to pay for many of your optional benefits with pre-tax dollars. Pre-tax dollars are exempt from federal and state income taxes and Social Security taxes. Paying for optional benefits with pre-tax dollars saves most employees between 25 to 40 percent on their share of benefit costs.

ELIGIBILITY

All full-time (regularly scheduled 70 hrs. per pay period) and part-time employees (regularly scheduled 40 hrs. per pay period) of Sarah Bush Lincoln are eligible to participate in the flexible benefit plan. Spouses and other dependents of the employee may also benefit from the plan.

Benefit coverage ceases at the end of the month in which the employee terminates employment or changes to a non-benefit eligible status.

MAKING YOUR BENEFIT SELECTIONS

The Plan enables you to customize your benefits to your individual and family needs. We recommend you do the following to best take advantage of the Plan:

- Carefully review the Benefits booklet.
- Review the benefits available through your working spouse's employer (if applicable).
- Review your family needs and make your benefit decisions.
- Complete online benefit enrollment by the due date.

ROLES AND RESPONSIBILITIES

We all have a responsibility to help control costs and maintain the competitive benefits we enjoy. It requires everyone taking a more active role in their healthcare by being wise consumers.

Are you a wise healthcare consumer? Do you:

- Take care of yourself by exercising and eating right?
- Live a tobacco-free lifestyle?
- Access Sarah Bush Lincoln website to assess minor illnesses and injuries?
- Ask yourself if you would purchase the care if it were 100 percent your money?
- Participate in wellness programs at Sarah Bush Lincoln?

Your specific rights to benefits under each Plan are governed solely by the official Plan Documents and not the information in this manual. If there is any discrepancy between the Plans as described in this material and the Plans as described in the official Plan Documents, the language of the Plan Documents shall govern. Sarah Bush Lincoln reserves the right to revise, modify or terminate the Plans at any time.

ENROLLMENT GUIDELINES

Full-time and part-time employees are eligible for benefits the first of the month following 30 days of employment. Initial enrollment should be completed within 30 days of hire or status-change date and those benefit elections will remain in effect for the remainder of the plan year.

If a new employee does not elect coverage as a new hire, they must wait until the next plan enrollment date – unless they experience a HIPAA-qualifying event or a change in employment status. Documentation of qualifying event is required within 30 days of the event.

HIPAA-QUALIFYING LIFE EVENTS

Mid-year changes only can be made in the case of the following:

- Change in marital status/divorce
- Change in Civil Union/dissolution
- Change in number of dependents/birth/adoption
- Change in employment which results in a gain or loss of eligibility for coverage
- Change in dependent eligibility due to plan requirements (definition of dependents, age limits, etc.)
- Judgments, decrees or orders (legal documentation required)
- Entitlement to Medicare or Medicaid

SECTION 125, CHANGE IN FAMILY STATUS

You must contact Human Resources within 30 days of the HIPAA-qualifying event or a “change in family status” in order to make a change in your benefit elections. Employees who experience a qualifying event during the course of the plan year must provide documentation of the event in order to revise benefit elections. If you do not request a change in your benefit elections within 30 days of the status change event, you will not be eligible to make a change, add, or delete dependents until the next plan enrollment period.

Any change in benefit elections must be consistent with the change in status. If you have questions relating to status change elections, please contact Human Resources.

WELLNESS SCREENINGS

Wellness screenings are required when making additions to your medical plan during a HIPAA-qualifying event or change in employment status. If enrolling in the medical plan for the first time or adding your spouse to the plan, both you and your spouse (if covered) must complete the Wellness screening by the 10th day of your benefit eligible month in order to qualify for any Wellness Rewards.

Benefits of using Prairie Medical Pharmacy

Prairie Medical Pharmacy has made it more convenient to use its services. Prescriptions can be sent via courier to SBL Fayette County Hospital.

- If an employee works in a different facility other than the main location, prescriptions can be sent through the Lab courier, if the lab courier is picking up specimens from that location. The employee must physically work in the actual facility in which the prescriptions are sent. The suite number is required each time a prescription is sent via courier.
- To use the courier service for prescriptions, the employee should call Prairie Medical Pharmacy and request the service. For refilled prescriptions, a credit/debit card can be left on file or payroll deduct can be used. Verbal requests are required for each refill, no email requests are accepted.

Weight-Loss Medications

Over the past few years, demand for high-cost weight-loss medications has continued to grow. While most employer-sponsored medical plans still do not cover these medications—and many have chosen to further restrict or remove coverage—SBL continues to take a thoughtful, balanced approach. We are maintaining our commitment to managing these costs responsibly while supporting employees’ overall health and well-being. The following details outline how this coverage will continue to be handled within our plan.

- The drugs that are approved for a diabetic indication (Ozempic and Mounjaro) will continue to be covered under the medical plan with prior authorization to verify a diagnosis of diabetes.
- Medical plan members prescribed weight-loss medications without a diagnosis of diabetes may purchase the drugs directly through Prairie Medical Pharmacy at the SBL (discounted) cost. Participation in a Medication Therapy Management phone call is required. The cost will vary based on the medication and drug manufacturer coupons. As these medications will not be processed through the medical plan, there is no prior authorization requirement.

Our goal is to maintain member access to these medications without significantly increasing costs to the plan and to premium rates that affect all medical plan enrollees.

SUMMARY OF MEDICAL BENEFITS - PPO & HDHP

General Limits

Payment for any of the expenses listed below is subject to all plan exclusions, limitations and provisions. All coverage figures, if applicable, are after the out-of-pocket deductible has been satisfied.

Network and Non-Network Provider Arrangement

The Plan contracts with medical Provider Networks to access discounted fees for service for Participants. Hospitals, physicians and other providers who have contracted with the medical Provider Networks are called "Network Providers." Those who have not contracted with the Networks are referred to in this Plan as "Non-Network Providers." This arrangement results in the following benefits to participants:

1. The Plan provides different levels of benefits based on whether the Participants use a Network or Non-Network Provider. Unless one of the exceptions shown below applies, if a Participant elects to receive medical care from the Non-Network Provider, the benefits payable are generally lower than those payable when a Network Provider is used. The following exceptions apply:
 - a. In the event a Covered Person uses a Network Provider for inpatient/outpatient services procedures, but the Network Provider uses a Non Network Provider for services including, but not limited to, anesthesia, interpretation of laboratory tests, or X-rays, then charges of the Non-Network Provider will be paid as though the services were provided by a Network Provider and will fall under the applicable plan Tier.
2. If the charge billed by a Non-Network Provider for any covered service is higher than the maximum allowable charge determined by the Plan, participants are responsible for the excess unless the provider accepts assignment of benefits as consideration in full for services rendered. Since Network Providers have agreed to accept a negotiated discounted fee as full payment for their services, participants are not responsible for any billed amount that exceeds that fee. The Plan Administrator reserves the right to revoke any previously given assignment of benefits or to proactively prohibit assignment of benefits to anyone, including any provider, at its discretion.

3. To receive benefit consideration, participants must submit claims for services provided by Non-Network Providers to the Third Party Administrator. Network Providers have agreed to bill the Plan directly, so that participants do not have to submit claims themselves.

4. Benefits available to Network Providers are limited such that if a Network Provider advances or submits charges which exceed amounts that are eligible for payment in accordance with the terms of the Plan or are for services or supplies for which Plan coverage is not available, or are otherwise limited or excluded by the Plan, benefits will be paid in accordance with the terms of the Plan.

Please note affirmation that a treatment, service, or supply is of a type compensable by the Plan is not a guarantee that the particular treatment, service, or supply in question, upon receipt of a Clean Claim and review by the Plan Administrator, will be eligible for payment.

Balance Billing

In the event that a claim submitted by a Network or Non-Network Provider is subject to a medical bill review or medical chart audit and that some or all of the charges in connection with such claim are repriced because of billing errors and/or overcharges, it is the Plan's position that the Participant should not be responsible for payment of any charges denied as a result of the medical bill review or medical chart audit, and should not be balance billed for the difference between the billed charges and the amount determined to be payable by the Plan Administrator, although the Plan has no control over any provider's actions, including balance billing.

In addition, with respect to services rendered by a Network Provider being paid in accordance with a discounted rate, it is the Plan's position that the participant should not be responsible for the difference between the amount charged by the Network Provider and the amount determined to be payable by the Plan Administrator, and should not be balance billed for such difference. Again, the Plan has no control over any Network Provider that engages in balance billing practices, except to the extent that such practices are contrary to the contract governing the relationship between the Plan and the Network Provider.

SUMMARY OF MEDICAL BENEFITS - PPO & HDHP

The participant is responsible for any applicable payment of coinsurances, deductibles, and out-of-pocket maximums and may be billed for any or all of these.

Choice of Providers

The Plan is not intended to disturb the physician-patient relationship. Each participant has a free choice of any physician or surgeon, and the physician-patient relationship shall be maintained. Physicians and other healthcare providers are not agents or delegates of the Plan sponsor, company, Plan Administrator, employer or third-party administrator. The delivery of medical and other health care services on behalf of any participant remains the sole prerogative and responsibility of the attending physician or other health care provider. The participant, together with their physician, is ultimately responsible for determining the appropriate course of medical treatment, regardless of whether the Plan will pay for all or a portion of the cost of such care.

Claims Audit

In addition to the Plan's Medical Record Review process, the Plan Administrator may use its discretionary authority to use an independent bill review and/or claim audit program or service for a complete claim. While every claim may not be subject to a bill review or audit, the Plan Administrator has the sole discretionary authority for selection of claims subject to review or audit.

The analysis will be employed to identify charges billed in error and/or charges exceed the maximum allowable charge or services that are not medically necessary, and may include a patient medical billing records review and/or audit of the patient's medical charts and records. Upon completion of an analysis, a report will be submitted to the Plan Administrator or its agent to identify the charges deemed in excess of the maximum allowable charge or other applicable provisions, as outlined in this Plan Document.

Despite the existence of any agreement to the contrary, the Plan Administrator has the discretionary authority to reduce any charge to the maximum allowable charge, in accord with the terms of this Plan Document.

Transition of Care. If a participant is under the care of a Non-Network Provider at the time of joining the Plan, there are a limited number of medical conditions that may qualify for transition of care. If transitional care is appropriate, specific treatment by a Non-Network Provider may be covered at the Network level of benefits for a limited period of time. The third-party administrator will review and approve or deny such requests.

Choosing Between PPO and HDHP Plans

Sarah Bush Lincoln offers two medical plan options to fit you and your family's healthcare needs:

Traditional PPO Plan

- Office visits and prescription copays without deductible
- Lower deductible, higher premiums
- Eligible to contribute to a Flexible Spending Account (FSA) with tax-free savings for medical expenses

High Deductible Health Plan (HDHP)

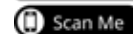
- You pay full cost for services until the deductible is met
- Higher deductible, lower premiums
- Eligible for SBL and employee contributions to a Health Savings Account (HSA) with tax-free savings for medical expenses
- Annual SBL Contributions:
 - Employee Only Coverage: \$30/pay period
 - Employee + Dependent Coverage: \$50/pay period

Both plans include access to four provider tiers, giving you flexibility in choosing where to receive care.

Want to compare the plans side by side?


See the comparison table on the following pages for a detailed breakdown of deductibles, out-of-pocket maximums, prescription coverage, and more.

For additional resources and provider search tools, visit the SBL Benefits Microsite: www.SBL.MyBenefitsLibrary.com



SUMMARY OF MEDICAL BENEFITS - Traditional PPO

Traditional PPO Health Plan

		Tier 1 (SBL)	Tier 2 (Partners)	Tier 3 (UHC)	Tier 4 (Out of Network)
Deductible	Individual	\$800	\$1,500	\$3,000	\$5,000
	Family (2+ members)	\$1,600	\$3,000	\$6,000	\$10,000
Medical Copay (\$)	Office Visits (before deductible is met)	PCP \$25 Specialist \$40	\$25 \$40	n/a n/a	n/a n/a
	Inpatient/OPSC/Spec Proc (after deductible is met)	\$250	n/a	n/a	n/a
	Coinsurance (%) (after deductible is met)	Office Visits (PCP Specialist)	100%	90%	75%
Out of Pocket Max (OPM)	Individual	\$2,000	\$4,000	\$8,000	\$15,000
	Family (2+ members)	\$4,000	\$8,000	\$16,000	\$30,000
Prescription Copay	Applies WITHOUT meeting deductible & until OPM	Generic	\$10	\$20	SBL Microsite: 
		Formulary Name Brand	\$35	\$50	
		Nonformulary Name Brand	\$60	\$75	
		Specialty Drugs	50%; max of \$200	n/a	
Benefit Savings Accounts	Health Reimbursement Account (HRA) -Wellness Program rewards	Yes	SBL Contribution Employee Only \$200/yr Employee + Dependent \$300/yr	Yes	More Info page 12
	Flexible Spending Account (FSA) -Pre-tax employee contributions (PPO only)	Yes	n/a	Limited \$680	page 12

Provider Network Tiers

	Tier 1 (SBL)	Tier 2	Tier 3	Tier 4
Definition	SBL & FCH owned/billed providers & facilities SBL Hospital-based providers	Partner Providers (see below)	UMR Network: UnitedHealthcare Choice Plus Providers	Out-of-Network Providers

For most up-to-date list, please reach out to UMR at (800) 207-3172

Tier 2 - Partner Providers

Partner Vendors

- Barnes Jewish Collab (BJC)
- Wash-U Physicians
- St. Louis Children's Hospital
- Family Care Associates
- Derm. & Mohs Surgery Inst.
- VitalSkin Dermatology
- Renal Care Associates
- Senior Renewal (FCH)

Visits at FCH only:


- Dr. Philip Dy
- Dr. Michael Darmadi (FCH)
- Dr. Brian Dossett (FCH)

Procedures at ESC only:

- Effingham OB & GYN:*
- Dr. Jennifer Dust
 - Dr. Abbie Massengill
 - Dr. Dawn McDaid
 - Dr. Kelly Haller
- Springfield Clinic:*
- Dr. Lisa Kowalski
 - Dr. Jason McAllaster

SUMMARY OF MEDICAL BENEFITS - HDHP

High Deductible Health Plan (HDHP)

		Tier 1 (SBL)	Tier 2 (Partners)	Tier 3 (UHC)	Tier 4 (Out of Network)	
Deductible	Individual	\$3,400	\$3,700	\$4,200	\$6,200	
	Family (2+ members)	\$6,800	\$7,400	\$8,400	\$12,400	
Medical Copay (\$)	Office Visits <i>(before deductible is met)</i>	PCP n/a	n/a	n/a	n/a	
		Specialist n/a	n/a	n/a	n/a	
	Inpatient/OPSC/Spec Proc <i>(after deductible is met)</i>	n/a	n/a	n/a	n/a	
Coinsurance (%) <i>(after deductible is met)</i>	Office Visits	100%	90%	75%	50%	
	PCP					
	Specialist					
	Inpatient/OPSC/Spec Proc					
Out of Pocket Max <i>(OPM)</i>	Individual	\$3,400	\$4,700	\$8,300	\$15,000	
	Family (2+ members)	\$6,800	\$9,400	\$16,600	\$30,000	
Prescription Copay	Applies AFTER meeting deductible & until OPM	Generic	n/a	\$20	SBL Microsite: 	
		Formulary Name Brand	n/a	\$50		
		Nonformulary Name Brand	n/a	\$75		
		Specialty Drugs	n/a	n/a		
Benefit Savings Accounts	Health Reimbursement Account (HRA) <i>-Wellness Program rewards</i>	Eligible	SBL Contribution Employee Only \$200/yr	SBL Contribution Employee + Dependent \$300/yr	Rollover Yes	More Info page 12
	Healthcare Savings Account (HSA) <i>-Pre-tax employee contributions (HDHP only)</i>	Yes	\$30/pay period	\$50/pay period	Yes	page 12
	Limited Flexible Spending Account (LFSA) <i>-Pre-tax employee contributions (HDHP only)</i>	Yes	n/a		Limited \$680	page 12

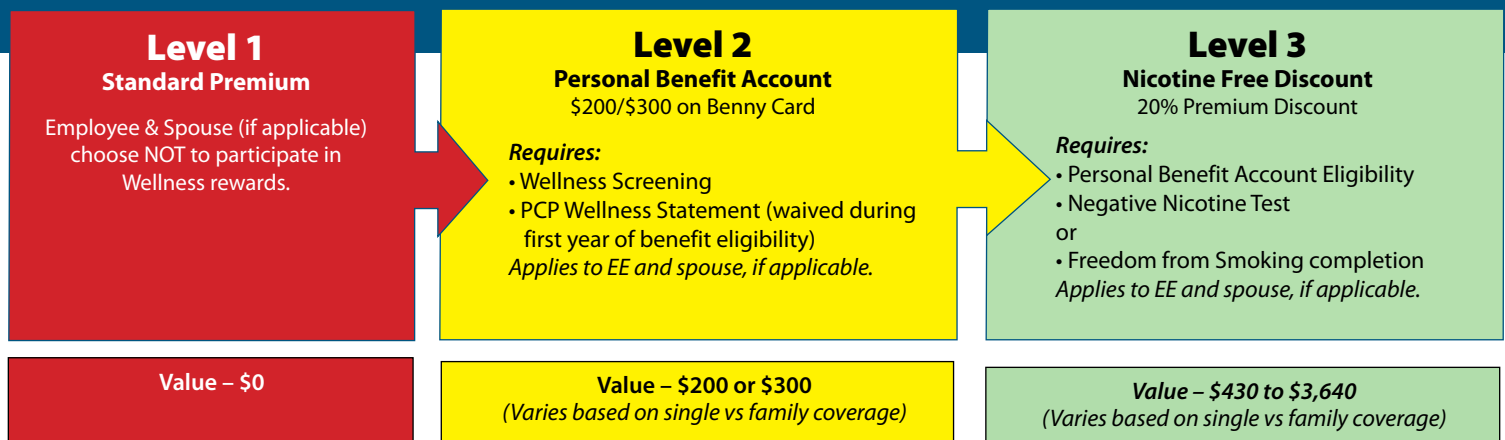
Insurance Rates

PER PAY PERIOD CONTRIBUTIONS

- Full-time regularly scheduled for 70 hrs. per pay period.
- Part-time regularly scheduled for 40 hrs. per pay period.

Employee Status & Coverage Level	Medical - PPO		Medical - HDHP		Dental Plan	Vision Plan
	Standard	Nicotine Free	Standard	Nicotine Free		
FULL-TIME employees						
Individual	\$112.74	\$90.19	\$83.87	\$67.10	\$10.39	\$2.57
Employee & Child(ren)	\$226.63	\$181.30	\$169.19	\$135.35	\$15.58	\$4.88
Employee & Spouse	\$262.00	\$209.60	\$195.37	\$156.29	\$18.17	\$5.73
Family	\$369.02	\$295.21	\$273.45	\$218.76	\$27.93	\$8.06
PART-TIME employees						
Individual	\$214.61	\$171.69	\$159.07	\$127.26	\$12.69	\$2.74
Employee & Child(ren)	\$432.65	\$346.12	\$323.63	\$258.91	\$19.04	\$5.21
Employee & Spouse	\$495.15	\$396.12	\$369.47	\$295.58	\$22.21	\$6.11
Family	\$700.77	\$560.62	\$523.00	\$418.40	\$34.14	\$8.60

2026 Medical Plan Wellness Rewards



For more detailed information, check the MyWellness portal, or call Wellness at 217-258-2140.

PERSONAL BENEFIT ACCOUNT/HRA

The Personal Benefit Account is a consumer-directed health plan that encourages employees to take an active role in improving their health and managing their healthcare expenses. All employees enrolled in the SBL Medical Plan are eligible for participation in the Personal Benefit Account. SBL will contribute to the employee's account based on employee and spouse (if applicable) participation in the following:

- Employee Wellness Screening
- PCP Wellness Statement

SBL Contribution to Personal Benefit Account

- \$200 Employee
- \$100 Additional for Spouse (if applicable)
- (Employees enrolled in EE & Child coverage level will automatically earn the additional \$300 for employee participation.)

Contributions to the Personal Benefit Account are based solely on participation, not on health status (nicotine use, BMI, etc.).

Funds contributed to the Personal Benefit Account will be loaded to the Benefit Card (a debit card) and may be used to pay for plan deductible and other out-of-pocket expenses related to health, dental or vision care. Eligible expenses mirror those for the Flexible Spending Account (FSA).

The Benefit Card will hold the balance for the Personal Benefit Account in addition to any Flexible Spending Account (FSA) contributions the employee may elect. When using the Benefit Card for covered expenses, deductions will be made from the Flexible Spending Account (FSA) before the Personal Benefit Account.

SBL will direct the Personal Benefit Account contribution to the Health Reimbursement Account for employees who elect the Traditional PPO Plan or to the Health Savings Account for employees who elect the High Deductible Health Plan.

MEDICAL PLAN PREMIUM DISCOUNT FOR NON-NICOTINE USERS

Living a nicotine-free lifestyle is not only good for your health; it also saves money on benefits costs, both for you and for SBL. In a continuing effort to encourage overall good health, a 20 percent discount is available for nicotine-free members.

To qualify for the discount, you and your spouse (if covered on the plan) must meet the qualifications for the Personal Benefit Account **AND** test negative for nicotine during your Wellness Screen.

If you are a new enrollee in the health plan, you and your spouse (if covered) must complete the Wellness screening by the 10th day of your benefit eligible month. Please call Employee Wellness at 217-258-2140 to schedule your appointment.

CURRENT NICOTINE USERS

Eligibility for the Nicotine-Free Premium is available to current tobacco users who participate in and complete the SBL Smoking Cessation program. Upon receipt of documentation that the employee (and/or spouse) has completed the program, the employee will be enrolled in the discounted premium level.

TELEDOC BENEFITS

Access quality care anytime, anywhere. Teledoc connects you with board-certified doctors by phone or video—24/7. Teledoc provides fast, convenient care for common health issues like urinary tract infections, sinus or ear infections, sore throats, pink eye, rashes, mild colds and flu, and more. It's a great option when you need care quickly but don't want to visit an urgent care clinic.

Teledoc is available for both HDHP and PPO plans with a \$25 copay after the deductible has been met.

DENTAL BENEFITS

Sarah Bush Lincoln's dental plan helps you and your family maintain good oral health with coverage for preventive care, basic services, major procedures, and orthodontics.

Coverage includes a wide range of services – from routine cleanings to crowns and dentures. Orthodontic benefits are also available, including coverage for Invisalign or equivalent treatments.

Annual Dental Maximum \$1,500

Annual Deductible for Basic and Major Services

- Individual – \$75
- Family – \$225

Preventive Services

Covered up to 100 percent based on reasonable and customary changes – no deductible

- Routine exams & cleanings semi-annually
- Topical fluoride treatments for children up to 16 annually
- Diagnostic X-rays semi-annually
- Full-mouth X-rays once in any three years
- Space maintainers

Basic Services

Covered 80 percent – after deductible

- Silver alloy or composite resin fillings
- Surgical and non-surgical periodontics
- Root canal fillings and pulpal therapy
- Simple and surgical extractions
- Fissure sealant (children up to age 17)
- Oral surgery

Major Services

- Covered 50 percent – after deductible
- Prosthetics (bridges and dentures)
- Inlays, onlays and crowns

Orthodontic Services

- Invisalign or equivalent is included
- Covered 50 percent - no deductible
- \$1,500 Lifetime Maximum

Need more details or want to download a claim form?

Visit the SBL Benefits Microsite to view the full dental plan summary.

VISION BENEFITS

Sarah Bush Lincoln offers a comprehensive vision plan designed to support your eye health and make routine care more affordable. Coverage includes exams, lenses, frames, and more—especially when you use in-network providers.

The plan is administered by UMR/UnitedHealthcare Vision, a trusted provider with over 50 years of experience and access to one of the nation's most diversified vision care networks.

Refer to the Vision Benefits table below for a summary of coverage, including in-network and out-of-network options.

Exam with Materials

Benefit Frequency

Comprehensive Exam(s)	Once every 12 months
Eyeglasses Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses instead of Eyeglasses	Once every 12 months

In-Network Services

VISIT: myuhcvision.com to search for In-Network Providers

Copays

Exam(s)	\$10
Eyeglasses (lenses & frame)	\$25
Contact Lenses instead of Eyeglasses	\$25

Frame Benefit

(for frames that exceed the allowance, an additional 30% discount may be applied to the coverage)

Private Practice/Retail Chain Provider	\$150 retail frame allowance
--	------------------------------

Contact Lens Benefit

(list of formulary contact lenses can be found at myuhcvision.com)

Formulary contact lenses	Up to 6 boxes (disposable only)
Non-Formulary contact lenses	\$150 allowance
Necessary contact lenses	Covered in full after copay (if applicable)

Out-of-Network Reimbursements

(Copays do not apply)

Services

Exam(s)	Up to \$40
Frames	Up to \$45
Single Vision Lenses	Up to \$40
Elective Contacts instead of Eyeglasses	Up to \$150
Necessary Contact instead of Eyeglasses	Up to \$210

Need more details or want to find a provider?

Visit the SBL Benefits Microsite to search for in-network providers and view the full Vision Benefit Summary.

www.SBL.MyBenefitsLibrary.com



BENEFIT SAVINGS ACCOUNTS

Sarah Bush Lincoln provides a variety of account options to help employees save on healthcare expenses using pre-tax dollars. Each account type below offers different features depending on your medical plan and coverage needs.

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the High Deductible Health Plan (HDHP), you're eligible to open a Health Savings Account (HSA) – a tax-advantaged account that helps you save and pay for qualified healthcare expenses.

Your pledged contribution, along with the Sarah Bush Lincoln (SBL) contribution, is deposited into your HSA each pay period and becomes available as funds accumulate.

Note: The HSA is not available to employees enrolled in Medicare.

2026 IRS Contribution Limits

- Employee Only: \$4,400
- Employee + Dependent: \$8,750
- Catch-Up Contribution (age 55+): +\$1,000
- Rollover Limit: None — unused funds carry over year to year

2026 SBL Contributions

- Employee Only: \$30/pay period
- Employee + Dependent: \$50/pay period

FLEXIBLE SPENDING ACCOUNT (FSA)

If you enroll in the Traditional PPO Plan, you're eligible to open a Flexible Spending Account (FSA) – a tax-advantaged account that helps you pay for eligible healthcare expenses.

Your full pledged amount for the plan year is available on January 1 and must be used by December 31. FSAs follow a "use-it or lose-it" rule, though a limited rollover is allowed.

2026 IRS Contribution Limits

- Annual Contribution Limit: \$3,400
- Rollover Limit: \$680

Note: FSAs are not compatible with the High Deductible Health Plan (HDHP), but HDHP participants may choose the limited Purpose FSA.

LIMITED PURPOSE FLEXIBLE SAVINGS ACCOUNTS (LPFSA)

If you enroll in the High Deductible Health Plan (HDHP) and participate in a Health Savings Account (HSA), you may also choose to enroll in a Limited Purpose Flexible Spending Account (LPFSA).

The LPFSA allows you to set aside pre-tax dollars to pay for eligible dental and vision expenses only. It's a great way to complement your HSA while maximizing tax savings.

Your full pledged amount is available on January 1 and must be used by December 31. Like the traditional FSA, the LPFSA follows a "use-it or lose-it" rule, with a limited rollover option.

2026 IRS Contribution Limits

- Contribution limit: \$3,400
- Rollover limit: \$680

HEALTH REIMBURSEMENT ACCOUNT (HRA)

Sarah Bush Lincoln offers a Health Reimbursement Account (HRA) to employees who enroll in either SBL medical plan and qualify for Wellness Rewards.

Want to learn more about Wellness Rewards and how to qualify?

Refer to the Wellness Program section of this Benefit Book for details on participation, reward levels, and eligible activities.

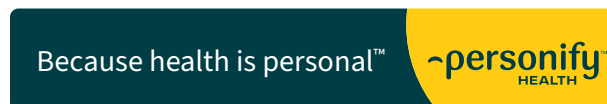
WELLNESS RESOURCES

PERSONIFY HEALTH

The Personify Health wellbeing program helps you live better and achieve your health goals with a fun and engaging experience that delivers powerful resources right to your fingertips.

Personify Health program is offered to all Sarah Bush Lincoln employees and their covered spouses/partners. Move through levels as you earn points for the healthy choices you make each day!

Get the Personify Health mobile app.



CENTER FOR HEALTHY LIVING

The Center for Healthy Living (CFHL) is available to all employees and spouses/partners and family members in the household ages 16 and older. It features a complete fitness facility with treadmills, stationary bicycles, hand weights, resistance weight machines and a variety of fitness classes. Personal trainers are available to help members set and reach fitness goals.

Membership Rates

Individual Fee \$20/month

Family Fee \$35/month

Utilization Incentive – Employees who visit the CFHL fitness center 12 times a month will receive \$10 reimbursement payments for each month.

Reimbursement is done on a quarterly basis and the fitness member must be an employee of SBL at the time of pay out.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Sarah Bush Lincoln EAP staff of behavioral health professionals can help with a wide range of problems including:

- Family or marital conflict
- Divorce/step family adjustments
- Grief recovery
- Stress management
- Workplace conflict
- Coping with health problems
- Depression and other emotional illness
- Adjustments in life
- Anger management
- Immediate or urgent issues
- Substance use problems
- ADHD counseling

How much will EAP services cost me?

- Your employer has paid for EAP services and offers them as a benefit to its employees and their families. Each person receives 10 hours a year.

Will my family be covered?

- EAP services cover your family members who live in the same household as you. Please call the Sarah Bush Lincoln EAP office if you need clarification about coverage for family members.

How do I make an appointment?

- To arrange an appointment, call the Sarah Bush Lincoln EAP office at **217-258-4040**.

COMPSTYCH GUIDANCE RESOURCES

Your ComPsych Guidance Resources benefit provides you and your dependents 24/7 support, resources, and information to help you with all of life's changes. From no-cost, confidential counseling and legal support, to financial information and personalized work-life resources, it's got you covered. Visit www.guidanceresources.com or call 866-335-4913.

SBL PROVIDED BENEFITS

Sarah Bush Lincoln makes several Benefits available to support the needs of you and your family.

BASIC LIFE INSURANCE

Full-time employees are provided life insurance coverage. You will receive a standard life insurance benefit of two times your annual salary with a maximum benefit of \$250,000. The benefit is provided at no cost to you and will be paid to your designated beneficiary in the event of your death. The amount of basic life and voluntary life insurance is reduced to 65 percent of the face value at the age of 65, 40 percent at age 70 and 20 percent at age 75.

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Full-time employees, are provided with an accidental death and dismemberment benefit of two times their base salary with a maximum benefit of \$250,000.

LONG TERM DISABILITY

Sarah Bush Lincoln provides full-time employees with basic LTD coverage at no cost. If you become totally disabled, the basic LTD plan will pay 60 percent of your base earnings up to a maximum benefit of \$6,000 per month. Payments will begin after you have been totally disabled for 90 days.

VOLUNTARY BENEFITS

Sarah Bush Lincoln makes several Voluntary Benefits available to support the needs of you and your family. Please see the brief descriptions below or go to the full descriptions in the hyperlinks in each area.

VOLUNTARY TERM LIFE INSURANCE

Full-time and part-time employees may choose up to \$250,000 of Voluntary Term Life Insurance. The rates are based upon your age and will be displayed on the online enrollment site. Coverage up to \$250,000 is guaranteed without Evidence of Insurability for new employees who enroll within 30 days of their eligibility date. The additional life insurance you purchase through the Plan can be ported or converted, which means that even after your employment with Sarah Bush Lincoln, you may keep the group rate or convert your current policy to a non-term permanent life insurance policy without evidence of insurability as long as application is made within 30 days of termination of insurance.

SPOUSE LIFE INSURANCE

Spouse (civil union partner) Life Insurance may be purchased as an option in units of \$10,000 not to exceed a maximum of \$150,000. Coverage of up to \$30,000 is guaranteed without Evidence of Insurability for spouses of new employees who enroll within 30 days of their eligibility date. The rates are based upon the employee's age as of the first day of the Plan Year (January 1). Like Voluntary Term Life, Spouse Life Insurance may also be ported or converted to a non-term permanent life insurance policy without evidence of insurability as long as application is made within 30 days of termination of insurance. Spouse Life Insurance benefit decreases at age 65 and is not available for those age 70 and above.

CHILD(REN) LIFE INSURANCE

Child(ren) Life Insurance is available as an optional benefit. You may purchase coverage on all your **unmarried dependent children** birth to 26 years for a single premium. This coverage offered is \$10,000 and does not require evidence of insurability for children of new employees who enroll within 30 days of eligibility date. Coverage for disabled dependents may be restricted. Please contact Human Resources for details.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT

The Plan also allows you to purchase Voluntary Accidental Death and Dismemberment (AD&D) Insurance for yourself, your spouse, civil union partner and your unmarried dependent children birth to 26 years.

For both Voluntary Life and Voluntary Accidental Death And Dismemberment policies, employees must purchase coverage for themselves in order to purchase coverage for a spouse or child(ren). Spouse & child election cannot be greater than the employee's election.

SHORT-TERM DISABILITY (STD)

As a full-time or part-time employee, you have the opportunity to purchase STD coverage to protect your income.

With the STD plan, you are eligible for a weekly payment up to 60 percent of your base earnings. You also have the flexibility to choose between two coverage options.

- Coverage beginning after 14 days of disability
- Coverage beginning after 30 days of disability

A pre-existing clause applies to new plan enrollees. During the first six months of coverage, benefits will not be paid if the absence is related to any condition for which there was treatment during the three months immediately prior to the coverage effective date. After six months in the plan, all eligible conditions are covered.

Please take your current TOP and Reserve Sick (RS) balance into consideration when electing this benefit.

This insurance covers employees who become disabled as a result of an injury or sickness that is not work related. It replaces a part of the income the employee would have earned had they been able to continue working.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance through Reliance Standard protects your family and your assets. No one saves to get sick, which is why being diagnosed with a covered condition can be especially draining, both emotionally and financially. The policy provides a lump sum cash benefit in the event you or an insured loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on getting better. And now, this benefit also includes COVID-19 protection! Also, every year that you complete a qualified health screening, you are eligible for a \$50 Wellness Benefit.

During this open enrollment period only, you can elect up to \$15,000 in coverage for yourself without answering medical questions.

ACCIDENT INSURANCE

Accident Insurance from Reliance Standard can help cover the out-of-pocket costs associated with an accident that takes place on or off the job by paying you a benefit for events such as ambulance transportation, ER visits, doctor visits and follow-up treatment, fractures and dislocations, burns, surgery, medical equipment, torn cartilage, and more.

The policy does not coordinate with any other coverage, so you can receive benefits on top of what your medical plan provides. You can use the money as you see fit, whether to pay for expenses associated with your accident, like an ER copay, or to pay for childcare so you can get to the doctor for a follow-up visit. And every year that you complete a qualified health screening, you are eligible for a \$50 Wellness Benefit.

HOSPITAL INDEMNITY INSURANCE

An unexpected hospital stay can put a strain on your budget. Hospital Indemnity Insurance through Reliance Standard is designed to provide you with financial protection by paying you a benefit for each day that you spend in hospital confinement as well as a hospital admission benefit.

Since the plan pays the benefit directly to you, in addition to what your medical plan covers, you can use the benefit however you want. Use it to pay for out-of-pocket expenses and extra bills relating to your hospitalization, or for other expenses, like buying groceries or paying for childcare. And every year that you complete a qualified health screening, you are eligible for a \$50 Wellness Benefit.

PERKSPOT

EMPLOYEE DISCOUNT PROGRAM

SBL is happy to offer you PerkSpot, a one-stop-shop for exclusive discounts at many of your favorite national and local merchants! PerkSpot is completely free, and optimized for use on any device: desktops, tablets, and phones.

Getting Started: Sign up or log in at sbl.perkspot.com. Follow the simple on-screen instructions to make an account with your personal or work email.

Start Saving: Enjoy access to thousands of discounts in dozens of categories, updated daily. Take advantage of online offers from popular national retailers, and discover discounts in your neighborhood with PerkSpot's streamlined Local Map. Filter your map results by categories like restaurants, health & fitness, retail, and more!

Remember: Don't see the retailer or product you want? You can always request a merchant through your PerkSpot account, and our negotiating experts will work to get it for you. Keep an eye out for new featured discounts in PerkSpot's weekly email!

Also see information about [Identity Theft](#) and [Travel Emergency Companion services](#).

DAILYPAY

DailyPay is a voluntary benefit that allows employees to access their earned wages before their scheduled payday. This flexible system empowers workers to manage their finances more effectively, helping them cover unexpected expenses, avoid late fees, and reduce reliance on high-interest loans. By providing real-time access to earnings, DailyPay supports financial wellness and offers greater control over personal budgeting. To sign up or log in, visit: <https://app.dailypay.com/>.

RETIREMENT PLAN 403(b)

Sarah Bush Lincoln provides a qualified defined contribution retirement plan for you.

Eligibility

Employee Contribution - All employees (FT, PT, per diem, PRN) may begin making contributions to the retirement plan from their date of hire. You may invest up to \$24,500 (2026 IRS limit) on either a pre-tax or post-tax (Roth) basis.

Employee Catch-up Contribution

Participants who reach age 50+ during the 2026 calendar year are eligible to make catch-up contributions up to additional \$8,000 (Total Contribution limit \$32,500).

Participants age 60-63 by Dec 31, 2026 are eligible to contribute a higher amount – up to an additional \$11,250 (Total Contribution limit \$35,750)

The Secure 2.0 Act requires that 2026 catch-up contributions made by participants who earned \$150,000 or more in FICA wages during 2025 are required to be deferred as Roth (after-tax) contributions.

Employer Contribution

Participating employees become eligible for the employer match the first of the month following 30 days of employment and attaining age 18. You must work at least 1,000 hours during the plan year to be credited with a year's service for vesting purposes. The match is equal to 50 percent of your contribution, not to exceed 4 percent or \$12,250.00.

YOUR CONTRIBUTION <i>If you contribute the following amount of pay:</i>	SARAH BUSH LINCOLN CONTRIBUTION <i>Then SBL will contribute the following amount:</i>	TOTAL CONTRIBUTION
1%	1/2%	1 1/2%
2%	1%	3%
3%	1 1/2%	4 1/2%
4%	2%	6%
8%	4%	12%
10%	4%	14%

Auto-Enrollment Feature

New employees will be subject to the auto-enrollment feature of the 403(b) retirement plan. Employees will be enrolled in the plan at 4% Pre-tax deferral rate effective 30 days following employment. Employees may access the Fidelity website to enter a different contribution amount and/or fund election or may elect not to participate in the plan at any time.

Investments

You may choose to invest contributions into the retirement plan by selecting individual investment funds from the plan offerings. You may also choose from one of five target date portfolios, which are actively managed by investment professionals who choose the investment proportions and adjust them over time for you.

Vesting

The vesting schedule defines your level of ownership of Sarah Bush Lincoln's contribution made on your behalf.

You will always be 100 percent vested in the value of your contributions to the plan. You will be vested in the value of Sarah Bush Lincoln's contribution according to the following vesting schedule:

Vesting Schedule

Years of Service	% Vested
1	0
2	20
3	40
4	60
5	80
6	100

Retirement Benefits

You may receive retirement benefits from the plan when you reach the normal retirement age. You are also eligible to take an in-service distribution at age 59 and 1/2. Full details of the retirement plan may be found in the summary plan description.

Participants can enroll in the plan, monitor plan activity, make changes to their contributions/investments, update beneficiaries, and much more by logging in to the Fidelity website (www.netbenefits.com/sbl) or by calling Fidelity Retirement Service Center at 1-800-343-0860.

TIME OFF PAID (TOP) Program

The purpose of the TOP program is to provide a flexible and equitable means for you to use paid time off from work for vacations, holidays, illnesses and unforeseen contingencies (i.e. injury, personal emergency, bad weather, etc.) Eligible full-time and part-time employees accrue benefit (TOP) time based on length of continuous eligible service from last date of hire.

For a new full-time employee, TOP time consists of:

Vacation	10 days
Holidays	6 days
Sick	5 days
Personal	2 days
Total	23 Days

The TOP program, in which all of your earned credit for vacation, holidays and short-term "sick" time allowance accumulates, adds to your benefits package. You have the opportunity to use your TOP hours in the manner that best suits your personal needs with the approval of your manager/director.

Accrual of TOP hours for eligible employees begins immediately upon employment. Upon hire, eligible employees may use TOP hours for holidays, not to exceed accrued hours currently in their TOP account. You may accrue up to a maximum of 400 TOP hours. TOP accrual rates vary based on length of continuous eligible service from the last date of hire as shown in the chart in the next column.

The following holidays are recognized by Sarah Bush Lincoln:

New Year's Day	Labor Day
Memorial Day	Thanksgiving Day
July 4th	Christmas Day

Reserve Sick accrues per hour paid (to a maximum of 80 hours per pay period). The Reserve Sick account may accrue to a maximum of 600 hours. The 600-hour maximum will enable long-term employees to receive full pay during the 90-day waiting period that precedes eligibility for long-term disability payments.

ADOPTION ASSISTANCE

Adoption assistance is available to assist employees with the adoption of a child. Full-time and part-time employees who have been working in a benefit-eligible status for 12 months and are actively working are eligible for the adoption assistance benefit. Full-time employees are eligible for up to \$5,000 reimbursement, part-time employees are eligible for up to \$3,000. For more details see the Adoption Assistance policy and procedure in PolicyStat.

TUITION ASSISTANCE

As a full-time or part-time employee who has successfully completed your trial period, you are eligible to receive tuition reimbursement for approved courses. Determination of course eligibility is the responsibility of your supervisor and the director of Employee and Organizational Development (EOD). Courses must be taken through an accredited school or recognized accredited program. The subject matter must be directly related to your current position or a position to which you may be logically promoted, or part of a relate degree program. If you are planning on earning a degree, the degree plan must be approved by your supervisor before taking classes.

You should complete the tuition reimbursement request form available online found under the Human Resources tab on the SBL intranet and submit it to your supervisor for approval prior to registering for a course. If approved, your supervisor will forward the request to EOD for approval. Receipt of tuition assistance is also subject to yearly budget limitations. Employees may be eligible for tuition assistance loans from their healthcare association credit union. Full time employees are eligible for up to \$4,000 in tuition reimbursement a year, while part-time employees are eligible for up to \$2,000 a year. Reimbursement will be contingent upon your continued employment for a minimum of 12 months beyond the successful completion of the course. If you terminate employment within the 12-month period, you will be required to pay back a prorated amount of the tuition assistance and any amount not paid will be deducted from your final paycheck.

Financial assistance from other sources will be taken into consideration when determining the reimbursement amount. The intent of Sarah Bush Lincoln is to reimburse you for qualified tuition costs, but not to have the total reimbursement received by you from all sources exceed the cost of tuition.

TOP Hours Earned by Eligible Full-time and Part-time Employees

Length of Eligible Services	Per Hour Paid	Per Hour Paid 80 Hours	Per Average Year of Employment – 2,080 Hours Paid
1 – 5 years	.08846	7.0768	184 hours (23 days)
5 – 9 years	.10769	8.6152	224 hours (28 days)
9 + years	.12692	10.1536	264 hours (33 days)

RESERVE SICK

The Reserve Sick time account provides protection from pay losses due to an employee's own hospitalization, long-term serious medical problems, outpatient surgery, oral surgery, invasive procedures, procedures requiring sedation and open or closed reduction of fractures. A physician note is required to access Reserve Sick.

A limited amount of time may apply for family illness. See Reserve Sick policy for more information.

Eligible full-time and part-time employees accrue .02692.

You must achieve a grade of “C” or better for undergraduate work and a “B” or better for graduate work to qualify for reimbursement. Courses taken “pass/fail” must receive a “pass” grade to qualify for reimbursement.

AUTO, HOMEOWNERS AND RENTERS INSURANCE

Farmer’s offers employees a convenient, cost-effective way to insure their auto, home and personal property. With the payroll deduction option, employees are able to spread their premiums out over the policy term. If you would like additional information about these services, please call: Farmers Insurance 1-800-438-6381.

COBRA

Employee’s Rights to Continue Group Health Coverage

YOU AND YOUR SPOUSE AND DEPENDENTS SHOULD READ THIS INFORMATION, REGARDLESS OF YOUR CURRENT EMPLOYMENT STATUS WITH SARAH BUSH LINCOLN.

If you are an employee of SBL, covered by a Group Health Plan offered by SBL, you have the right to choose continuation coverage at group rates if you become ineligible for group health coverage because of a voluntary resignation, reduction in hours or termination of employment (for reasons other than gross misconduct on your part).

Consociate is the administrator of COBRA for SBL. COBRA notification, enrollment, payments, changes in coverage and terminations will be processed by Consociate COBRA services.

If you are a spouse of an employee of SBL covered by a Group Health Plan offered by SBL, you have the right to choose continuation coverage for yourself if you become ineligible for group health coverage, under the plan for the following reasons:

1. The death of your spouse;
2. A voluntary resignation or termination of your spouses’ employment (for reasons other than gross misconduct) or for reduction in your spouse’s hours of employment;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare.

In case of a dependent child of an employee covered by the plan, they have the right to continuation coverage if group health coverage under SBL is lost for any of the following reasons:

1. The death of a parent;
2. A voluntary resignation or termination of parent’s employment (for reasons other than gross misconduct) or reduction in a parent’s hours of employment with SBL;
3. Parent’s divorce or legal separation;
4. The dependent child ceases to be a “dependent child” under the plan.

There may be other coverage options for you and your family. You may be able to buy coverage through Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace.

Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, visit the US Department of Labor’s Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call its toll-free number at 1-866-444-3272. For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

Your Responsibilities

Under the law, you and your family member(s) have the responsibility to inform the benefits specialist of a divorce, legal separation, or child losing dependent status under the plan within 60 days of the date of the event or the date in which coverage would end under the Plan because of the event, whichever is later. Sarah Bush Lincoln has the responsibility of notifying the Plan Administrator of the employee’s death, termination, reduction in hours in employment or Medicare entitlement. Similar rights may apply to certain retirees, your spouse, and dependent children if Sarah Bush Lincoln commences a bankruptcy proceeding and these individuals lose coverage.

When the Human Resource department is notified that one of these events has happened, the COBRA Administrator will, in turn, notify you generally within 14 days after notice of a qualifying event has occurred that you have the right to choose continuation coverage. You have at least 60 days from the date you would lose coverage because of one of the events described above, or the date of notice of your election notice is sent to you, whichever is later, to inform the Benefits Specialist that you want continuation coverage. If you do not choose continuation coverage, your group health will end.

If you choose continuation coverage, Sarah Bush Lincoln will give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated non-COBRA beneficiaries or family members. You will be afforded the opportunity to maintain continuation coverage up to 36 months unless you lost group health coverage because of termination of employment or a reduction in hours. In that case, the required continuation coverage period is 18 months. The 18 months may be extended to 36 months if other events (such as death, divorce, legal separation, or Medicare entitlement) occur during that 18-month period. Additional information on notification requirements can be found on the SBL intranet/employee benefits.

DISABILITY EXTENSION

If an individual is entitled to COBRA continuation coverage because of a termination of employment or reduction in hours of employment, the plan is generally required to make COBRA continuation coverage available to that individual for 18 months. However, if the individual entitled to the COBRA continuation coverage is disabled (as determined under the Social Security Act) and satisfies the applicable notice requirements, the plan must provide COBRA continuation coverage for 29 months, rather than 18 months. The individual must be disabled at the time of termination of employment or reduction in hours of employment. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) makes changes to current law to provide that, beginning January 1, 1997, the disability extension will also apply if the individual becomes disabled at any time during the first 60 days of COBRA continuation coverage. HIPAA also makes it clear that, if the individual entitled to the disability extension has non-disabled family members who are entitled to COBRA continuation coverage, those non-disabled family members are also entitled to the 29-month disability extension.

The affected individual must notify WageWork within 30 days of any final determination that the individual is no longer disabled. In no event will continuation coverage last beyond three years from the date of the event that originally made a qualifying beneficiary eligible to elect coverage.

Definition of Qualified Beneficiary

Individuals entitled to COBRA continuation coverage are called qualified beneficiaries. Individuals who may be qualified beneficiaries are the spouse, and dependent children of a covered employee and, in certain circumstances, the covered employee. In order to be a qualified beneficiary, an individual must generally be covered under a group health plan on the day before the event that causes a loss of coverage (such as termination of employment, or a divorce from, or the death of, the covered employee). HIPAA changes this requirement so that a child born to the covered employee, or who is placed for adoption with the covered employee, during the period of COBRA continuation coverage, is also a qualified beneficiary.

TERMINATION OF CONTINUATION COVERAGE

Your continuation coverage may be terminated for any of the following five reasons;

1. Sarah Bush Lincoln no longer provides group health coverage to any of its employees;
2. The premium for your continuation coverage is not paid on time;
3. You become covered by another group plan, unless the plan contains any exclusions or limitations with respect to any preexisting condition you or your covered dependents may have.
4. You become entitled to Medicare;
5. You extend coverage for up to 29 months due to your disability and there has been a final determination that you are no longer disabled.

DURATION OF COBRA CONTINUATION

Under the COBRA rules there are situations in which a group health plan may stop making COBRA continuation coverage available earlier than usually permitted. One of those situations is where the qualified beneficiary obtains coverage under another group health plan. If the other group health plan limits or excludes coverage for any pre-existing condition of the qualified beneficiary, the plan providing the COBRA continuation coverage cannot stop making the COBRA continuation coverage available merely because of the coverage under the other group health plan. HIPAA limits the circumstances in which plans can apply exclusions for the pre-existing condition. HIPAA makes a coordinating change to the COBRA rules so that if a group health plan limits or excludes benefits for preexisting conditions, but because of the new HIPAA rules those limits or exclusions would not apply to (or would be satisfied by) an individual receiving COBRA continuation coverage, then the plan providing COBRA continuation coverage can stop making the COBRA continuation coverage available. The HIPAA rules limiting the applicability of exclusions for pre-existing conditions become effective in plan years beginning on or after July 1, 1997 (or later for certain plans maintained pursuant to one or more collective bargaining agreements.)

You do not have to show that you are insurable to choose continuation coverage. However, you may have to pay all or part of the premium for your continuation coverage. There is a grace period of at least 30 days for payment of the regularly scheduled premium.

If you have changed marital status, or you or your spouse have changed addresses, please notify the SBL Benefits Specialist.

If you have any questions, please contact:

SBL Human Resources Department,
1005 Health Center Drive,
Mattoon, IL 61938.
217-258-2502

Terms to Understand

Premium

The premium is a set amount that is deducted from your paycheck per pay to retain healthcare coverage. The price is the same, regardless of the service.

Deductible

The deductible is what you pay each year for covered expenses before the plan begins to make payments. Deductible amount varies according to plan selected & where you receive your care.

Co-Payments/Co-Insurance

After meeting your deductible, a co-payment is a set dollar amount you are required to pay each time you receive certain covered health services, while co-insurance is a percentage of charges.

Plan Coverage

After meeting your deductible and co-pay if applicable, the Plan Coverage takes effect. Plan Coverage is the percentage of cost the plan pays for services, and applies to all covered expenses.

Maximum Out-of-Pocket

The Maximum Out-of-Pocket provision protects you financially by limiting the amount you pay for covered medical expenses in a calendar year. Once your expenses (including the deductible, co-pays and co-insurance you pay) reach the maximum out-of-pocket, the plan picks up 100 percent of eligible expenses for the rest of the year. This provision does not apply to charges above the usual and customary amounts.

Flexible Spending Account (FSA) - An arrangement through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Allowed expenses include insurance copayments and deductibles and qualified prescription drugs.

Health Saving Account (HSA)- A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in a Health Savings Account (HSA) to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your overall healthcare costs.

Limited Purpose Flexible Spending Account (LPFSA) - A pre-tax benefit used to pay for eligible dental, vision care expenses for participants enrolled in a High Deductible Health Plan (HDHP)

Health Reimbursement Account (HRA) - An employer-funded group health plan from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement.

Flexible Benefit Plan - Sometimes called a cafeteria plan or section 125 plan, provides you with valuable benefits by offering a menu of benefit choices and allowing you to select the options that are best for you and your family.

Pre-tax Dollars - Dollars that you use to buy optional benefits that are exempt from payroll taxes. They are deducted from your paycheck before taxes are calculated and are not included on your annual W-2 Form as taxable wages.

Plan Year - January 1 through December 31

You must enroll within the first 30 days of your hire date and the benefits selected can only be altered mid-year if you have a "change in family status," or experience a "HIPAA-qualified event."

Termination of Coverage - Coverage under the plan terminates at the end of the month in which you terminate employment or as otherwise noted in the benefit plan documents.

Covered Dependent - An individual, as described below, who has met the eligibility requirements of the Plan and for whom coverage is in effect.

For medical, dental and vision plans, qualified dependents include your legally married spouse or civil union partner and children under age 26 regardless of student status. "Children" include: your natural children; stepchildren; children for whom you are the legal guardian; foster children; legally adopted children; and children for whom you are the proposed adoptive parent and who are dependent upon you during the waiting period prior to the adoption becoming final. Dependent coverage may be continued following legal separation or divorce of the parent should the court so decree. The Plan may require proof of dependency for any person claiming to be your dependent.

All employees adding a dependent will be required to provide appropriate documentation (certificate of marriage, civil union or birth certificate).

An individual is not a qualified dependent if on active duty in the armed forces of any country or if covered under the Plan as an eligible employee. If both parents are eligible as employees, dependent children will be considered eligible dependents of only one employee.

A dependent who is incapable of self-sustaining employment and is dependent upon his or her parents or other care providers for lifetime care and supervision because of a handicapped condition which occurred before attainment of the age of 19 will continue to be covered under the Plan beyond the age limits above, provided the eligible employee remains covered and such dependent remains continuously incapacitated and dependent.

Full-time Employee - an employee who is regularly scheduled to work at least 70 hours in a normal (two-week) pay period.

Part-time Employee - an employee who is regularly scheduled to work at least 40 hours or more, but less than 70 hours in a normal (two-week) pay period.

ACA-Eligible Employee - an employee who is NOT in a SBL benefit eligible status but who has been employed for at least 12 months and worked an average of 30 hours a week during the eligible period. ACA-eligible employees have the opportunity to enroll in the health plan. ACA Eligible employees will be notified by Human Resources if they are eligible to enroll by email.

IMPORTANT YEAR-END REMINDERS

RETIREMENT PLAN INFORMATION

- The 403(b) contribution limit for 2026 has not yet been released. We will update when released.
- If you would like to enroll in the plan, increase your contribution amount, or change your investment election, please go to the Fidelity website. Changes submitted between 12/31/25 - 1/9/26 will be reflected on the first paycheck in January. If you haven't already done so, please also access the Fidelity website to enter or update your beneficiaries.
- You may access the Fidelity website from the SBL intranet (Human Resources/Retirement Plan website) or at www.netbenefits.com/SBL. Fidelity Customer Service is available at 1-800-343-0860.
- A Retirement Plan representative is available for one-on-one appointments. Please call Human Resources at 217-258-2501 to schedule an appointment.

TOP SELL BACK DECLARATIONS FOR 2026

To sell back TOP hours at full value in 2026, employees must complete a sell back declaration form and submit it to payroll no later than December 31, 2025.

The "SBL Request for TOP Sellback – Prior Year Election" form is included in policy "SC011 Time Off Paid (TOP)." NOTE: By declaring in 2025 that you intend to sell back TOP hours in 2026, you can avoid the 15 percent IRS mandated penalty that is assessed for sell backs requested in the same year (sell backs requested in 2026 and paid in 2026). There are limitations on TOP sell back, which are outlined in the policy and on the declaration form. All requests submitted to Payroll before December 31, 2025 will be processed on the first regular payroll in June 2026.

BENEFIT SAVINGS ACCOUNT TRANSITION FROM 2025 TO 2026

FLEXIBLE SPENDING ACCOUNT (FSA) and LIMITED FSA				
	CONSOCIATE BENEFITS CARD	CONSOCIATE PAPER CLAIM FORM	UMR BENEFITS CARD	BALANCE
2025 Dates of Service	Eligible for use through December 31, 2025.	Submit for 2025 claims between January 1 and March 31, 2026.	N/A	Remaining balance of up to \$660 will be automatically transferred from Consociate to UMR after April 1, 2026.
2026 Dates of Service	N/A	N/A	Use beginning January 1, 2026. Funds (based 2026 annual election) available immediately.	

HEALTHCARE REIMBURSEMENT ACCOUNT (PERSONAL BENEFIT/WELLNESS ACCOUNT)				
	CONSOCIATE BENEFITS CARD	CONSOCIATE PAPER CLAIM FORM	UMR BENEFITS CARD	BALANCE
2025 Dates of Service	Eligible for use through December 31, 2025.	Submit for 2025 claims through March 31, 2026.	N/A	Remaining balance will be automatically transferred from Consociate to UMR after April 1, 2026.
2026 Dates of Service	N/A	N/A	Use beginning January 1, 2026. Funds (based 2026 Wellness eligibility) available immediately.	

HEALTHCARE SPENDING ACCOUNT (HSA)				
	CONSOCIATE BENEFITS CARD	CONSOCIATE PAPER CLAIM FORM	UMR BENEFITS CARD	BALANCE
2025 Dates of Service	Eligible for use through December 31, 2025.	Submit for 2025 claims through March 31, 2026.	N/A	HR will provide form to authorize transfer of account balance from Consociate to Optum Bank (optional)
2026 Dates of Service	N/A	N/A	Use beginning January 1, 2026. Funds available for use as deposits are made.	HR will provide form to authorize SBL to open 2026 account on your behalf. SBL will begin making 2026 deposits to this account.

Benefit Resources 2026

Benefit / Vendor	Contact	Website
General Benefits Information		
Sarah Bush Lincoln Human Resources	217-258-2501 or 217-348-2501 Monday – Friday 7:30 am - 4:30 pm humanresources@sblhs.org	SBL Benefits Microsite www.SBL.MyBenefitsLibrary.com
Medical & Dental Benefits		
UMR Health Group Number: 76-417751	800-207-3172	Member Portal: www.umar.com
Vision Benefits		
UMR/UnitedHealthcare	800-638-3120	Member Portal: https://connect.werally.com/plans/uhc/421
Pharmacy Benefits		
SavRx 76417751A01 - Active PPO 76417751A02 - Active HDHP	800-228-3108	Member Portal: www.savrx.com
Pharmacy Refill		
Prairie Medical Pharmacy	217-258-2411 or 217-348-2411	SBL Intranet – Prescription Refills
Flexible Spending Account (FSA) / Health Reimbursement Account (HRA - Wellness)		
FSA & HRA accounts	800-207-3172	Member Portal: www.umar.com
Health Savings Account (Optum Bank)		
Optum Bank	866-234-8913	Member Portal: https://www.optumbank.com/health-savings-accounts.html
Critical Illness Insurance/Accident/Hospital Indemnity		
Reliance Matrix	855-775-2524 Critical Illness Policy #: VCI80139 Accident Policy #: VAI858502 Hospital Indemnity Policy #: VHI858503	Claims: ClaimsIntake@rsli.com www.RSLClaims.com
Life/Disability Insurance		
Reliance Matrix	855-775-2524 Life Policy #: GL161316 AD&D Policy #: VAR208840 Short Term Disability Policy #: VPS328435 Long Term Disability Policy #: LTD131394	www.RSLClaims.com
Home & Auto Insurance		
Farmers Insurance	800-438-6381 Monday-Friday; 8a-6p (EST)	
Retirement Plan		
First Mid Investment Consultation	888-518-7878 or 217-258-3344	retirement@firstmid.com
Fidelity Investments Customer Service Call Center	800-343-0860	www.netbenefits.com/sbl
Employee Wellness Program		
SBL WellNess Team	217-258-2140 or 217-348-2140	mywellness@sblhs.org
Employee Assistance Program		
SBL Employee Assistance	217-258-4040 or 217-348-4040 866-567-2400 (24 hour line)	
ComPsych Additional Services provided to partner with SBL EAP	866-335-4913 800-697-0353	www.guidanceresources.com App: GuidanceNow/ Koa Foundations Web ID: SBL

