

# **S** Stockman

## 2026 Benefit Summary



Hummingbirds | Photo Credit: Blaze Miklautsch

The purpose of this summary is to provide employees with a general guide to the benefits offered to eligible Stockman Financial Corporation (SFC) employees. As this is a summary, it is not intended to cover every circumstance, nor does it create a contract between SFC and the employee. Employee benefits are reviewed on an ongoing basis and are subject to change. The company will notify employees of any revisions, when applicable, and will follow the requirements of notification as per State and Federal Law. The Health Benefit options described in this summary are governed by the Federal Regulation known as ERISA or The Employee Retirement Income Security Act of 1974. This document is intended to be a general statement and should not be relied upon as complete legal information; therefore, covered persons should consult the full Summary Plan Document(s).

**More information and coverage specifics will be available upon active employment.**

## **BENEFIT OPTIONS AND ELIGIBILITY**

<b><i>BENEFIT OPTION</i></b>	<b><i>STATUS ELIGIBLE</i></b>	<b><i>WHEN ELIGIBLE</i></b>
Medical, Dental, and Vision	Half, ¾, Full Time, Commission	1 <sup>st</sup> day of the month following 59 days of employment.
Short Term and Long-Term Disability	¾ and Full Time, Commission	1 <sup>st</sup> day of the month following 59 days of employment.
Flexible Spending Accounts	All	1 <sup>st</sup> day of the month following 59 days of employment.
Health Savings Account	HDHP plan participants with a status of: Half, ¾, Full Time, Commission	1 <sup>st</sup> day of the month following 59 days of employment.
Telemedicine	Medical Plan Participants with a status of Half, ¾, Full Time, Commission	1 <sup>st</sup> day of the month following 59 days of employment.
Basic Life Insurance	Half, ¾, Full Time, Commission	1 <sup>st</sup> day of the month following 59 days of employment.
Supplemental Life Insurance	Half, ¾, Full Time, Commission	1 <sup>st</sup> day of the month following 59 days of employment.
401 (K)/Profit Sharing	All	Employees 18 years and over are eligible the first day of the month following six months of employment.
PTO	Half, ¾, and Full Time	1 <sup>st</sup> of the month following date of hire.
Holidays	¾ and Full Time	Date of hire.
7% Bonus	*Low, *Casual, Half, ¾, and Full time	Upon Employment. Based upon anticipated wages earned in each full calendar year.
Banking Services	All Staff	Date of hire.
Safe Deposit Boxes	All Staff	Date of hire.

\*If worked within 60 days prior to the date of the bonus pay date.

# MEDICAL COVERAGE OPTIONS

## OPTIONAL BENEFIT

Stockman Financial Corporation (SFC) offers the following two medical plan options:

- **Plan I**
- **Plan II-HDHP (High-Deductible Health Plan)**

These two medical options above are self-funded private insurance plans administered by Allegiance Benefit Plan Management. Both plans utilize a Preferred Provider Organization (PPO) Network. The list of PPO Providers is located on the Allegiance website [www.askallegiance.com](http://www.askallegiance.com) under the *Find Provider* icon.

Employees who work 17 ½ + hours per week, their spouse, and eligible dependents, qualify for our medical plan options. Dependent children may be covered up to age 26 regardless of marital or student status.

The plan holds an open enrollment period every year within November and December. Once an employee has met their initial eligibility and has elected or waived coverage, they are unable to make changes until open enrollment. All elections made during open enrollment are effective January 1<sup>st</sup> of the next plan year.

Employees may be able to make changes if they experience a life event such as: marriage, birth, death, divorce, loss of other coverage, and/or gaining coverage through a new employer.

Questions on life events should be referred to an HR representative as soon as possible and changes must be made **within 60 days of the life event**. There are no exceptions to this, per the law. Even day 61 is too late.

# PLAN I

## *OPTIONAL BENEFIT*

Plan Design: **Plan I** has a **lower deductible**, but **higher premiums** than Plan II-HDHP.

<u>ANNUAL DEDUCTIBLE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
<b>IN PPO NETWORK</b>	<b>\$1,000</b>	<b>\$2,000</b>
<b>OUT OF PPO NETWORK</b>	<b>\$2,000</b>	<b>\$4,000</b>

The maximum out-of-pocket you will pay for covered expenses in a plan year is **\$5,000** per individual or **\$10,000** per family.

**Preventative care is covered at 100%, deductible waived, for in-network providers.**

**Preventative care services may include:**

- 1. Routine wellness care for children and adults for the following:**
  - A. Routine physical examinations by a physician or licensed health care provider.
  - B. Routine immunizations.
- 2. Annual routine examination for the detection of prostate cancer including a prostate-specific antigen test.**
- 3. Women’s preventive care for the following:**
  - A. Well-women annual visits for women 18 years of age and older, including preconception and prenatal care, and additional visits as medically appropriate.
  - B. Breast feeding support, supplies, and counseling, including comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for breast feeding equipment and related supplies.

<u>DEDUCTIBLE DOES NOT APPLY AND PLAN PAYS:</u>	<u>BENEFIT PERCENTAGE PAID</u>	
	<u>PPO</u>	<u>NON-PPO</u>
• HOSPICE CARE-INPATIENT & OUTPATIENT	80%	50%
• ACCIDENTS	80%	80%

-Eligible expenses may include room and board, doctors’ services for surgical procedures, x-rays and laboratory examinations, ambulance service for local travel to the nearest facility.

***BENEFIT PERCENTAGE PAID***

<b><u>PPO</u></b>	<b><u>NON-PPO</u></b>
<b>80%</b>	<b>50%</b>

**DEDUCTIBLE APPLIES AND PLAN PAYS:**

- Outpatient hospital services including surgery
- Inpatient hospital services
- Chiropractic care-acupuncture-maximum treatments (35 per benefit period)
- Walk in clinic visits
- Mental illness outpatient expenses

**Telemedicine through Recuro – pays at 100%, with no co-pay!**

**PRESCRIPTION DRUG PLAN: PLAN I**  
*(INCLUDED WITH PLAN I MEDICAL PLAN)*

**Our prescription plan includes an SSRI (Anxiety/Depression/Bipolar Disorder) category** within the list of generic preventive Rx drugs that members can get at no cost. Yes, you read that correctly! There is a list of generic SSRI medications that are FREE. More information and coverage specifics will be available upon active employment.

**\$400 deductible** for prescription plan-per family/individual.

The maximum annual out-of-pocket you will pay for prescriptions with Plan I is **\$2,000** per individual or **\$4,000** per family.

- **Please Note:** This maximum annual out-of-pocket prescription expense is in addition to the maximum annual out-of-pocket you will pay for Plan I medical expenses. So, if you were to pay the max for both medical and prescription costs in one year, you would pay a total of \$7,000 per individual or \$14,000 per family.

	<b><u>LOCAL 30-DAY</u></b>	<b><u>MAIL ORDER 90 DAY</u></b>
GENERIC	\$10.00	\$ 20.00
NAME BRAND-FORMULARY	\$30.00	\$ 60.00
NAME BRAND-NON-FORMULARY	\$80.00	\$160.00
*PREVENTATIVE GENERICS (NO DEDUCTIBLE)	\$00.00	\$ 00.00

\*This may include generic contraceptives and/or smoking cessation products

**SPECIALTY DRUGS:**

**PLAN PAYS 80%    PARTICIPANT PAYS 20%**

# PLAN I

## Bi-Weekly Premiums

### Bi-Weekly Premium Costs for

#### Full Time Employees (Deducted 26 times per year)

*Full Time for Benefits Only- Employees who work 30+ Hours per week*

Type of Coverage	Employee Cost Per Pay Period	SFC Contribution for FT Per Pay Period	Total Premium Per Pay Period
Employee Only	<b>\$106.16</b>	\$445.38	\$551.54
Employee + Spouse	<b>\$267.69</b>	\$445.38	\$713.07
Employee + Child(ren)	<b>\$267.69</b>	\$445.38	\$713.07
Employee + Family	<b>\$410.77</b>	\$445.38	\$856.15

### Bi-Weekly Premium Costs for

#### 1/2 Time Employees (Deducted 26 times per year)

*Part Time for Benefits Only Include-Employees who work 17 ½-29.99 Hours per week*

Type of Coverage	Employee Cost Per Pay Period	SFC Contribution for ½ Time Per Pay Period	Total Premium Per Pay Period
Employee Only	<b>\$299.80</b>	\$251.74	\$551.54
Employee + Spouse	<b>\$461.33</b>	\$251.74	\$713.07
Employee + Child(ren)	<b>\$461.33</b>	\$251.74	\$713.07
Employee + Family	<b>\$604.41</b>	\$251.74	\$856.15

### Bi-Weekly Premium Costs for

#### Full Time Employees – Spouses both Employed with Stockman (Deducted 26 times per year)

*Full Time for Benefits Only- Employees who work 30+ Hours per week*

Type of Coverage	Employee Cost Per Pay Period	SFC Contribution for FT Per Pay Period	Total Premium Per Pay Period
Employee + Spouse	<b>\$256.45</b>	\$456.62	\$713.07
Employee + Family	<b>\$399.53</b>	\$456.62	\$856.15

# FLEXIBLE SPENDING ACCOUNTS

## *OPTIONAL BENEFIT*

Flexible spending accounts allow employees to put away money to use for health care and/or dependent care expenses on a pre-tax basis (no FICA or income tax is taken). Flex funds can be reimbursed for any immediate family member's eligible expenses regardless of insurance coverage.

Each year, the employee designates the amount of money to put away for the year, through payroll deductions (26 deductions). Eligible new employees qualify on the 1<sup>st</sup> of the month following 59 days of employment. For the first eligibility period the employee will elect the amount for the remainder of the plan year. The plan year runs from January 1<sup>st</sup> through December 31<sup>st</sup>.

**Flex dollars are “use or lose” so only put away what you can spend within the plan year.**

*Note: For the medical flex account only, employees may carry over up to \$680 into the next plan year. (From 2026 to 2027).*

### **1. Medical Flexible Spending Accounts: **MAXIMUM ANNUAL BENEFIT \$3,400****

A medical flexible spending account is a nice option to consider if you are enrolled in Medical Plan I. For example, you could set up a medical flex account for your individual deductible of \$1000 to help pay for your medical deductible whenever it's needed. Plus, you don't have to wait until you've contributed the full \$1000 in order to use it.

***However, you cannot enroll in a medical flexible spending account and a Health Savings Account (HSA). Only those employees who enroll in the Medical Plan I are eligible for the medical flexible spending account.***

Upon request, medical flex participants may request, free of charge, the **Flex Debit Card**. This may help with the burdens of upfront costs.

### **2. Dependent Care Flex Spending Accounts: **MAXIMUM ANNUAL BENEFIT \$7,500****

A dependent care flex spending account is separate from all other benefits. You just need to have daycare/childcare expenses in order to be eligible. You may enroll for a dependent care flex account whether you are enrolled in medical Plan I or Plan II-HDHP. Even if you are not enrolled in one of the two health plans offered through the bank, you may still enroll if you have daycare/childcare expenses. For example, if you are currently on your spouse's medical plan through their work, you may still be eligible to enroll in a dependent care flex account here. (You just cannot exceed the maximum annual benefit of \$7,500.)

- Also, any employee who is eligible and active to participate in the Dependent Care Flexible Spending Account at Stockman will receive a **\$150.00 per month contribution!** *With a total of up to **\$1800 per year**, from Stockman, to help support those with costly daycare expenses! *More information will be available upon active employment.**

## **PLAN II-High Deductible Health Plan (HDHP)** *OPTIONAL BENEFIT*

Plan Design: **Plan II-HDHP** has a **higher deductible**, but **lower premiums** than Plan I.

**Telemedicine through Recuro – pays at 100%, with no co-pay!**

### **ANNUAL DEDUCTIBLE AND MAXIMUM OUT-OF-POCKET MEDICAL/PRESCRIPTION COMBINED:**

	<u>INDIVIDUAL</u>	<u>FAMILY</u>
<b>IN PPO NETWORK</b>	<b>\$5,000</b>	<b>\$10,000</b>
<b>*OUT OF PPO NETWORK</b>	<b>\$5,000</b>	<b>\$10,000</b>

With this plan, the annual deductible AND maximum out-of-pocket are the same. (This includes all medical **and** prescription eligible expenses combined.)

**Once the deductible and out-of-pocket maximum are met, the HDHP pays 100% for all covered services.**

**Preventative care is covered at 100%, deductible waived, for in-network providers.**

### **Preventative care services may include:**

- 1. Routine wellness care for children and adults for the following:**
  - A. Routine physical examinations by a physician or licensed health care provider.
  - B. Routine immunizations.
- 2. Annual routine examination for the detection of prostate cancer including a prostate-specific antigen test.**
- 3. Women's preventive care for the following:**
  - A. Well-women annual visits for women 18 years of age and older, including preconception and prenatal care, and additional visits as medically appropriate.
  - B. Breast feeding support, supplies, and counseling, including comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for breast feeding equipment and related supplies.

*\*The in-network and out-of-network deductibles are separate. For example, if you see a provider that is out-of-network you must meet a new \$5,000/\$10,000 deductible in addition to the in-network \$5,000/\$10,000 deductible.*

## **PRESCRIPTION DRUG PLAN: PLAN II-HDHP**

*(INCLUDED WITH PLAN II-HDHP MEDICAL PLAN)*

### **THE DEDUCTIBLE FOR THE PRESCRIPTION HDHP IS INCLUDED WITH THE MEDICAL PLAN II-HDHP DEDUCTIBLE**

**Our prescription plan includes** an SSRI (Anxiety/Depression/Bipolar Disorder) category to the list of generic preventive Rx drugs that members can get at no cost. Yes, you read that correctly! There is a list of generic SSRI medications that are FREE. More information and coverage specifics will be available upon active employment.

The participant is responsible for 100% of the costs for generic, name brand formulary, name brand non-formulary, and specialty drugs until the \$5,000/\$10,000 deductible has been met. Once the deductible has been met, the plan pays 100% of eligible prescriptions costs.

There are lists of Preventative Generics where the deductible does not apply, and the plan pays 100%. This list and other information is available upon active employment.

## PLAN II-HDHP Bi-Weekly Premiums

### Bi-Weekly Premium Costs for

#### Full Time Employees (Deducted 26 times per year)

*Full Time for Benefits Only- Employees who work 30+ Hours per week*

Type of Coverage	Employee Cost Per Pay Period	SFC Contribution for FT Per Pay Period	Total Premium Per Pay Period
Employee Only	<b>\$36.92</b>	\$466.92	\$503.84
Employee + Spouse	<b>\$173.08</b>	\$466.92	\$640.00
Employee + Child(ren)	<b>\$173.08</b>	\$466.92	\$640.00
Employee + Family	<b>\$283.85</b>	\$466.92	\$750.77

### Bi-Weekly Premium Costs for

#### 1/2 Time Employees (Deducted 26 times per year)

*Part Time for Benefits Only Include-Employees who work 17 ½-29.99 Hours per week*

Type of Coverage	Employee Cost Per Pay Period	SFC Contribution for ½ Time Per Pay Period	Total Premium Per Pay Period
Employee Only	<b>\$222.53</b>	\$281.31	\$503.84
Employee + Spouse	<b>\$358.69</b>	\$281.31	\$640.00
Employee + Child(ren)	<b>\$358.69</b>	\$281.31	\$640.00
Employee + Family	<b>\$469.46</b>	\$281.31	\$750.77

### Bi-Weekly Premium Costs for

#### Full Time Employees – Spouses both Employed with Stockman (Deducted 26 times per year)

*Full Time for Benefits Only- Employees who work 30+ Hours per week*

Type of Coverage	Employee Cost Per Pay Period	SFC Contribution for FT Per Pay Period	Total Premium Per Pay Period
Employee + Spouse	<b>\$162.31</b>	\$477.69	\$640.00
Employee + Family	<b>\$273.08</b>	\$477.69	\$750.77

# **HEALTH SAVINGS ACCOUNT (HSA) Options**

*ONLY INCLUDED WITH PLAN II-HDHP MEDICAL PLAN*

A Health Savings Account (HSA) allows individuals to pay for current health expenses and save for future qualified medical expenses on a pre-tax basis. Funds deposited into an HSA through payroll and your employer, are not taxed. The balance in the HSA and interest grows tax-free, and that amount is available on a tax-free basis to pay your qualified medical expenses, including your deductible.

**For those who elect Plan II-HDHP, eligible participants have the option to choose between two different HSA accounts.**

1. The **Stockman Health Savings Account**, held through Stockman Bank
  - a. No fees
  - b. No Investment Options
  
2. The **Health Savings Account through Allegiance**, held through Healthcare Bank
  - a. \$2.50 fee per month
  - b. Investment Options

**Employees are eligible to contribute to either HSA if they are:**

- **Enrolled** in a qualified High Deductible Health Plan (HDHP);
- **Not covered** by another non-qualified health plan (including a spouse's health plan, but not including specific injury insurance and accident, disability, dental care, vision care, or long-term care coverage);
- **Not enrolled** in Medicare;
- Not in receipt of Indian Health Service (IHS) medical benefits;
- If the owner of the HSA has VA benefits and uses these benefits, no contributions can be made to the HSA for 3 months following the date VA benefits were received.

**The 2026 annual limit on HSA contributions for those under the age of 55 cannot exceed:**

- **\$4,400** Individual Coverage (up \$100 from 2025)
- **\$8,750** for Family Coverage (up \$100 from 2025)

**The 2026 annual limit on HSA contributions for those ages 55 and older (\$1000 catch up), cannot exceed:**

- **\$5,400** Individual Coverage
- **\$9,750** for Family Coverage

# DENTAL BENEFIT AND BI-WEEKLY PREMIUMS

## *OPTIONAL BENEFIT*

The annual dental deductible, per covered person, per benefit period is \$75.00.

The maximum benefit, per covered person, per benefit period is \$1,500.

### COVERAGE FOR DENTAL IS AS FOLLOWS:

**Class A - Preventive Care:**

**Examples** - Oral exam, cleanings & diagnostic x-rays (2 per benefit period)

**Deductible** - Waived

**Benefit Percentage** - 100%

**Class B - Basic Restorative Services:**

**Examples** - Space maintainers, extractions, oral surgery, general anesthesia, treatment of gum disease, root canal therapy

**Deductible** - Applies

**Benefit Percentage** - 80%

**Class C - Major Restorative Services:**

**Examples** - Gold fillings, inlays, on lays or crowns, replacement of existing partial denture

**Deductible** - Applies

**Benefit Percentage** - 50%

**NOTE:** For dental, there is no preferred provider list, you can see anyone you want. Some dentists do give extra discounts, so it's smart to shop around.

### Dental Plan Premiums

#### Bi-Weekly Premium Costs for Full and Part Time Employees

*Eligibility for the Dental Plan Covers Part Time Status 17 ½-29.99 Hours per week and Full Time Status 30 + Hours per week*

Type of Coverage	Employee Cost Per Pay Period
Employee Only	\$18.31
Employee + Spouse	\$35.82
Employee + Children	\$40.08
Full Family	\$47.51

# VISION BENEFIT AND BI-WEEKLY PREMIUMS

## *OPTIONAL BENEFIT*

The vision plan allows up to \$300.00 maximum, per covered person, per benefit period for the following:

1. **Vision examination:** exam limited to once per benefit period
2. **Eyewear materials:**
  - Lenses, per pair, limited to one pair per benefit period
  - Contact lenses (materials only)
  - Frames-one per benefit period

### Vision Plan Premiums

#### Bi-Weekly Premium Costs for Full and Part Time Employees

*Eligibility for the Vision Plan Covers Part Time Status 17 ½-29.99 Hours per week and Full Time Status 30 + Hours per week*

Type of Coverage	Employee Cost Per Pay Period
Employee Only	\$ 6.46
Employee + Spouse	\$12.00
Employee + Children	\$16.62
Full Family	\$16.62

# TELEMEDICINE – RECURO HEALTH

24/7/365 Access to Doctors

Telemedicine is available for all employees and dependents that are enrolled in either of the two medical plans offered.

#### Coverage with Medical Plans:

**Plan I:**                      \$0 Copay  
**Plan II-HDHP:**            \$0 Copay

## **VIRTUAL CARE – OSHI & HEARTBEAT HEALTH**

**Oshi Health and Heartbeat Health are in-network virtual care clinic offerings through the Cigna Provider Network!**

Simply schedule a convenient virtual visit and pay your in-network cost-share.\*

### **Oshi Health | A different approach to GI care:**

Access to next-day virtual visits with a team of gastrointestinal (GI) providers, registered dietitians, and gut-brain specialists. Find lasting relief for symptoms and conditions including:

- Abdominal Pain and Bloating
- Acid Reflux & Gastroesophageal Reflux Disease (GERD)
- Crohn's Disease and Ulcerative Colitis
- Irritable Bowel Syndrome (IBS)
- Undiagnosed GI Symptoms
- And hundreds of other GI issues

### **Heartbeat Health | Cardiovascular Care:**

Introducing heart care that's easy and convenient, so you can prevent, manage, and treat heart conditions from the comfort of your home. Day and evening appointments are available with a team of cardiologists, nurse practitioners, physician assistants, and registered nurses. When necessary, Heartbeat Health will coordinate any necessary testing, manage medications, and work closely with local providers for advanced care.

Examples of conditions commonly treated:

- Atrial fibrillation
- Vascular disease
- Heart failure
- Post-acute care

More information and coverage specifics will be available upon active employment.

*\*Standard copays or coinsurance will apply. Not all groups allow coverage for telemedicine. Please review the Summary Plan Document for more details.*

*\*\*Must be enrolled in a Stockman Medical Plan, (Plan I or Plan II-HDHP), to participate in these virtual care clinic offerings through Cigna.*

# **SHORT TERM DISABILITY (STD)**

## **SHORT-TERM DISABILITY (STD) OPTIONS**

*Eligibility for the STD coverage is for those working 30+ hours per week.*

- **Stockman Short-Term Disability (STD)**

Stockman's short-term disability coverage costs are included with the other benefit costs. No added out of pocket cost for this benefit to the employee. Employees are automatically enrolled in this benefit if eligible – no new process to enroll. They will work through Stockman HR to gain access to this benefit when applicable. No pre-existing conditions apply.

**See the Stockman Summary Plan Document for more details.**

- **Aflac Short-Term Disability (STD)**

Employee will pay a bi-weekly post tax premium to purchase this enhanced STD benefit through Aflac.

This is essentially a buy-up option that employees can choose to enroll in when eligible.

Employees will coordinate with both Stockman HR and Aflac to gain access to this benefit when applicable. Refer to the Aflac STD Summary for cost details. No pre-existing conditions apply.

**See Aflac Summary for more coverage details.**

**See the table on the next page for a summary comparison of the two Short-Term Disability options:**

<b>STD Plan Options</b>	<b>Stockman STD</b>	<b>*Aflac STD</b>
<b>Waiting Period Illness</b>	30 Business Days	7 Business Days
<b>Waiting Period Accident</b>	None	None
<b>Personal Time Off (PTO)</b>	You must use any PTO available during waiting period. If PTO exists, then PTO will offset the difference between STD payment and full payment of base wages.	You must use any PTO available during waiting period. If PTO exists after, then PTO will be offset for the difference between STD payment and full payment of base wages.
<b>Benefit Duration</b>	Up to 26 weeks	Up to 12 weeks
<b>Wage Percentage</b>	66.67%	60%
<b>Employee Cost</b>	Included with Health Benefits	Monthly rates per \$100 depending on monthly benefit. See rate sheet and coverage options attached.
<b>Pre-Existing Conditions</b>	<b>None</b>	<b>None</b>
<b>Pregnancy Disability**</b>	After 30-day waiting period, typically 2 to 4 weeks' pay depending on type of delivery and doctor's certification for disability period.	After 7-day waiting period could be up to 11 weeks' pay depending on doctor's certification for disability period.

\*For those employees enrolled in the Aflac STD plan, it will be primary. Once the Aflac STD benefit is exhausted, the employee may be eligible to receive benefits through the Stockman STD Benefit. This must be coordinated through the Stockman HR department.

\*\* Employees enrolled in the STD AFLAC coverage may receive up to 11 weeks, if appropriate medical certification is provided and is approved.

Again, more information and coverage specifics will be available upon active employment.

## LONG TERM DISABILITY (LTD)

SFC employees are eligible for Long Term Disability (LTD) on the 1<sup>st</sup> of the month following 59 days of employment. Eligible employees are those who work 30+ hours per week. LTD is designed to begin paying in the case of an ongoing eligible disability beyond 180 days. Employees are required to complete the LTD Application, provide proof of earnings, as well as any other necessary Medical Certification from a licensed physician. All documentation is then submitted to the LTD Carrier, and they will determine eligibility/ineligibility. If approved, the LTD Benefit may continue up to age 65.

Disability means that, solely because of a covered injury or sickness, the employee is unable to perform the material duties of their regular occupation or unable to earn 80% or more of indexed earnings from working in their regular occupation.

### THERE ARE 3 DIFFERENT LTD OPTIONS:

- Base Employer Paid:** Tax Choice basic benefit which pays up to 50% of your covered monthly earnings to the program maximum of \$5,000 per month. Since the premiums are paid by the employer the disability dollars are taxable.
- Buy up Option #1:** Employee Paid- Pays 50% of salary to a maximum monthly benefit to \$5,000, after taxes.
- Buy up Option #2:** Employee Paid- Pays 66 2/3% of salary to a maximum monthly benefit of \$6,666, after taxes.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

### **EAP SERVICE PROVIDER: ACI/AllOne Health**

The EAP benefit is **FREE** for all employees and their family members. From time to time people may face life's challenges that could be improved through a simple phone call. This may include **mental health sessions, life coaching, financial consultation, life management, personal assistant, medical advocacy, etc.**

We have designed our EAP benefit to cover **4 free sessions per incident** *and* **per person** within each family. This includes you, your spouse and your child(ren) (8-26 years of age) that live within the same household!

## AFLAC

**Once again, Stockman is collaborating with Aflac to enhance our employee benefit options!**



The following Aflac products are supplemental insurance plans that are **in addition to** your other elected "core" benefits, (i.e., medical, dental, vision, etc.). This is completely voluntary and does NOT replace your normal medical insurance benefits.

Aflac products can help provide financial peace of mind with:

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Personal Wellness
- Pet Insurance (provided by Nationwide)
- Short-Term Disability

More information and coverage specifics will be available upon active employment.

## **PAID TIME OFF (PTO)**

Stockman Financial Corporation (SFC) provides PTO to eligible employees for the purpose of rest, relaxation, employee illness, caring of immediate family members with a serious condition, etc. Traditional vacation time, sick leave, float days, bereavement, time away for appointments, etc. are all included in a benefit called Paid Time Off or PTO. Employees who are regularly scheduled to work 17 ½ hours or more per week are eligible for this benefit. **Low time, casual, temporary and commission-only employees are not eligible.**

- Management reserves the right to decline PTO requests that are not of critical or emergency nature.
- Senior/Executive Management has the authority to make exceptions to this PTO Policy and on a case-by-case basis.
- Employees must refer to their direct supervisor and/or Human Resources (HR) with questions and/or clarification on the PTO Policy.
- Refer to the full PTO Policy, available upon active employment.

### **ACCRUAL SCHEDULE BELOW APPLIES TO BOTH OFFICERS AND NON-OFFICERS**

**YEARS 1 THROUGH 4:**  
**18-8 HOUR DAYS PER YEAR FOR FT**  
**18-6 HOUR DAYS PER YEAR FOR ¾**  
**18-4 HOUR DAYS PER YEAR FOR ½**  
(STATUS-FULL TIME, ¾, ½)

**YEAR 5 & THEREAFTER:**  
**24-8 HOUR DAYS PER YEAR FOR FT**  
**24-6 HOUR DAYS PER YEAR FOR ¾**  
**24-4 HOUR DAYS PER YEAR FOR ½**  
(STATUS-FULL TIME, ¾, ½)

### **PLEASE NOTE**

Based on the schedule above, upon hire PTO becomes available on a pro-rated basis and on the first of the month following the date of hire for the first calendar year of employment. Example: If a new FT employee starts on August 15<sup>th</sup>, for their first year of employment he/she will start accruing PTO on September 1<sup>st</sup> and with the following calculation: 1.5 days per month x 4 months = 6 days of PTO for that year. However, upon termination, if the employee has used more PTO in the final calendar year of employment than has been accrued, any used but not accrued time will be owed back to the bank through the employee's final pay or other payment methods if applicable.

## **BASIC LIFE INSURANCE**

Stockman provides a basic life insurance policy for all employees who work a minimum of 17.5+ hours per week.

### **THE BASIC LIFE INSURANCE BENEFIT INCLUDES:**

- Face amount: \$50,000
- Accidental death \$20,000
- Seat belt benefit
- Airbag benefit
- Childcare benefit
- Child education benefit
- Includes an accelerated benefit for the terminally ill

## **SUPPLEMENTAL & DEPENDENT LIFE INSURANCE**

### **Eligible employees who work a minimum of 17.5+ hours per week can purchase supplemental life insurance:**

- Individual coverage up to 5 times annual salary or maximum of \$250,000. Some reductions in the amounts of life coverage occur at age 65 and older.
- Employees may purchase up to \$100,000 in spouse life. Anything over \$50,000 is subject to medical underwriting and approval.
  - The Spouse rate is based on the *employee's age*.
  - **\*\*Please note that the spouse life insurance coverage will terminate at the end of the month when the *employee turns age 70.\*\****
- Employees may purchase up to \$20,000 for each child.
  - Rate for child life insurance: \$.80 per month for \$10,000.

More information, price list and coverage specifics will be available upon active employment.

## 7% PERFORMANCE BONUS

The annual 7% performance bonus plan is comprised of 3.5% on achievement of the consolidated company earnings, and 3.5% of the bonus is based on the achievement of the individual branch or non-bank subsidiary earnings. The bonus is comprised of earned base wages only; the calculation does not include bonuses, sales, commissions, and/or production incentive payments. Also not eligible, are overtime wages and/or any other non-base wage payments including short-term or long-term disability.

If the company/branch goals have been met, the 7% bonus is paid out in December of the applicable year. This performance bonus is just one more way that Stockman demonstrates appreciation for their employees.

*\*Contract and commission-only employees are not eligible for the 7% bonus\**

## EMPLOYEE RETIREMENT ACCOUNT 401(K)

The 401(k) is a great place to invest funds for retirement through a variety of different investment options such as stocks, bonds, and other fixed interest investments. Eligible SFC employees may defer 1% to 100% of their payroll into the 401(k) up to the IRS maximum each year. There is no vesting schedule, once eligible the employee is fully vested.

**Eligibility:** Employees aged 18 and older are eligible to contribute the first day of the month following 6 months of employment.

Contributions to the retirement account are made through payroll deductions from the following options:

1. Pre-tax payroll deductions
2. Roth (after tax) payroll deductions

Company contributions/match for all eligible employees will go into the standard pre-tax 401(k):

1. 3% safe harbor contribution from the company regardless of the employee's deferral.
2. The company matches \$1 for \$1 up to an additional 3%.
3. The match and safe harbor will go into the eligible employee accounts every regularly scheduled payroll.

The plan provider for the 401(k) is the investment management company, Vanguard. Vanguard provides 24-hour account management. The automatic enrollment will be active for new hires. Specific details will be available at the time of eligibility or upon request.

### **VANGUARD CONTACT INFORMATION:**

PHONE: 1-800-523-1188

WEB-SITE: WWW.VANGUARD.COM

### **Annual 401(k) Contribution Limit: \$24,500**

- For participants ages 50 and older, allowed a catch-up contribution of up to **\$8,000**, for a total contribution limit of **\$32,500**.
- For participants ages 60-63, allowed a catch-up contribution of up to **\$11,250**, for a total contribution limit of **\$35,750**.

*Read more information and coverage specifics upon active employment.*

## 2026 HOLIDAY SCHEDULE

Month	Date	Day	Holiday	Additional Notes
January	1	Thursday	New Year's Day	Closed
January	19	Monday	Martin Luther King, Jr. Day	Closed
February	16	Monday	Presidents' Day	Closed
May	25	Monday	Memorial Day	Closed
June	19	Friday	Juneteenth National Independence Day	Closed
July	4	Saturday	Independence Day	Open regular hours on Friday, July 3. All drive-up facilities are closed on Saturday, July 4.
September	7	Monday	Labor Day	Closed
October	12	Monday	Indigenous Peoples' Day/ Columbus Day	Closed
November	11	Wednesday	Veterans Day	Closed
November	26	Thursday	Thanksgiving Day	Closed
December	25	Friday	Christmas Day	Closed

FT and  $\frac{3}{4}$  employees (regularly scheduled 30-40 hours per week) receive paid Holidays. Stockman is closed for all Federal Holidays listed above. If there is any exception to this in any given year, it will be announced in advance by Senior/Executive management.

Stockman mirrors the Federal Reserve Bank schedule. For holidays falling on Saturday branches will be open the preceding Friday. For holidays falling on Sunday, all branches will be closed the following Monday.

## **CORPORATE VISION**

Our people, philosophy, and the way we do business have positioned Stockman Bank as Montana's premier financial center, for business leaders, agriculture operators, commercial developers, and real estate owners. We are a Montana-born company, built on western values, focused on creating long standing relationships through integrity, expertise and results. Our offices are locally managed and community-oriented, allowing us to best serve our customers. Our workforce is well trained and competent, and our work environment encourages productivity, personal growth and job satisfaction.

## **EMPLOYEES RETIREMENT INCOME SECURITY ACT OF 1974** **(ERISA)**

Many of the benefits described in this booklet are subject to a federal law known as ERISA. Those benefits include Employee Assistance (EAP), long term disability, all group life insurance and 401(k) retirement accounts, as well as self funded benefits which include all medical, dental and vision benefits, medical reimbursement flex accounts, and short-term disability.

For ERISA benefits, all or some of the ERISA rights stated below may apply. Please consult your Summary Plan Document or Certificate of Insurance Coverage for more specific information regarding your ERISA rights under each specific benefit.

### **ERISA STATEMENT OF RIGHTS**

As a Participant in your Employer's Benefit Plans you may be entitled to certain rights and protections under the Employees Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan Participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work sites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor.
2. Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.

3. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report upon request.
4. Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and the other Plan participants and beneficiaries. No one, including your former employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part (an Adverse Claims Determination), you have a right to receive a written explanation of the reason why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial for a full and fair review and reconsideration by the Plan Administrator, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within thirty (30) days you may file suit in a federal court. In such case, the court may require the Plan Administrator to provide the materials and pay you up to one hundred and ten dollars (\$110.00) a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part (an Adverse Benefit Determination), you may file suit in a state or federal court once you have exhausted your appeal rights under the Plan's claims and appeals procedures. If you believe the Plan fiduciaries have misused Plan assets, or that you have been discriminated against for asserting your rights under ERISA, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide which party will pay the court costs and legal fees. The court may order the losing party to pay these court costs and fees. You may be ordered to pay these costs and fees if you lose and the court finds your claim to be frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about your rights under ERISA, you should contact the nearest office of the U.S. Department of Labor, Frances Perkins Building, 200 Constitution Avenue, N.W., Washington, D.C. 20210, (866) 444-3272, or <https://www.dol.gov/general/topic/health-plans/erisa>.

## **COBRA AND HIPAA**

### **COBRA CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985**

On April 7, 1986, a Federal Law was enacted requiring that employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "Continuation Coverage") at group rates in certain instances where coverage under the plan would otherwise end. Employees scheduled for at least 17 ½ hours per week and their families qualify for the group health plan.

Cobra coverage is only available where the employee cannot be covered by any equivalent coverage. Allegiance Benefits will make the determination of eligibility for this extension of coverage.

Any specific questions regarding this law should be directed to one of the Stockman Financial Corp. Human Resources representatives.

### **IMPORTANT NOTICE OF HIPAA PRIVACY RIGHTS**

Pursuant to the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the health benefit plan sponsored by your employer under which you have coverage, has adopted Privacy Policies and Procedures regarding your personally identifiable health information (Privacy Practices). Upon request, you are entitled to receive a copy of the plan's Notice of Privacy Practices. To obtain a copy of the Notice, please contact your employer for further information.