



2021 | Benefits Guide

Insurance / Risk Advisory / Employee Benefits



Elim Christian Services Benefits Guide

We are committed to providing our greatest assets - our people - with comprehensive and affordable benefits. Our 2021 Employee Benefits offerings deliver maximum options and flexibility.

This guide will help you understand the full range of health and wellness benefits that will be available. After reading through the enclosed information, be sure to use this guide as a benefits resource you can reference throughout the year.

This guide includes a quick reference directory of telephone numbers and websites for all of our providers. We encourage you to access these sites to learn more about the plans and make the best choices possible.

Protect your Health, Life & Well-Being

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About the Medical Insurance

Choosing the right health insurance plan is important for you and your family. Following are some of the basic reasons you should obtain health coverage:

- Health insurance gives you a sense of security knowing that a sudden illness or serious injury will not drain your bank account, or worse, your retirement savings. Health insurance protects your financial future by helping pay for expensive doctor visits and treatments.
- Seeing doctors who are in-network with your health insurance plan also gives you the advantage of receiving care with lowered costs. When doctors are in-network, you have access to lower rates negotiated by the insurance company, meaning you owe less than if you did not have insurance.
- Health insurance covers many preventative services without you having to pay a deductible or copayment. Preventative care is intended to prevent or catch diseases and other health problems before they become serious. Preventative services that are covered in full include various health screening and immunizations.
- Having health insurance will also help you pay for prescription drugs, whether through reduced fees or copays.

Who Is Eligible?

Full-time employees, working 1,000 hours a year and their family members are eligible to enroll in the benefits described in this guide. *Children can remain covered up to age 26 for all lines of coverage.*

When Are You Eligible?

Newly Eligible Employees: Benefits are effective 1st of the month following date of hire.

Annual Open Enrollment:

You may make changes to your benefit elections during your open enrollment period for a January 1st effective date.

Qualified Change in Status:

You may make benefit changes within 30 days of a qualified event. Qualified events include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of dependent, change in residence due to an employment transfer for you or your spouse or change in spouse's benefits or employment status.

Note: *Employee is responsible for notifying Human Resources of any changes within 30 days.*

Medical

BlueCross BlueShield of IL

Coverage	BAHMO	HMOI	HSA	
	In-Network	In-Network	In-Network	Out-of-Network
Network	Blue Advantage HMO [ADV]	HMO Illinois [HMO]	PPO	
Annual Deductible				
Individual	\$0	\$0	\$2,800	\$5,200
Family	\$0	\$0	\$5,600	\$10,400
Out-of-Pocket Maximum				
Individual	\$1,500	\$1,500	\$3,700	\$10,400
Family	\$3,000	\$3,000	\$7,400	\$20,800
Coinsurance	0%	0%	0%	20%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Physician & Services				
Primary Care Physician	\$25 Copay	\$25 Copay	No Charge after Ded.	20% after Ded.
Specialist Care Physician	\$45 Copay (Referral Required)	\$45 Copay (Referral Required)	No Charge after Ded.	20% after Ded.
Preventative Care	No Charge	No Charge	No Charge	20% after Ded.
Urgent Care	\$25 Copay (Referral Required)	\$25 Copay (Referral Required)	No Charge after Ded.	20% after Ded.
Hospital Services				
Inpatient*	\$250 Copay for the first 5 days (Referral Required)	\$250 Copay for the first 5 days (Referral Required)	No Charge after Ded.	20% after Ded.
Outpatient*	No Charge (Referral Required)	No Charge (Referral Required)	No Charge after Ded.	20% after Ded.
Emergency Room	\$150 Copay (Copay Waived if Admitted)	\$150 Copay (Copay Waived if Admitted)	No Charge after Ded.	
Retail & Mail Order (In-Network Only)				
Retail (up to a 30-day supply)	\$10/ \$35/ \$60/ \$60	\$10/ \$35/ \$60/ \$60	\$10/ \$35/ \$60/ \$60 Copay after Ded.	
Mail Order (up to a 90-day supply)	\$20/ \$70/ \$120	\$20/ \$70/ \$120	\$20/ \$70/ \$120 Copay after Ded.	

See Certificate of Coverage for full policy details including limits and exclusions. To identify an in-network provider go to www.bcbsil.com

*Preauthorization may be required

Vision (Included with BCBS HMO Medical Plans)

EyeMed- Eye care can be an important benefit for you and your family. The below vision plan benefits are included with the BCBS HMO medical plans through Elim.

***Please note that this vision plan includes in network benefits only.**

Plan Feature	Frequency	In-Network	Out-of-Network
Network		Select	
Examination	12 Months	No Copay	Not Applicable
Standard Lenses Single Vision Bifocal Trifocal	12 Months	No Copay No Copay No Copay	Not Applicable
Frames	12 Months	No Copay, \$300 Allowance	Not Applicable
Contact Lenses - In Lieu of Eyeglasses			
Contact Lens Fit & Follow-Up	12 Months	Standard: No Copay Premium: No Copay, 10% off retail price, then apply \$40 Allowance	Not Applicable
Conventional		No Copay, then apply \$300 Allowance	Not Applicable
Disposable		No Copay, then apply \$300 Allowance	Not Applicable
Medically Necessary		No Copay, Paid in Full	Not Applicable

Additional Benefits (In-Network Only): Participating providers may offer discounted prices for non-covered lenses.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.eyemed.com



Health Savings Account (HSA)

What is a Health Savings Account?

An HSA (Health Savings Account) is a tax-free savings account that an individual owns and funds to be used exclusively to pay for medical expenses. You can use this for any of your expenses from this plan, or you can choose to let this account grow from year to year.

Any unused funds at the end of the calendar year will be rolled into the next calendar year.

- In order to establish an HSA, you have to be covered by a High Deductible Health Plan. These types of plans have no co pays.
- Please note that it is your responsibility to set up a Health Savings Account with a bank of your choice in order to make contributions.
- The IRS sets an annual maximum amount that can be deposited into the account. Any unused funds will earn interest and roll over from year to year. These funds belong to you, if you leave your job; you take the money in the account with you.
- As long as funds are withdrawn for qualified medical expenses, they will be tax-free. If funds are taken for other expenses, you will pay income tax and a 20% penalty on the withdrawal.
- The owner of the HSA account is responsible to keep records on all withdrawals. Keep all receipts for medical expenses paid for with HSA money in case you are audited.

Who is Eligible?

An eligible individual is any individual who:

- Is covered by a high deductible Health Plan (HDHP)
- Is not also covered by any other health plan that is not a HDHP
- Is not entitled to Medicare (generally has not reached age 65)
- May not be claimed as a dependent on another person's tax return

2021 Maximum HSA Contribution Limit? (Employee)

- \$3,600 for individual coverage
- \$7,200 for family coverage
- Individuals age 55 or older are eligible to make a catch-up contribution of \$1,000
- These amounts will be prorated if you are on the plan for less than 12 months

Universal HSA Principles

- You decide which bank will hold the account, and what type of investments you want to make with your account
- You decide whether to spend your money from the account for your daily medical expenses or whether to spend out-of-pocket and to save the HSA money for the future.
- Your account can be funded through payroll deductions, on a pre-tax basis.
- Anything that is paid out for a medical condition, including dental, hearing and vision as well as over-the-counter drugs is eligible for reimbursement or payment from your HSA account.

Flexible Spending Account (FSA)

Infinisource

A Flexible Spending Account (FSA) allows you to pay for qualified Health Care and Dependent Care expenses using tax free dollars. The amount you elect is deducted from your paycheck pre-tax. This means you don't pay Federal Income Tax or Social Security Taxes on that portion of your pay check. The money that is deducted is then used to reimburse your eligible qualified expenses.

Health Care FSA

A Health Care FSA allows you to pay for unreimbursed health care expenses for you, your spouse and dependent children. You do not need to be on your employer sponsored health plan to sign up for a FSA.

One of the biggest advantages of the Health Care FSA is that you can access your entire elected amount on the first day of the plan year. So, there's no need to wait until funds have been payroll deducted to use your FSA.

Examples Of Eligible Health Care Expenses Include:

- Medical Plan Deductibles
- Co-Pays
- Dental Expenses (Including Orthodontics)
- Eye Exams, Glasses and Contacts

As you plan your FSA expenses for the year, it is important that you make accurate and conservative estimates.

The annual maximum amount you may contribute to the Health Care FSA is \$2,750 per-calendar year.

The rollover limit has been increased to \$550 for the 2020 and 2021 plan years.

Health Care reimbursement election amounts are only allowed to be changed on January 1st unless you have a family status change.

Limited Care FSA

A limited-purpose health flexible spending account (referred to as a limited-purpose FSA) is much like a typical, general-purpose health FSA; however, under a limited-purpose FSA, eligible expenses are limited to qualifying dental and vision expenses.

If contributing to a HSA, this is the only FSA available to you.

Dependent Care FSA

A Dependent Care FSA allows you to pay for child or elder care expenses using tax-free dollars. These expenses must be incurred while you are employed and must be for the care of a qualified dependent.

Unlike the Health Care FSA, Dependent Care FSA funds are not available to you day one. These funds must accumulate before you can reimburse yourself, and you can only be reimbursed up to the amount you have in the account at any given time.

Examples Of Eligible Dependent Care Expenses Include:

- Pre-School Charges
- Before-and After-School Care
- Day Care Centers
- Summer Day Camps
- And More

The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married or filing separately) per-calendar year.

Dependent Care election amounts can be changed during the year as cost changes.



Dental

Coverage	Lincoln PPO Dental	
	In-Network	Out-of-Network
Network	PPO	
Annual Deductible- Does Not Apply to Preventive Services		
Individual	\$25	\$25
Family	\$75	\$75
Calendar Year Maximum	\$1,000 per person	
Preventive		
Oral Exams	No Charge	No Charge
Cleanings	No Charge	No Charge
Sealants	No Charge	No Charge
Fluoride Treatments	No Charge	No Charge
Basic		
Fillings	10%	20%
Full-mouth or Panoramic X-rays	10%	20%
Simple Extractions	10%	20%
Periodontal Maintenance Procedures	10%	20%
Major		
Crowns, Inlays, Onlays	40%	50%
Endodontics	40%	50%
Bridges	40%	50%
Full and Partial Dentures	40%	50%
Orthodontia (up to age 19) – Lifetime Maximum of \$1,500	40%	50%

Lincoln Financial

The goal is to deliver affordable protection for a healthier smile and a healthier you. Members are required to pay the difference between the plan payment and the provider's actual fee for covered services. Therefore, the out-of-pocket expenses may be lower if services are provided by a Participating Provider. For complete coverage details, please refer to the Summary Plan Description (SPD).



See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.lincolnfinancial.com

Vision

EyeMed- Eye care can be an important benefit for you and your family, which is why we provide vision insurance through EyeMed.

Plan Feature	Frequency	In-Network	Out-of-Network
Network		Insight	
Examination	12 Months	No Charge after \$10 Copay	Reimbursement up to \$30
Standard Lenses Single Vision Bifocal Trifocal	12 Months	No Charge after \$25 Materials Copay	Reimbursement up to \$25 Reimbursement up to \$40 Reimbursement up to \$60
Frames	24 Months	\$0 Copay; \$130 allowance; 20% off balance over \$130	Reimbursement up to \$65
Contact Lenses - In Lieu of Eyeglasses			
Standard Contact Lens Fit & Follow-Up	12 Months	Up to \$55	N/A
Conventional		\$0 Copay; \$130 allowance; 15% off balance over \$130	Reimbursement up to \$104
Disposable		\$0 Copay; \$130 allowance; plus balance over \$130	Reimbursement up to \$104
Medically Necessary		\$0 Copay, Paid in Full	Reimbursement up to \$210

Additional Benefits (In-Network Only)

Laser Vision Correction:

Lasik or PRK from U.S. Laser Network 15% off the retail price or 5% off the promotional price. For Lasik providers, call 1-877-5LASER6.

Hearing Care:

Amplifon Hearing Network 40% off hearing exams and a low price guarantee on discounted hearing aids.

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.eyemed.com





Life Insurance and AD&D

Lincoln Financial Group

Elim Christian Services provides and pays for Group Life and AD&D Insurance for all full-time employees. The beneficiary you designate will receive the Life Insurance benefit. Contact Human Resources to update your beneficiary info.

Employee Life Insurance	
Amount	\$20,000
Accidental Death and Dismemberment (AD&D)	
Amount	\$20,000
Benefit Reduction	<ul style="list-style-type: none"> • 35% at Age 70 • An additional 20% of original amount at Age 75 • An additional 15% of original amount at Age 80 • Coverage ends at termination of employment or retirement

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.

Spouse & Child(ren) Life

Lincoln Financial Group

Elim Christian Services provides and pays for Spouse Life Insurance and Children Life Insurance. Employee will automatically be the beneficiary for this benefit.

Spouse Life Insurance	
Amount	\$5,000
Dependent Life Insurance	
Amount	Live Birth to 6 Months: \$500 Age 6 Months to 26 Years: \$2,000
Benefit Reduction	Benefits Terminate at Spouse Age 70

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources.



Voluntary Life Insurance and AD&D

Lincoln Financial

	Employee	Spouse	Child(ren)
Amount	Choice of \$10,000 increments Not to exceed 5x annual salary Employees Age 70 and older – Maximum Benefit is \$50,000	Choice of \$5,000 increments Not to exceed 50% of employee elected amount Employee must elect coverage for spouse to be eligible	Age 1 Day to Age 26: \$10,000 Employee must elect coverage for dependents to be eligible
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$300,000	\$150,000	\$10,000
Guarantee Issue Amount	\$150,000	\$50,000	N/A
Current Eligible Employees	You or your Spouse may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your spouse have not been previously declined, withdrawn, or pending for coverage.		
Benefit Reduction	<ul style="list-style-type: none"> 35% at Age 70 Additional 20% of original amount at Age 75 Additional 15% of original amount at Age 80 Benefits terminate at retirement 	<ul style="list-style-type: none"> 35% at Employee Age 65 Benefits terminate at Employee Age 70 or Retirement, whichever occurs first	N/A

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Employee Age Range	Life Premium Rate
0 - 24	0.0000115
25 - 29	0.0000138
30 - 34	0.0000185
35 - 39	0.0000208
40 - 44	0.0000277
45 - 49	0.0000415
50 - 54	0.0000831
55 - 59	0.0001269
60 - 64	0.0001523
65 - 69	0.0002931
70 - 74	0.0006346
75 - 79	0.0025454
80 - 99	0.0025454

The estimated weekly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of \$10,000) by the employee age-range premium rate.

$$\begin{array}{rcccl} \$ & \text{_____} & \times & \text{_____} & = & \$ & \text{_____} \\ \text{Coverage amount} & & & \text{Premium rate} & & & \text{Weekly premium} \end{array}$$

Note: Rates are subject to change and can vary over time.

Employee Age Range	Life Premium Rate
0 - 24	0.0000115
25 - 29	0.0000138
30 - 34	0.0000185
35 - 39	0.0000208
40 - 44	0.0000277
45 - 49	0.0000415
50 - 54	0.0000831
55 - 59	0.0001269
60 - 64	0.0001523
65 - 69	0.0002931
70 - 74	0.0000000
75 - 79	0.0000000
80 - 99	0.0000000
Coverage Amount (children)	Weekly Premium
\$10,000	\$0.46

The estimated weekly premium for life insurance is determined by multiplying the desired amount of coverage (in increments of \$5,000) by the employee age-range premium rate.

$$\begin{array}{rcccl} \$ & \text{_____} & \times & \text{_____} & = & \$ & \text{_____} \\ \text{Coverage amount} & & & \text{Premium rate} & & & \text{Weekly premium} \end{array}$$

Note: Rates are subject to change and can vary over time.



Short-Term Disability

Lincoln Financial

Elim Christian Services provides and pays for Short-Term Disability. In the event you become disabled from a non-work-related injury or sickness, Short-Term Disability benefits are provided as a source of income.

Short-Term Disability	
Benefit Begins	31 st day of Disability due to Accidental Injury 31 st day of Disability due to Sickness
Benefit Duration	22 Weeks
Percentage of Income Replaced	66.67% of your Weekly Earnings
Maximum Benefit	\$1,000 Per Week

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Long-Term Disability

Lincoln Financial

Elim Christian Services provides and pays for Long-Term Disability. In the event you become disabled from a non-work-related injury or sickness, Long-Term Disability benefits are provided as a source of income.

Long-Term Disability	
Elimination Period	180 Calendar days of Disability caused by Sickness or Injury
Benefit Duration	Later of Age 65 or Social Security Normal Retirement Age
Percentage of Income Replaced	66.67% of Monthly Earnings
Maximum Benefit	\$5,000 Per Month
Pre-Existing Condition (3/12)	You may not be eligible for benefits if you have been diagnosed or received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.

See Certificate of Coverage for full policy details including limits and exclusions-for a copy please see Human Resources.

Retirement Plan

Current employees are eligible to participate in the elective deferral portion of the Plan, starting on your date of hire.

Current employees, who meet the following requirements, are eligible to participate in the employer discretionary match* deferral portion of the Plan:

- Attained age 21
- Completed 1000 Hour(s) of Service at Elim Christian Services following your commencement of employment

**Elim Christian Services will match the employee's contribution up to 4% after 1 year of service*

2021 Defined Contribution Plan Limits 403(b)

The dollar limits on benefits and contributions are as follows:

Maximum employee elective deferral	\$19,500
Employee catch-up contribution (ages 50 and older)	\$6,500
Defined contribution maximum limit, all sources	\$58,000

To Participate in the Retirement Plan

1. Contact Portfolio Design Services (PDS) for investment election and contribution rate information.
Portfolio Design Services, LLC www.pdsadvisors.com
408 South 6th Street
River Falls, WI 54022

Brad Olson	715-441-0259	brad@pdsadvisors.com
Bruce Swanson	540-400-0053	bruce@pdsadvisors.com

2. To enroll on-line:

Go to <https://www.yourplanaccess.com/401ktrustamerica/>

Your initial username is your full SS# without the dashes

Your password is the last four digits of your SS#.

You will be prompted to change your username and password.

Please remember this when you attempt to login in the near future. If on your first attempt you fail to login with your new user id/password, please revert to your previous user id/password and try again. Failing to login three times consecutively over any period of time could block your account.

Call 800.955.9072 to reset your username and password or for any other questions.

To make a deferral election:

- Go to Transactions – Contributions

To make investment elections:

- Go to Investment Elections

To designate Beneficiaries:

- Go to Tools – Forms

Completed Beneficiary forms must be returned to Human Resources.

*If no valid designation of beneficiary exists, or if the beneficiary is not alive when you die, then the death benefit will be paid in the following order, unless the investment provider's documentation says otherwise: (a) Your surviving spouse; (b) Your children, including adopted children, and if a child dies before you, to their children, if any; (c) Your surviving parents, in equal shares; or (d) Your estate.

Contact Information

MEDICAL:

BlueCross BlueShield of IL
Phone: 800-541-2767
www.bcbsil.com

VISION:

EyeMed
Phone: 888-581-3648
www.eyemed.com

DISABILITY:

Lincoln Financial Group
Phone: 800-423-2765
www.lincolnfinancial.com

DENTAL:

Lincoln Financial Group
Phone: 800-423-2765
www.lincolnfinancial.com

GROUP LIFE/VOLUNTARY LIFE:

Lincoln Financial Group
Phone: 800-487-1485
www.lincolnfinancial.com

RETIREMENT PLAN:

Bradley C. Olson (Investment Advisor)
brad@pdsadvisors.com
Brad Direct Line: 715-629-9095
Cell: 715-441-0259
Fax: 715-629-9087

Bruce Swanson (Investment Advisor)
bruce@pdsadvisors.com
Bruce Direct Line: 303-870-5634
Fax: 540-400-0054

Horton is not providing legal advice or creating an attorney-client relationship by providing the sample notices. Horton is not undertaking to identify all potential liabilities that may arise out of the use of the sample notices. While every effort has been made to provide a complete summary and sampling of required notices, the sample notices are to be used to provide a basic understanding of the subject matter and should not be considered exhaustive. Horton strongly encourages you to seek independent legal counsel regarding the reliability and accuracy of information provided in the sample forms.

Additionally, please note that the enclosed information is Federal-specific. State mandates may also apply.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

