



# **BENEFITS OPEN ENROLLMENT**

**2023 | Benefits Guide**

Insurance / Risk Advisory / Employee Benefits

**HORTON**

**Elim**

# Elim Christian Services

## Benefits Guide

### Our Promise

We are committed to providing our greatest assets – our people – with comprehensive and affordable benefits. Our 2023 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.

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## *Protect your* **Health, Life & Well-Being**

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### Table of Contents

Medical Insurance	4
Vision (Included with BCBS HMO Medical Plans)	5
Flexible Spending Account (FSA)	6
Dental	7
Vision	8
Life Insurance and AD&D	9
Voluntary Life Insurance and AD&D	10
Short-Term Disability	11
Long-Term Disability	12
Retirement Plan	13
Contact Information	14



## About the Medical Insurance

Choosing the right health insurance plan is important for you and your family. The 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 through reduced fees or copays.

### Who is Eligible?

Full-time employees who work a minimum of 30 hours per week 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 on the 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 an effective date of January 1st.

### 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, and change in residence due to an employment transfer for you or your spouse or changed in spouse's benefits, or employment status.

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

# Medical Insurance

## Blue Cross Blue Shield of Illinois

COVERAGE	BAHMO	HMOI	Blue Choice Options		
	Blue Advantage HMO [ADV]	HMO Illinois [HMO]	Blue Choice Options [BCO]	PPO	Out-of-Network
	In-Network	In-Network	Tier 1	Tier 2	Out-of-Network
Annual Deductible					
Individual	\$0	\$0	\$500	\$1,500	\$3,000
Family	\$0	\$0	\$1,500	\$4,500	\$9,000
Out-of-Pocket Maximum (Annual)					
Individual	\$1,500	\$1,500	\$500	\$3,000	\$9,000
Family	\$3,000	\$3,000	\$1,500	\$9,000	\$27,000
Coinsurance	0%	0%	0%	30%	50%
Lifetime Maximum	Unlimited	Unlimited	Unlimited		
Physician & Services					
Primary Care Physician	\$25 Copay	\$25 Copay	\$20 Copay	\$50 Copay	50% after Ded.
Specialist Care Physician	\$45 Copay (Referral Required)	\$45 Copay (Referral Required)	\$40 Copay	\$100 Copay	50% after Ded.
Preventative Care	No Charge	No Charge	No Charge	No Charge	50% after Ded.
Urgent Care	\$25 Copay (Referral Required)	\$25 Copay (Referral Required)	\$75 Copay	\$75 Copay	\$75 Copay
Hospital Services					
Inpatient*	\$250 Copay for the first 5 days (Referral Required)	\$250 Copay for the first 5 days (Referral Required)	\$250 Copay then No Charge after Ded.	\$500 Copay then 30% after Ded.	\$600 Copay then 50% after Ded.
Outpatient**	No Charge (Referral Required)	No Charge (Referral Required)	\$200 Copay then No Charge after Ded.	\$400 Copay then 30% after Ded.	\$500 Copay then 50% after Ded.
Emergency Room (Copay Waived if Admitted)	\$150 Copay	\$150 Copay	\$400 Copay per Visit		

Rx COVERAGE	BAHMO	HMOI	Blue Choice Options
Rx EXPENSE LIMIT	Individual: \$500 Family: \$1,000	Individual: \$500 Family: \$1,000	N/A
Retail Preferred (Up to a 30 Day Supply)	\$10/ \$35/ \$60/ \$60	\$10/ \$35/ \$60/ \$60	\$0/ \$10/ \$35/ \$75/ \$150/ \$250
Retail Non-Preferred (Up to a 30 Day Supply)	N/A	N/A	\$10/ \$20/ \$55/ \$95/ \$150/ \$250
Mail Order (Up to a 90 Day Supply)	\$20/ \$70/ \$120	\$20/ \$70/ \$120	\$0/ \$20/ \$70/ \$150

\*Preauthorization Required, \*\*Preauthorization May Be Required

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.bcbsil.com](http://www.bcbsil.com)

# Vision Insurance (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.**

	Frequency	In-Network (Select Network)	Out-of-Network
Examination	12 Months	No Copay	Not Applicable
Standard Lenses			
Single / Vision	12 Months	No Copay	Not Applicable
Bifocal		No Copay	Not Applicable
Trifocal		No Copay	Not Applicable
Frames	12 Months	No Copay, \$300 Allowance	Not Applicable
Contact Lenses - In Lieu of Eyeglasses			
Contact Lens Fit and 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](http://www.eyemed.com)



# Flexible Spending Account (FSA)

## iSolved Benefit Services

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 paycheck. 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.

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

Annual maximum you may contribute is **\$3,050 per-calendar year**.

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

### How you can use a Health Care FSA:

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

For a complete list, please visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

## Dependent Care FSA

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 on 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. Annual maximum you may contribute 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.

### How you can use a Dependent Care FSA:

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

For a complete list, please visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

For more information, please visit the below website.

<https://www.isolvedbenefitservices.com/resources/fsa-resource-center/participants#guides>



# Dental Insurance



## Lincoln Financial

Dental care plans provide services or payments for restorative care and related dental services.

Coverage	Lincoln Dental PPO	
	In-Network (PPO)	Out-of-Network
<b>Deductible</b>		
Individual	\$25	\$25
Family	\$75	\$75
Calendar Year Maximum	\$1,000	\$1,000
<b>Preventive Care Services</b>		
Oral Exams	No Charge	No Charge
Routine Cleanings	No Charge	No Charge
Sealants	No Charge	No Charge
Bitewing X-Rays	No Charge	No Charge
Fluoride Treatments	No Charge	No Charge
<b>Basic Services</b>		
Fillings	10% after Ded.	20% after Ded.
Full-Mouth or Panoramic X-Rays	10% after Ded.	20% after Ded.
Simple Extractions	10% after Ded.	20% after Ded.
Periodontal Maintenance Procedures	10% after Ded.	20% after Ded.
<b>Major Services</b>		
Crowns, Inlays, Onlays	40% after Ded.	50% after Ded.
Endodontics	40% after Ded.	50% after Ded.
Bridges	40% after Ded.	50% after Ded.
Full and Partial Dentures	40% after Ded.	50% after Ded.
Orthodontia (Up to Age 19)	40% up to a Lifetime Maximum of \$1,500	50% up to a Lifetime Maximum of \$1,500

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](http://www.lincolnfinancial.com)

# Vision Insurance

## EyeMed

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

	Frequency	In-Network (Insight Network)	Out-of-Network
Examination	12 Months	No Charge after \$10 Copay	Reimbursement up to \$30
Standard Lenses			
Single / Vision	12 Months	No Charge after \$25 Materials Copay	Reimbursement up to \$25
Bifocal			Reimbursement up to \$40
Trifocal			Reimbursement up to \$60
Frames	24 Months	\$0 Copay; \$130 Allowance; 20% off Balance Over \$130 Allowance	Reimbursement up to \$65
Contact Lenses - In Lieu of Eyeglasses			
Contact Lens Fit and Follow Up	12 Months	Standard: Up to \$55 Premium: 10% off retail price	N/A
Conventional		\$0 Copay; \$130 Allowance; 15% off Balance Over \$130 Allowance	Reimbursement up to \$104
Disposable		\$0 Copay; \$130 Allowance; Plus Balance Over \$130 Allowance	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 is 15% off the retail price or 5% off the promotional price.
- **Hearing Care**—Amplifon Hearing Network is up to 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](http://www.eyemed.com)





# Life Insurance and AD&D



## Lincoln Financial Group

Life insurance is a contract between an insurer and a policyholder. A life insurance policy guarantees the insurer pays a sum of money to named beneficiaries when the insured policyholder dies, in exchange for the premiums paid by the policyholder during their lifetime.

Your company provides and pays for Group Life and Accidental Death and Dismemberment (AD&D) Insurance for all full-time employees. The beneficiary you designate will receive the Life Insurance benefit in the event the insured policyholder dies. Your company also provides and pays for Dependent Life Insurance. The employee will automatically be the beneficiary for this benefit.

Please ensure your Human Resources team has the most up to date beneficiary information.

Employee Life Insurance	
Amount	\$20,000
Employee Accidental Death & Dismemberment	
Amount	\$20,000
Benefit Reduction	<ul style="list-style-type: none"><li>• 35% at Age 70</li><li>• An additional 20% of original amount at Age 75</li><li>• An additional 15% of original amount at Age 80</li><li>• Coverage ends at termination of employment or retirement</li></ul>
Spouse Life Insurance	
Amount	\$5,000
Child(ren) Life Insurance	
Amount	Live Birth to 6 Months: \$500 6 Months to 26 Years: \$2,000
Benefit Reduction	<ul style="list-style-type: none"><li>• Benefits Terminate at Spouse Age 70</li></ul>

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

In addition to the base insurance plan offered by your employer, your employer also offers you the opportunity to “buy-up” more insurance coverage. Please consider this option if you need more coverage for yourself or your dependents.

Please ensure your Human Resources team has the most up to date beneficiary information.

	Employee	Spouse	Child(ren)
Amount	<p>Choice of \$10,000 increments</p> <p>Not to exceed 5x your annual salary</p> <p>Employees Age 70 and older— Maximum Benefit is \$50,000</p>	<p>Choice of \$5,000 increments</p> <p>Not to exceed 50% of employee elected amount</p> <p>Employee must elect coverage for spouse to be eligible</p>	<p>Age 1 Day to Age 26: \$10,000 Benefit</p> <p>Employee must elect coverage for dependents to be eligible</p>
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$300,000	\$150,000	\$10,000
<b>Guarantee Issue Amount</b>	<b>\$150,000</b>	<b>\$50,000</b>	<b>N/A</b>
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"> <li>• 35% at Age 70</li> <li>• Additional 20% of original amount at Age 75</li> <li>• Additional 15% of original amount at Age 80</li> <li>• Benefits terminate at retirement</li> </ul>		N/A

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

# Short-Term Disability



## Lincoln Financial

Elim Christian Services provides and pays for short-term disability. Short-term disability (STD) plans provide a weekly benefit to eligible employees that are unable to work for an extended length of time. These benefits are for non-work-related illnesses or accidents on a per-disability basis, typically for a 6- to 12-month period. Benefits are paid as a percentage of employee earnings or as a flat dollar amount. STD benefits vary with the amount of pre-disability earnings, length of service with the establishment, or length of disability.

SHORT-TERM DISABILITY	
Benefit Begins	31st day of Disability due to Accidental Injury 31st day of Disability due to Sickness
Payable 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 see Human Resources.

# Long-Term Disability



## Lincoln Financial

Elim Christina Services provides and pays for long-term disability. Long-term disability (LTD) plans provide a monthly benefit to eligible employees who, because of a non-work-related illness or injury, are unable to work for an extended length of time. Benefits usually are paid as a fixed percentage of pre-disability earnings, up to a set limit. Most participants have a waiting period of 3- to 6-months, or until sick leave or STD benefits end, before LTD benefits begin. LTD benefits generally continue until retirement or a specified age, or for a period that varies with the employee's age at the time of the disability.

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 your Monthly Salary
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 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 requirement, are eligible to participate in the employer discretionary match\* deferral portion of the Plan:

- Completed 1,000 hours 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.

## 2023 Defined Contribution Plan Limits 403(b)

The dollar limits on benefits and contributions are as follows:

Maximum employee elective deferral—\$22,500

Employee catch-up contribution (ages 50 and older) - \$7,500

Defined contribution maximum limit, all sources— \$66,000 for under age 50 and \$73,000 for over age 50

## To Participate in the Retirement Plan

1. Contact Portfolio Design Services (PDS) for investment election and contribution rate information.  
Portfolio Design Services, LLC ([www.pdsadvisers.com](http://www.pdsadvisers.com))  
122 North 2nd Street  
River Falls, WI 54022

Brad Olson  
(715) 441-0259  
[brad@pdsadvisers.com](mailto:brad@pdsadvisers.com)

Bruce Swanson  
(540) 400-0053  
[bruce@pdsadvisers.com](mailto:bruce@pdsadvisers.com)

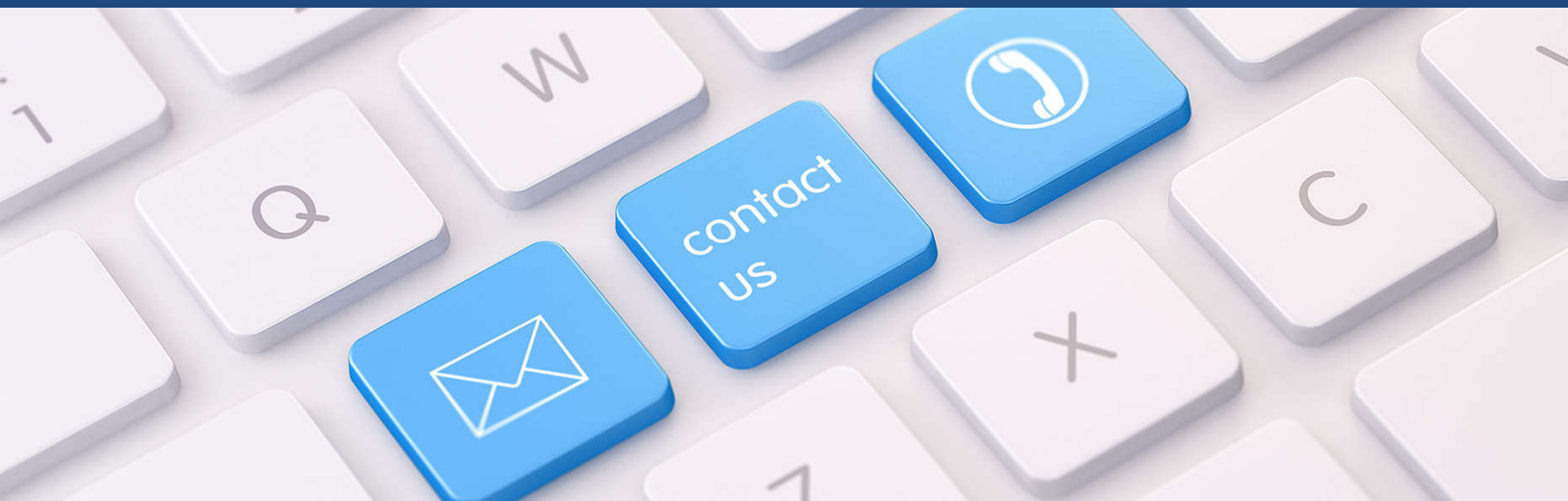
## 2. To enroll online:

Go to <https://axos.invlink.com>

Register for web access to set up online access. You will need your social security number, legal last name, date of birth and current zip code. To safeguard your information, this site uses Multi-Factor Authentication (MFA) for increased security.

For further guidance, please follow the Enrollment Guide located under My Company in UKG.

# Contact Information



Benefit	Carrier	Phone	Website
Medical	Blue Cross Blue Shield of IL	800-541-2767	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
Dental	Lincoln Financial	800-423-2765	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Vision	EyeMed	888-581-3648	<a href="http://www.eyemed.com">www.eyemed.com</a>
Life/Voluntary Life	Lincoln Financial	800-487-1485	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Disability	Lincoln Financial	800-423-2765	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
Retirement Plan	Bradley C. Olson (Investment Advisor)	Direct: 715-629-9095 Cell: 715-441-0259 Fax: 715-629-9087	<a href="mailto:brad@pdsadvisers.com">brad@pdsadvisers.com</a>
	Bruce Swanson (Investment Advisor)	Direct: 303-870-5634 Fax: 540-400-0054	<a href="mailto:bruce@pdsadvisers.com">bruce@pdsadvisers.com</a>
Flexible Spending Account	iSolved Benefit Services	800-300-3838	<a href="http://www.isolvedbenefitservices.com">www.isolvedbenefitservices.com</a>
Cobra	iSolved Benefit Services	800-300-3838	<a href="http://www.isolvedbenefitservices.com">www.isolvedbenefitservices.com</a>

## The Horton Group Contact

**Jennifer Ryan**  
**Assistant Client Manager**  
**[Jennifer.Ryan@thehortongroup.com](mailto:Jennifer.Ryan@thehortongroup.com)**  
**(708) 845-3041**

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 questions about your Guide, contact Human Resources.

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## Notes

