



2026 | Benefits Guide



Elim Christian Services

Benefits Guide

Our Promise

We are committed to providing our greatest assets – our people – with comprehensive and affordable benefits. Our 2026 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 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. Parents and stepparents of employees may be eligible dependents if they meet the federal tax definition of a qualifying relative and live within the service area – see HR for details on eligibility and cost.

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, change in residence due to an employment transfer for you or your spouse, change in spouse's benefits or change in 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	Blue Choice Options		
	Blue Advantage HMO	Blue Choice Options	Blue Choice Options	Out-of-Network
	In-Network	Tier 1	Tier 2	Out-of-Network
Annual Deductible				
Individual	\$0	\$750	\$1,750	\$3,500
Family	\$0	\$2,250	\$5,250	\$10,500
Out-of-Pocket Maximum (Annual)				
Individual	\$1,500	\$750	\$3,500	\$10,500
Family	\$3,000	\$2,250	\$10,500	\$31,500
Coinsurance	0%	0%	30%	50%
Lifetime Maximum	Unlimited	Unlimited		
Physician & Services				
Primary Care Physician	\$25 Copay	\$25 Copay	\$55 Copay	50% after Ded.
Specialist Care Physician	\$45 Copay (Referral Required)	\$50 Copay	\$110 Copay	50% after Ded.
Preventative Care	No Charge	No Charge	No Charge	50% after Ded.
Urgent Care	\$25 Copay (Referral Required)	\$75 Copay	\$75 Copay	\$75 Copay
Hospital Services				
Inpatient*	\$250 Copay for the first 5 days (Referral Required)	\$250 Copay	\$500 Copay then 30% after Ded.	\$600 Copay then 50% after Ded.
Outpatient**	No Charge (Referral Required)	\$200 Copay	\$400 Copay then 30% after Ded.	\$500 Copay then 50% after Ded.
Emergency Room (Copay Waived if Admitted)	\$150 Copay	\$400 Copay per Visit		
RX COVERAGE	BAHMO		Blue Choice Options	
RX EXPENSE LIMIT	Individual: \$500 Family: \$1,000		N/A	
Retail Preferred (Up to a 30 Day Supply)	\$10/ \$35/ \$60/ \$60		\$5/ \$15/ \$45/ \$85/ \$250/ \$350	
Retail Non-Preferred (Up to a 30 Day Supply)	N/A		\$15/ \$25/ \$65/ \$105/ \$250/ \$350	
Mail Order (Up to a 90 Day Supply)	\$20/ \$70/ \$120		\$15/ \$45/ \$135/ \$255	

*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

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



Vision Insurance

Blue Cross Blue Shield of Illinois

Eye care can be an important benefit for you and your family, which is why we provide vision insurance through Blue Cross Blue Shield of Illinois using the EyeMed network.

Coverage	Frequency	In-Network (EyeMed Select 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 \$55
Frames	24 Months	\$0 Copay; \$130 Allowance;	Reimbursement up to \$65
Contact Lenses - In Lieu of Eyeglasses			
Contact Lens Fit and Follow Up	12 Months	Standard: Up to \$40 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—15% off retail price or 5% off promotional price.
- Amplifon Hearing Discount—40% off hearing exams and low price guarantee on discounted hearing aids.
- Additional Pairs Benefit—40% off purchase of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used.

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.eyemedvisioncare.com/bcbsilvis



Dental Insurance



Blue Cross Blue Shield of Illinois

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

Coverage	BlueCare Dental PPO	
	In-Network	Out-of-Network
Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Calendar Year Maximum	\$1,000	\$1,000
Preventive Care Services		
Oral Exams/Evaluations	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
Basic Services		
Amalgams	10% after Ded.	20% after Ded.
Non-Surgical Extractions	10% after Ded.	20% after Ded.
Non-Surgical Periodontic Services	10% after Ded.	20% after Ded.
General Anesthesia	10% after Ded.	20% after Ded.
Major Services		
Endodontic Services	40% after Ded.	50% after Ded.
Oral Surgery Services	40% after Ded.	50% after Ded.
Surgical Periodontal Services	40% after Ded.	50% after Ded.
Major Restorative Services	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.bcbsil.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 **\$3,400 per-calendar year (in 2026)**.

This plan allows for **\$680** unused flexible spending dollars to rollover to next year.

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

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 **\$7,500 (or \$3,750 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 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).

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>

Lifestyle Spending Account

iSolved Benefit Services

Personalized Benefits Plan

Effective January 1, 2026

Elim is excited to offer a personalized benefits plan where each full-time employee will be provided with an allowance that the employees will have choice on how to spend. This benefit will incorporate the wellness plan and add a variety of additional benefit offerings. By including a LifeStyle Spending Account in Elim's benefit offerings along with the option for an additional contribution to the 403b benefit plan, Elim will provide a benefit that promotes healthy habits and overall well-being. Lifestyle Spending Accounts are funded by Elim and are taxed as income when they are used. Employees must request reimbursement by December 31st of each year. Remaining funds will not rollover from year to year.

Each employee will receive a benefit of approximately \$875/year. This amount will be divided and issued to the participant's account on a monthly basis. Employees will have two options to from during their enrollment period.

LIFESTYLE SPENDING ACCOUNT

Elim's Lifestyle Spending Plan will allow employees to choose how they will use this benefit. Following are examples of some of the choices that employees will have.

Physical Wellness – gym memberships, fitness classes, athletic equipment, personal trainers, and wellness initiatives like stress management, nutrition counseling, health coaching and therapeutic massages

Financial Wellness – student loan reimbursement, adult and childcare expenses, financial advisor and planning services, financial seminars and classes, wills, identity theft services, pet insurance premiums and veterinary bills, cost of filing and processing a Trust

Emotional Wellness and Other - meditation classes, retreats (leadership and spiritual), counseling services, pet care and grooming , personal development classes, professional development courses, conferences and workshops

ADDITIONAL CONTRIBUTION TO 403b RETIREMENT PLAN

Employees will also have the option to choose to allocate their benefit toward and additional contribution to the 403b retirement plan.

This plan will be administered Elim.

BetterHelp Mental Health Benefit



Elim Christian Services believes that its employees are the key to what makes a great organization. We believe that supporting employees' health and wellbeing is very important. Through BetterHelp, Elim employees have access to convenient and professional therapy online at no cost to you!

BetterHelp is the leading online therapy platform with over 32,000 therapists across the United States, services in 50+ languages, and support in over 200 countries. You will be able to work with a therapist that is specifically assigned to you based on your individual preferences. You can communicate with your therapist via phone, video, and live chat, plus you can message your therapist whenever you'd like.

You will be receiving an email invitation to your Elim email from contact@betterhelp.com. This email contains the link to get started.

Below are some FAQ's about this benefit. Feel free to reach out to Jasmine Frazier for further information and assistance at any time.

FAQ's:

- **Will Elim know that I am receiving therapy?**
No. Your organization will not know who is receiving therapy. They won't have access to your personal data unless you contact them to let them know or provide authorization for them to get this access.
- **Who are the therapists?**
Therapists on BetterHelp are licensed, trained, experienced, and accredited psychologists (PhD/PsyD), marriage and family therapists (LMFT), clinical social workers (LCSW/LMSW), or licensed professional counselors (LPC). All of them have a Master's Degree or a Doctorate Degree in their field. They have been qualified and certified by their state's professional board after successfully completing the necessary education, exams, training and practice. While their experience, expertise and background vary, they all possess at least 3 years and 2,000 hours of hands-on experience.
- **What type of services does BetterHelp provide?**
BetterHelp offers individual sessions for the employee, or couples therapy for them and their spouse, or teen therapy.

Life Insurance and AD&D



Blue Cross Blue Shield of Illinois

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"> • 35% of the original amount at age 70 • 55% of the original amount at age 75 • 70% of the original amount at age 80

Spouse Life Insurance	
Amount	\$5,000
Benefit Reduction	<ul style="list-style-type: none"> • Benefits Terminate at Employee Age 70
Child(ren) Life Insurance	
Amount	Birth to 6 Months: \$500 Benefit 6 Months to 26 Years: \$2,000 Benefit
Benefit Reduction	<ul style="list-style-type: none"> • Benefits Terminate at Dependent Age 26

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

Voluntary Life Insurance



Blue Cross Blue Shield of Illinois

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.

Coverage	Employee	Spouse	Child(ren)
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments Not to exceed 50% of employee elected amount Employee must elect coverage for spouse to be eligible	Birth to 14 Days: \$0 Benefit Age 15 Days to 26 Years: \$10,000 Benefit 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
For This Open Enrollment	<ul style="list-style-type: none"> Employees: If you’re currently enrolled under the Guarantee Issue amount, you may elect 1 increment (\$10,000) without EOI. Newly hired Employees can elect up to the Guarantee Issue amount without needing an EOI form. Any amounts over \$10,000 or over the Guarantee Issue amount will require an EOI form. If you have waived this coverage when first eligible, you will need to fill out an EOI form for approval. Spouses: If a spouse would like to increase their coverage any amount from current or elect coverage for the first time, an EOI form will be required. 		
Benefit Reduction	<ul style="list-style-type: none"> 35% of the original amount at age 70 55% of the original amount at age 75 70% of the original amount at age 80 Spouse benefits terminate at employee age 70 		N/A

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

Short-Term Disability



Blue Cross Blue Shield of Illinois

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 or until LTD begins, whichever is earlier
Percentage of Income Replaced	66.67% of your Basic Weekly Earnings
Maximum Benefit	\$2,500 Per Week

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

Long-Term Disability



Blue Cross Blue Shield of Illinois

Elim Christian 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	Social Security Normal Retirement Age (SSNRA)
Percentage of Income Replaced	66.67% of your Monthly Salary
Maximum Benefit	\$10,000 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.

Transit & Commuter Benefits

CTA/Ventra (for Illinois Employees Only)

Do you have out-of-pocket commuting expenses for public transportation? If so, you can save on taxes by enrolling in our Commuter Flexible Spending Account (also known as a Section 132 plan). A Commuter Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. You may enroll and/or stop participating in this program or change the elected amount at any time. Money in this account can be used in future months or plan years. Please find the 2026 Transit & Commuter Benefit Maximums listed below:

	2026
Transit Expense	Up to \$340 / month

Transit Benefits 101 for Employees



CTA/Ventra Transit Benefits Program

What are Transit Benefits?

The IRS created a program to extend tax-free benefits to assist with employee's commuting costs. The idea is simple – incentivize employees to take public transportation and help them avoid gas and parking expenses, while reducing the number of cars on the road.

How It Works?

Employees have the option of designating a portion of their income on a tax-free basis to pay for transit expenses.

Does it only work for CTA?

Ventra Transit Benefits can be used on CTA or Pace, as well as on Metra using the Ventra app.

How Do I Save?

Employees who participate in the CTA/Ventra Transit Benefit Program don't have to pay income taxes on the pretax income they set aside for their commute, saving up to 40% on their commuting expenses.

Where do Transit Benefits come from?

IRS Section 132(f) makes it possible for tax-paying commuters to get more out of their paychecks by reducing commuting costs up to 40% and employers can realize about a 7.65 percent reduction in payroll taxes.

For any questions please visit transitchicago.com/transitbenefit or call 312-681-4005

Retirement Plan

Current employees and part-time employees who have worked 500 hours in the prior two years are eligible to participate in the elective deferral portion of the Plan, starting on your date of hire. Newly hired employees will be automatically enrolled at 1% pre-tax, 30 days after their hire date.

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

- Completed 1 year of Service at Elim Christian Services following your commencement of employment

*Elim Christian Services will match the employee's contribution up to 4%.

Employees with 12 months of full-time employment are eligible for the match.

Full-time employees will be automatically enrolled at 1% after 30 days and their investment will be in the pre-tax plan at 50% equity and 50% bonds

2026 Total Defined Contribution Plan Limits 403(b)

The dollar limits on benefits and contributions are as follows:

Maximum employee elective deferral—\$24,500

Employee catch-up contribution (ages 50 and older) - \$8,000

Total Contribution Limit for Employees 50 and older—\$36,000

Total Contribution Limit for Employees 60-63 \$83,500

To Make Changes to Your Contribution:

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

Towards the bottom of the page click the yellow/orange button “Register for web access”. Follow instructions and you will be taken through the enrollment process.

Once logged in from the My Dashboard screen:

To make a deferral election or change:

Click the orange button “Change Contribution Rate” and follow the prompts.

To make investment elections:

Click the orange button “Manage Account” and follow the prompts.

To update beneficiaries:

Go to gear icon in the upper right corner, click the “Beneficiary Data” tab and follow prompts.

See Portfolio Design Services if you'd prefer a form, completed beneficiary forms must be returned to Human Resources.

Call 800-821-4081 to reset your username and password or for any other questions on the website.

*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.

If You Need Assistance or Have Any Questions:

- Contact Portfolio Design Services (PDS) to help you through the process.
Portfolio Design Services, LLC (www.pdsadvisers.com)
122 North 2nd Street
River Falls, WI 54022
- Brad Olson
(715) 441-0259
brad@pdsadvisers.com
- Angela Tille
(715) 821-9251
angela@pdsadvisers.com

Contact Information



Benefit	Carrier	Phone	Website
Medical	Blue Cross Blue Shield of IL	800-541-2767	www.bcbsil.com
Dental	Blue Cross Blue Shield of IL	800-541-2767	www.bcbsil.com
Vision	Blue Cross Blue Shield of IL (EyeMed Network)	855-362-5539	www.eyemedvisioncare.com/bcbsilvis
Life/Voluntary Life	Blue Cross Blue Shield of IL	800-367-6401	www.bcbsil.com/ancillary
Disability	Blue Cross Blue Shield of IL	800-367-6401	www.bcbsil.com/ancillary
Retirement Plan	Brad Olson (Investment Adviser)	715-441-0259	brad@pdsadvisers.com
	Angela Tille (Investment Adviser Representative)	715-821-9251	angela@pdsadvisers.com
Flexible Spending Account	iSolved Benefit Services	800-300-3838	www.isolvedbenefitservices.com
Cobra	iSolved Benefit Services	800-300-3838	www.isolvedbenefitservices.com
Lifestyle Spending Account	iSolved Benefit Services	800-300-3838	www.isolvedbenefitservices.com
Transit/Commuter	Ventra	312-481-4005	transitchicago.com/transitbenefit

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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