

Benefits

Enrollment Guide

2020



DEPAUL
COMMUNITY RESOURCES



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Benefits for 2020

Overview of Benefits Programs

CHANGES AND QUALIFYING EVENTS

When Coverage Begins and Ends

- › Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

Qualifying Events

- › Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
 - Changes in employment status
 - Changes in legal marital status
 - Changes in number of dependents
 - Taking an unpaid leave of absence
 - Dependent satisfies or ceases to satisfy eligibility requirement
 - Family Medical Leave Act (FMLA) leave.
 - A COBRA-qualifying event
 - Entitlement to Medicare or Medicaid
 - A change in the place of residence of the employee, resulting in the current carrier not being available



Benefits for 2020

Medical



SUMMARY OF COVERAGE

| Plan Features | 1000 Deductible | 1500 Deductible | 2000 HSA Non Embedded ** | 3000 HSA |
|------------------------------------|--|--|--|--|
| IN NETWORK | | | | |
| Deductibles (Indiv / Family) | \$1,000 / \$2,000 | \$1,500 / \$3,000 | \$2,000 / \$4,000 | \$3,000 / \$6,000 |
| Out-of-Pocket Max (Indiv / Family) | \$4,500 / \$9,000 | \$5,000 / \$10,000 | \$3,375 / \$6,750 | \$5,000 / \$10,000 |
| Preventive Care | \$0 | \$0 | \$0 | \$0 |
| Primary Care Visit | \$30 | \$30 | 20% After Deductible | 20% After Deductible |
| Specialist Visit | \$50 | \$50 | 20% After Deductible | 20% After Deductible |
| Diagnostic Exam | 20% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible |
| X-Rays | 20% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible |
| Complex Images | 20% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible |
| Outpatient Procedure | 20% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible |
| Inpatient Visit | 20% After Deductible | 30% After Deductible | 20% After Deductible | 20% After Deductible |
| Emergency Room | \$50 Copay After Deductible | \$50 Copay After Deductible | 20% After Deductible | 20% After Deductible |
| Urgent Care | 20% Coinsurance | 30% Coinsurance | 20% After Deductible | 20% After Deductible |
| Pharmacy / RX (30 Day Supply) | \$10 / \$30 / \$50 / 20% up to \$300 max. | \$15 / \$35 / \$60 / 20% up to \$300 max. | \$10 / \$30 / \$50 / 20% up to \$300 max. After Deductible | \$15 / \$35 / \$60 / 20% up to \$300 max. After Deductible |
| Pharmacy / RX (90 Day Supply) | \$25 / \$75 / \$125 | \$30 / \$70 / \$120 | \$20 / \$60 / \$100 After Deductible | \$30 / \$70 / \$120 After Deductible |
| OUT OF NETWORK | | | | |
| Deductibles (Indiv / Family) | \$2,500 / \$5,000 | \$3,500 / \$7,000 | \$4,000 / \$8,000 | \$6,000 / \$12,000 |
| Out-of-Pocket Max (Indiv / Family) | \$6,350 / \$12,700 | \$6,350 / \$12,700 | \$6,750 / \$13,500 | \$10,000 / \$20,000 |



* Member may be responsible for any amount over the allowed amount
 ** Non-Embedded- Deductible and out-of-pocket maximum are non-embedded meaning if the employee covers dependent(s) one person could meet the family deductible or out-of-pocket maximum

Benefits for 2020

Medical



KEY TERMS TO REMEMBER



ANNUAL DEDUCTIBLE

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance.

*Except for Grandfathered medical plans



COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



PLAN TYPES

- › PPO – A network of doctors, hospitals and other health care providers

HDHP – A plan that has higher annual deductibles in exchange for lower premiums. An HSA is a HDHP



Benefits for 2020

Medical



Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by DePaul Community Resources, Inc. , all covered individuals and family members are **eligible to receive in network routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived as long as the procedures are coded as preventative.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

Applicable to adults, children, and infants. For a listing of routine preventive services that are Medical Benefit Covered Services under the Plan, refer to the A or B rated preventive services recommended by the U.S. Preventive Services Task Force (“USPSTF”), immunizations recommended by the Advisory Committee on Immunization Practices (“ACIP”) of the Centers for Disease Control, as well as the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”).

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

- › Routine Physical Exam
- › Well Baby and Child Care
- › Well Woman Visits
- › Identified Immunizations
- › Routine Bone Density Test
- › Routine Breast Exam
- › Routine Gynecological Exam
- › Screening for Gestational Diabetes
- › Obesity Screening and Counseling
- › Routine Digital Rectal Exam
- › Routine Colonoscopy
- › Routine Colorectal Cancer Screening
- › Routine Prostate Test
- › Routine Lab Procedures
- › Routine Mammograms
- › Routine Pap Smear
- › Smoking Cessation
- › Health Education/Counseling Services
- › Health Counseling for STDs and HIV
- › Testing for HPV and HIV
- › Screening and Counseling for Domestic Violence

“An ounce of prevention is worth a pound of cure”



NEW! 2019 Health Plan Benefit

Need Surgery?

Hostcare Resources offers members and dependents on your health plan surgical options for non-emergent procedures. You will want to contact a Hostcare Resources Patient Navigator today to learn more!

Medical Travel Package Can Include:

- ✓ **Free Second Opinion**
- ✓ **Free or Substantially Reduced Cost Surgery**
- ✓ **Free Travel for Patient & Travel Companion**
- ✓ **Possible Added Incentives**

Together we strive to eliminate unnecessary costs to save both the patient and the health plan medical dollars.

Call Hostcare Resources Today!

219-987-4532

800-933-4148

HostcareResources.com

Did you know...

Hostcare Resources has partnered with highly skilled surgeons at Centers of Excellence in a wide range of specialties from coast to coast?

Orthopedic General Surgery
Spine Gynecology Cardiology
Ear/ Nose/ Throat & More

FAQ

Q: Do I pay for Hostcare Resources?

A: No, this benefit is free to you. Hostcare has already been added to your health plan as an extra benefit.

Q: What is my first step to learn more?

A: Contact us right away. A Hostcare Resources' Patient Navigator will inform you if your surgery qualifies and assist you in determining if this cost savings benefit is right for you.

Q: Do I need to qualify for the Hostcare medical travel benefit?

A: Yes. Hostcare takes into consideration surgery type and the cost of the surgery compared to the local medical facility. The member is required to have a travel companion for the surgery travel dates.



LOW COST DIAGNOSTIC IMAGING

Your employer has contracted with Green Imaging to provide diagnostic imaging services to you at a discounted rate

For these services, you will not file with your insurance company. Instead, you'll pay on our website through the **GoMd Patient Portal**. Just present your **voucher** at the time of service with no other costs.

The **Green Imaging Network** is made up of high-quality imaging facilities across the nation. In fact, they are same facilities you'd choose for yourself. Green will consider the procedure you need, and find a network facility that is not only close to your home, but has the right type of equipment for the exam your doctor ordered. Your exam will be interpreted by the right radiologist too. Our radiologists are board-certified, fellowship-trained and include sub-specialists for more complex exams such as neurology, musculoskeletal and oncology.



**You are important to us.
We want you to stay healthy.
We want you to get the services you need.
We don't want it to cost you a fortune.**

services

- MRI (Closed & Open)
- CT
- PET/CT
- Ultrasound
- Nuclear Medicine
- Mammography
- DXA
- X-Ray
- Other

how we do it

Sounds impossible, right? It's not. We play by industry rules, but we've found a way to remove the middlemen and provide our customers with same, high-quality diagnostic imaging at a fraction of the price you'd pay when you use your insurance.

[Learn more > greenimaging.net/how-we-do-it](https://greenimaging.net/how-we-do-it)

this is how it works:



Your doctor has given you an order for diagnostic imaging services.



Gain access through the **GoMD Patient Portal**.



The imaging facility will contact you to schedule your procedure.



At your appointment, show your **voucher** instead of your insurance card.



Your procedure will be performed at **no cost**.



The report from your exam will be sent to your **GoMD** account and your doctor will be notified.

Benefits for 2020

Dental Coverage



SUMMARY OF COVERAGE

Type of Service – Low Plan

| IN NETWORK | |
|--|----------------------|
| Annual Maximum | \$1,000 |
| Annual Deductible (Individual / Family) | \$25/\$75 |
| Preventive Care (exams, cleanings, x-rays, etc.) | 100% |
| Basic Procedures (Extractions, fillings, etc.) | 80% after deductible |
| Major Procedures (Crowns, dentures, etc.) | Not Covered |

Type of Service – High Plan

| IN NETWORK | |
|--|----------------------|
| Annual Maximum | \$1,000 |
| Annual Deductible (Individual / Family) | \$25/\$75 |
| Preventive Care (exams, cleanings, x-rays, etc.) | 100% |
| Basic Procedures (Extractions, fillings, etc.) | 80% after deductible |
| Major Procedures (Crowns, dentures, etc.) | 50% after deductible |



Benefits for 2020

Life and AD&D Insurance



SUMMARY OF COVERAGE

| Basic Life | |
|--------------------------|--|
| Eligible Employees | All Employees |
| Employee Life Benefit | 2 times basic annual earnings to \$200,000 |
| Employee AD&D Benefit | 2 times basic annual earnings to \$200,000 |
| Benefit Reduction | |
| | 65% of the original benefit at age 65 50% of the original benefit at age 70 |

| Voluntary Life | |
|--------------------------|---|
| Employee Life | \$10,000 increments up to 5x annual salary to a maximum of \$500,000. If you purchase additional life coverage for yourself, you are also eligible to purchase coverage for your spouse and dependent children. |
| Spouse Life | Coverage may be purchased in \$5,000 increments from \$5,000 to \$250,000 not to exceed 50% of the employee's benefit. |
| Child(ren) Life | 14 days – 1 year = \$1,000. 1 year to 19 years (to age 25 for full-time students) = \$10,000. Not to exceed 50% of employee coverage. |
| Benefit Reduction | |
| | 65% of the original benefit at age 70 50% of the original benefit at age 75 25% of the original benefit at age 80 |



Benefits for 2020

Disability Insurance Short Term



SUMMARY OF COVERAGE

| Short Term Disability Benefits | |
|--------------------------------|---|
| Benefit Begins | After 7 days of disability and approval from <u>Boston Mutual</u> |
| Percentage of Income Replaced | 60% of pre-disability earnings |
| Maximum Benefit | Up to maximum benefit of \$1,000 / week |
| Duration of Benefits | 12 Weeks |



Benefits for 2020

Disability Insurance Long Term



SUMMARY OF COVERAGE

| Long Term Disability Benefits | |
|-------------------------------|--|
| Benefit Begins | After 90 days of disability and approval from <u>Boston Mutual</u> |
| Percentage of Income Replaced | 50% of pre-disability earnings. |
| Maximum Benefit | Up to maximum benefit of \$5,000 / month |
| Duration of Benefits | Social Security Normal Retirement Age |



Benefits for 2020

Health Savings Account (HSA)

FOR 2018: THIS IS HOW AN HSA WORKS:



A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses – those you and your tax dependents may have now, in the future, and during your retirement.



This is a “portable” account. You own your HSA! It’s included in your employee benefits package, but after you set up your account, it’s yours to keep, even if you change jobs or retire.



Once your HSA is established, money is contributed to your account by you, DePaul Community Resources, Inc. or friends and family, and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you’re already paying for, like doctors’ office visits, prescription drugs, and much more. Best of all, you decide how and when to use your HSA dollars.

WHY IS IT A GOOD IDEA TO HAVE AN HSA?

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

| | | |
|--|---|---|
| <p>› Tax-free deposits – The money you contribute to your HSA isn’t taxed (up to the IRS annual limit)</p> | <p>› Tax-free earnings – Your interest and any investment earnings grow tax-free.</p> | <p>› Tax-free withdrawals – The money used toward eligible health care expenses isn’t taxed – now or in the future.</p> |
|--|---|---|

› Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no “use-it-or-lose-it” rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

Refer to your HSA documentation for more information.

Retirement Savings Plan 403(B)

An employee is eligible to contribute up to a maximum of \$18,000.00 per year from payroll to a 403(b)-retirement account. Eligibility begins the first of the month after hire. DePaul currently matches up to 4%. Your contributions are deducted pre-tax.

Paid Time Off (PTO)

| Calendar years of employment | Days per year | 30-hour hours per year | 37.5-hour hours per year | 40-hour hours per year | Maximum PTO carryover (75%) | Maximum payout/payback | Sick days per year (no sick carryover) |
|------------------------------|---------------|------------------------|--------------------------|------------------------|-----------------------------|------------------------|--|
| 1 | 15* | 90 | 112.5 | 120 | 11.25 days | 10 days | 5 |
| 2-10 | 20 | 120 | 150 | 160 | 15 days | 10 days | 5 |
| 11-15 | 25 | 150 | 187.5 | 200 | 18.75 days | 10 days | 5 |
| 16-24 | 30 | 180 | 225 | 240 | 22.5 days | 10 days | 5 |
| 25+ | 35 | 210 | 262.5 | 280 | 26.25 days | 10 days | 5 |

Paid time off (PTO) is renewed on January 1 of every year. Unused PTO up to 75% of yearly accrual rate can be rolled over into the new year. Time is earned based on a quarterly calculation. For new hires in their first calendar year PTO will be prorated.

Paid Sick Time

Full-time and 30-hour employees receive 5 sick days on January 1 of each year. These days do not roll over. Sick days may be used for one's own medical appointments or illnesses, or for family members' medical appointments or illnesses. Family is defined as spouse, children or their spouses, parents or their spouses, siblings or their spouses, grandparents, grandchildren, parents-in-law, and/or legal guardian and stepfamily members corresponding to the classifications above.

Paid Holidays

Full-time and 30-hour employees are allowed the following paid holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving Day, Christmas Eve, and Christmas Day.

Family Medical Leave (FMLA)

Eligible employees can receive up to 12 weeks of unpaid, job-protected leave during a 12-month period providing: (1) they have been employed for at least one year, (2) they have worked 1,250 hours in the previous 12 months, and (3) they have a qualified reason for the leave.

Flexible Spending Account

Employees can have monies deducted pre-tax from their payroll and put toward a Medical Reimbursement account which will reimburse for expenses not covered by insurance or put toward a Dependent Care Reimbursement account which will reimburse for day care expenses. (This benefit is not available to employees with HSA accounts.)

Professional Development

Employees are encouraged to further their development by attending conferences, seminars, training, etc. Both internal and external training opportunities are offered.

Tuition Reimbursement

Full-time and 30-hour employees, courses must be taken at an accredited institution and be for degree credit. Reimbursement is at 50% of tuition cost if the employee receives at least a "C" average, maximum reimbursement is \$2,000 for full time staff and \$1,600 for 30-hour staff.

The above is an abbreviated version of DePaul's benefit offering. Please consult the employee handbook for further information, detailed policies and procedures, and exceptions and exclusions.